STUDENT HANDBOOK TO CLINICAL ROTATIONS
Table of Contents

2009-2010 Academic Calendar

2009-2010 NBME Subject Examination Test Administration Dates

2009-2010 Clerkship Administration Contact Information

Handbook Introduction

Definitions

Guiding Principles, Program Objectives, and Educational Competencies for Graduates

Student Responsibilities
  Teacher/Learner Relationships
  Demeanor and Attire
  Chaperone Policy
  Confidential Material and Release of Information
  Medical Records
  Errors Made in the Medical Record
  Personal and Professional Conduct
  Attendance Policy
  Medical Study Duty Hour Policy
  M-III and M-IV Holiday and Inclement Weather Policies
  Student Evaluation of the Clerkships
  Logging Patient Encounters
  Clinical Skills Attainment Documentation (CSAD)

Services
  Insurance
  Telephones
  Parking and Security
  Meals
  Paging
  Dictation
  Codes
  Lounges and Lockers
  Library Services

Department of Family Medicine Student Health Policies Manual
  Policy concerning USCSM Students with Contagious Infections and/or Diseases
  Policies on HIV Transmission to Patients
  Policies on Hepatitis B and Hepatitis C Transmission to Patients
  Procedures to Follow if a Patient is Exposed to Blood from a Medical Student
  Policy Concerning Medical Students on Clinical Rotations When Exposed to Personal Risk of Serious Infection
  Policies for USCSM Student Exposure to Bloodborne Pathogens
  Actions to Take Following Exposure to Blood or Bodily Fluids
  Student Health Emergency Contact Numbers
  Post-Bloodborne Exposure Wallet Card
Medical History, Physical Examination and Immunization Requirements
Medical Insurance Requirements
Workers Compensation Insurance
Requirements for Visiting Students
Student Health Services

Overview of Affiliated Hospitals
William S. Hall Psychiatric Institute
Senior Primary Care Practice at Palmetto Health Richland
WJB Dorn Department of Veterans Affairs Medical Center
Greenville Hospital System

Information for Required M-III and M-IV Clerkships

M-III Family Medicine
M-III Internal Medicine
M-III Neurology
M-III OBGYN
M-III Pediatrics
M-III Psychiatry
M-III Surgery
M-IV Acting Internship
M-IV Internal Medicine
M-IV Surgery

Clerkship Evaluations
General Information
Grade Change Policy
Student Appeal of Grade Policy
Mandatory M-I Orientation.................................................August 3 - 7, 2009
Classes Begin.................................................................................. August 10
Labor Day..................................................September 7
Fall Break.........................................................................................October 8 - 11
Thanksgiving Break.................................................................November 26 – 29
Last Day of Classes.................................................................December 1
Reading Day..........................................................December 2
Final Exams...........................................................................December 3 - 11
Winter Break.................................................................December 12 – January 3, 2010
Spring Semester classes begin .........................................................January 4
Martin Luther King Jr. Service Day...........................................January 18
Spring Break.................................................................March 7 – 14
Last Day of Classes.................................................................May 4
Reading Day........................................................................May 5
Final Exams........................................................................May 6 – 14
Deadline for taking the Step 1 Examination..................................June 29, 2010

M-III
M-III Orientation.................................................................June 30, July 1 & 2, 2009
Clerkship 1 eight weeks.........................................................July 6 - August 28
Six weeks....................................................................................July 6 thru August 14
Elective/Neurology.........................................................August 17 thru August 28
Clerkship 2 eight weeks.........................................................August 31 – October 23
Six weeks....................................................................................August 31 thru October 9
Elective/Neurology.......................................................October 12 thru October 23
Labor Day..................................................................................September 7
Clerkship 3 eight weeks.........................................................October 26 - December 18
Six weeks....................................................................................October 26 thru December 4
Elective/Neurology......................................................December 7 thru December 18
Thanksgiving Day.................................................................November 26
Winter Break.................................................................December 19 – January 3, 2010
Makeup day for M-III subject exams (if needed)..........................December 22 (clerkships 1 & 2)
Clerkship 4 eight weeks.........................................................January 4 – February 26
Elective/Neurology.......................................................January 4 thru January 15
Six weeks....................................................................................January 19 thru February 26
Clerkship 5 eight weeks.........................................................March 1 – April 23
Elective/Neurology.........................................................March 1 thru March 12
Six weeks....................................................................................March 15 thru April 23
Clerkship 6 eight weeks.........................................................April 26 – June 18, 2010
Elective/Neurology.........................................................April 26 thru May 7
Six weeks.....................................................................................May 10 thru June 18
MIII Recertification Day.............................................................May 17
Makeup day for M-III subject exams (if needed)..........................June 22 (clerkships 3, 4, & 5)
.................................................................July 16 (clerkship 6)
<table>
<thead>
<tr>
<th>Rotation</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>July 6 – July 31, 2009</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>August 3 – August 28</td>
</tr>
<tr>
<td>Rotation 3</td>
<td>August 31 – September 25</td>
</tr>
<tr>
<td>Labor Day</td>
<td>September 7</td>
</tr>
<tr>
<td>Rotation 4</td>
<td>September 28 – October 23</td>
</tr>
<tr>
<td>Rotation 5</td>
<td>October 26 – November 20</td>
</tr>
<tr>
<td>Rotation 6</td>
<td>November 23 – December 18</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>November 26</td>
</tr>
<tr>
<td>Deadline for Taking the Step 2 Examinations</td>
<td>December 18, 2009</td>
</tr>
<tr>
<td>Winter Break</td>
<td>December 19 – January 3, 2010</td>
</tr>
<tr>
<td>Interview Week</td>
<td>January 4 – January 10</td>
</tr>
<tr>
<td>Rotation 7</td>
<td>January 11 – February 5</td>
</tr>
<tr>
<td>Rotation 8</td>
<td>February 8 – March 5</td>
</tr>
<tr>
<td>Capstone Rotation 9</td>
<td>March 8 – March 19</td>
</tr>
<tr>
<td>Rotation 10</td>
<td>March 22 – April 16</td>
</tr>
<tr>
<td>Commencement</td>
<td>May 7, 2010</td>
</tr>
</tbody>
</table>
NBME Subject Examinations are administered on the afternoon of the last day of each rotation. Students on rotation in Greenville should contact Maggie Wentzky 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>Family, OB/GYN, Psychiatry</td>
<td>August 14, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Medicine, Pediatrics, Surgery</td>
<td>August 28, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Family, OB/GYN, Psychiatry</td>
<td>October 9, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Medicine, Pediatrics, Surgery</td>
<td>October 23, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Family, OB/GYN, Psychiatry</td>
<td>December 4, 2009</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>Medicine, Pediatrics, Surgery</td>
<td>December 18, 2009</td>
<td>M-II Classroom</td>
<td>9:00 a.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>February 26, 2010</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>April 23, 2010</td>
<td>M-II Classroom</td>
<td>1:00 p.m.</td>
</tr>
<tr>
<td>ALL M-III Clerkships</td>
<td>June 18, 2010</td>
<td>M-II Classroom</td>
<td>9:00 a.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:

- M-III Rotations 1 and 2: December 22, 2009
- M-III Rotations 3, 4, and 5: June 22, 2010
- M-III Rotation 6: July 16, 2010
# 2009-2010

## M-III Clerkship Administration

### Columbia and Greenville

*Indicates that Administrators do not share the same address*

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-III Family Medicine</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Elizabeth Baxley, M.D.</td>
<td>Chair:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:libby.baxley@uscmed.sc.edu">libby.baxley@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Co-Director:</td>
<td>Jamee Lucas, M.D.</td>
<td>Director:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Jamee.lucas@uscmed.sc.edu">Jamee.lucas@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Co-Director:</td>
<td>Brian Keisler, M.D.</td>
<td>Coordinator:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:brian.keisler@uscmed.sc.edu">brian.keisler@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Shannon Mewborn</td>
<td>Address:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shannon.mewborn@uscmed.sc.edu">shannon.mewborn@uscmed.sc.edu</a></td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td>Dept. of Family &amp; Preventive Medicine</td>
<td>Phone:</td>
</tr>
<tr>
<td>Columbia</td>
<td>3209 Colonial Drive</td>
<td>Phone:</td>
</tr>
<tr>
<td>Phone:</td>
<td>803-434-6116, (fax) 434-8545</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Greer 29605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-III Medicine</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Shawn Chillag, M.D.</td>
<td>Chair:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shawn.chillag@uscmed.sc.edu">shawn.chillag@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Director:</td>
<td>Caroline Powell, M.D.</td>
<td>Director:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:caroline.powell@uscmed.sc.edu">caroline.powell@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Jennifer Hart</td>
<td>Coordinator:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:jennifer.hart@uscmed.sc.edu">jennifer.hart@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Address:</td>
<td>Dept. of Medicine</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>2 RMP, Suite 502</td>
<td>Dept. of Internal Medicine</td>
</tr>
<tr>
<td>Columbia</td>
<td>8 Medical Park, Suite 420</td>
<td>Support Tower, 5th Fl.</td>
</tr>
<tr>
<td>Phone:</td>
<td>803-540-1000, (fax) 540-1050</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Greenville, SC 29605</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-III Neurology</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Richard Harding, M.D.</td>
<td>Chair:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:richard.harding@uscmed.sc.edu">richard.harding@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Director:</td>
<td>Te-Long Hwang, M.D.</td>
<td>Director:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:te-long.hwang@uscmed.sc.edu">te-long.hwang@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Carol Crain</td>
<td>Coordinator:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:carol.crain@uscmed.sc.edu">carol.crain@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Address:</td>
<td>Dept. of Neuropsychiatry</td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Neurology Division</td>
<td>Dept. of Internal Medicine</td>
</tr>
<tr>
<td></td>
<td>8 Medical Park, Suite 420</td>
<td>Support Tower, 5th Fl.</td>
</tr>
<tr>
<td>Columbia</td>
<td>2 RMP, Suite 208</td>
<td>Phone:</td>
</tr>
<tr>
<td>Phone:</td>
<td>803-545-6050, (fax) 545-6051</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-III Ob/Gyn</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Janice Bacon, M.D.</td>
<td>Interim Chair:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:janice.bacon@uscmed.sc.edu">janice.bacon@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Director:</td>
<td>Seema Menon, M.D.</td>
<td>Director:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:seema.menon@uscmed.sc.edu">seema.menon@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Assoc. Director:</td>
<td>Kerry Sims, M.D.</td>
<td>Coordinator:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:kerry.sims@uscmed.sc.edu">kerry.sims@uscmed.sc.edu</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Elise Ewing</td>
<td>Address:</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:elise.ewing@uscmed.sc.edu">elise.ewing@uscmed.sc.edu</a></td>
<td>University Medical Center</td>
</tr>
<tr>
<td>Address:</td>
<td>Dept. of Ob/Gyn</td>
<td>Division of Maternal-Fetal Medicine</td>
</tr>
<tr>
<td></td>
<td>2 RMP, Suite 208</td>
<td>890 W. Faris Rd., Suite 470</td>
</tr>
<tr>
<td>Phone:</td>
<td>803-779-4928, x247; (fax) 434-7557</td>
<td>Phone:</td>
</tr>
</tbody>
</table>
## M-III Clerkship Administration
### Columbia and Greenville

*Indicates that Administrators do not share the same address*

<table>
<thead>
<tr>
<th><strong>Columbia</strong></th>
<th>M-III Pediatrics</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>William Schmidt, M.D.</td>
<td>Director: Susan Hartley, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:caughman.taylor@uscmed.sc.edu">caughman.taylor@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:sthartley@ghs.org">sthartley@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Pediatrics</td>
<td>9 Medical Park, Suite 200-A</td>
</tr>
<tr>
<td></td>
<td>Columbia, SC 29203</td>
<td>Columbia, SC 29203</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>803-434-4320, (fax) 434-3855</td>
<td>Phone: 864-455-5251, (fax) 455-3884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Columbia</strong></th>
<th>M-III Psychiatry</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>Jack Bonner, M.D.</td>
<td>Director: Wendy R. Cornett, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:richard.harding@uscmed.sc.edu">richard.harding@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:wcornett@ghs.org">wcornett@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Director:</strong></td>
<td>Shilpa Srinivasan, M.D.</td>
<td>(see below for further contact info)</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:shilpa.srinivasan@uscmed.sc.edu">shilpa.srinivasan@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:wcornett@ghs.org">wcornett@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
<td>Maria (Deckie) Wooten</td>
<td>Coordinator: Nancy Norris</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:deckie.wooten@uscmed.sc.edu">deckie.wooten@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:nnorris@ghs.org">nnorris@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Neuropsychiatry</td>
<td>Address: Greenville Hospital System</td>
</tr>
<tr>
<td></td>
<td>CEB (15 MP), Suite 301</td>
<td>4th Floor Balcony Suite</td>
</tr>
<tr>
<td></td>
<td>Columbia, SC 29203</td>
<td>701 Grove Road</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>803-434-4250, (fax) 434-4277</td>
<td>Phone: 864-455-7834, (fax) 455-7836</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Columbia</strong></th>
<th>M-III Surgery</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>Spence Taylor, M.D.</td>
<td>Director: Wendy R. Cornett, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:richard.bell@uscmed.sc.edu">richard.bell@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:wcornett@ghs.org">wcornett@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Director:</strong></td>
<td>James Morrison, M.D.</td>
<td>(see below for further contact info)</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:jim_morrison525@yahoo.com">jim_morrison525@yahoo.com</a></strong></td>
<td>Email: <strong><a href="mailto:nnorris@ghs.org">nnorris@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
<td>Carole Stack</td>
<td>Coordinator: Nancy Norris</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><strong><a href="mailto:carole.stack@uscmed.sc.edu">carole.stack@uscmed.sc.edu</a></strong></td>
<td>Email: <strong><a href="mailto:nnorris@ghs.org">nnorris@ghs.org</a></strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Surgery</td>
<td>Address: Greenville Hospital System</td>
</tr>
<tr>
<td></td>
<td>2 MP, Suite 302</td>
<td>Surgical Education</td>
</tr>
<tr>
<td></td>
<td>Columbia, SC 29203</td>
<td>Support Tower, 3rd Fl.</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>803-256-2657, (fax) 933-9545</td>
<td>701 Grove Rd.</td>
</tr>
<tr>
<td></td>
<td>Columbia, SC 29203</td>
<td>Greenville, SC 29605</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>864-455-3518, (fax) 455-1320</td>
<td>Phone: 864-455-5251, (fax) 455-3884</td>
</tr>
</tbody>
</table>
### 2009-2010

**M-IV Clerkship Administration**  
*Columbia and Greenville*  
*Indicates that Administrators do not share the same address*

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-IV Medicine</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Shawn Chillag, M.D.</td>
<td>Chair: Angelo Sinopoli, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shawn.chillag@uscmed.sc.edu">shawn.chillag@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:asinopoli@ghs.org">asinopoli@ghs.org</a></td>
</tr>
<tr>
<td>Director:</td>
<td>Davinder Lally, M.D.</td>
<td>Director: Leigh Watson, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:davinder.lally@uscmed.sc.edu">davinder.lally@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:lwatson@ghs.org">lwatson@ghs.org</a></td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Jennifer Hart</td>
<td>Coordinator: Diane Smith</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:jennifer.hart@uscmed.sc.edu">jennifer.hart@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:ddsmith@ghs.org">ddsmith@ghs.org</a></td>
</tr>
</tbody>
</table>
| Address: | Dept. of Medicine | Address: Greenville Hospital System  
|          | 2 RMP, Suite 502  
|          | Columbia, SC 29203 | Dept. of Internal Medicine  
|          | Phone: 803-540-1000, (fax) 540-1050 | Support Tower, 5th Fl.  
|          | 701 Grove Road  
|          | Greenville, SC 29605 | Phone: 864-455-4436, (fax) 455-5008 |

<table>
<thead>
<tr>
<th>Columbia</th>
<th>M-IV Surgery</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Richard Bell, M.D.</td>
<td>Chair: Spence Taylor, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:richard.bell@uscmed.sc.edu">richard.bell@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:staylor2@ghs.org">staylor2@ghs.org</a></td>
</tr>
<tr>
<td>Director:</td>
<td>Elliott Chen, M.D.</td>
<td>Director: Spence Taylor, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:elliott.chen@uscmed.sc.edu">elliott.chen@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:staylor2@ghs.org">staylor2@ghs.org</a></td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Patti Smith</td>
<td>Coordinator: Sandy Burns</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:patricia.smith@uscmed.sc.edu">patricia.smith@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:sburns@ghs.org">sburns@ghs.org</a></td>
</tr>
</tbody>
</table>
| Address: | Dept. of Surgery | Address: Greenville Hospital System  
|          | 2 MP, Suite 302  
|          | Columbia, SC 29203 | Surgical Education  
|          | Phone: 803-256-2657, (fax) 254-0821 | Support Tower, 3rd Fl.  
|          | 701 Grove Rd.  
|          | Greenville, SC 29605 | Phone: 864-455-7886, (fax) 455-1320 |

### 2009-2010

**M-IV Acting Internship Administration**  
*Columbia and Greenville*  
*Indicates that Administrators do not share the same address*

<table>
<thead>
<tr>
<th>Columbia</th>
<th>Family Medicine Acting Internship</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Elizabeth Baxley, M.D.</td>
<td>Chair: Bruce Hanlin, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:libby.baxley@palmettohealth.org">libby.baxley@palmettohealth.org</a></td>
<td>Email: <a href="mailto:rhanlin@ghs.org">rhanlin@ghs.org</a></td>
</tr>
<tr>
<td>Director:</td>
<td>Jamee Lucas, M.D.</td>
<td>Director: Lisa Mattox, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Jamee.Lucas@palmettohealth.org">Jamee.Lucas@palmettohealth.org</a></td>
<td>Email: <a href="mailto:lmattox@ghs.org">lmattox@ghs.org</a></td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Shannon Mewborn</td>
<td>Coordinator: Shelba Padgett</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shannon.mewborn@uscmed.sc.edu">shannon.mewborn@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:spadgett@ghs.org">spadgett@ghs.org</a></td>
</tr>
</tbody>
</table>
| Address: | Dept. of Family & Preventive Medicine  
|          | 3209 Colonial Drive  
|          | Columbia, SC 29203 | Address: CFM  
|          | Phone: 803-434-6116, (fax) 434-8545 | 877 W. Faris Road  
|          | Phone: 864-455-9023, (fax) 455-9015 | Greenville, SC 29605 |

<table>
<thead>
<tr>
<th>Columbia</th>
<th>Internal Medicine/MICU Acting Internships</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Shawn Chillag, M.D.</td>
<td>Chair: Angelo Sinopoli, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:shawn.chillag@uscmed.sc.edu">shawn.chillag@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:asinopoli@ghs.org">asinopoli@ghs.org</a></td>
</tr>
<tr>
<td>Co-Director:</td>
<td>Davinder Lally, M.D.</td>
<td>Director: Leigh Watson, M.D.</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:davinder.lally@uscmed.sc.edu">davinder.lally@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:lwatson@ghs.org">lwatson@ghs.org</a></td>
</tr>
<tr>
<td>Coordinator:</td>
<td>Jennifer Hart</td>
<td>Coordinator: Diane Smith</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:jennifer.hart@uscmed.sc.edu">jennifer.hart@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:ddsmith@ghs.org">ddsmith@ghs.org</a></td>
</tr>
</tbody>
</table>
| Address: | Dept. of Medicine | Address: Greenville Hospital System  
|          | 2 RMP, Suite 502  
|          | Columbia, SC 29203 | Dept. of Internal Medicine  
|          | 701 Grove Road  
|          | Greenville, SC 29605 | Support Tower, 5th Fl.  
|          | Phone: 803-540-1000, (fax) 540-1050 | 701 Grove Rd.  
|          | Phone: 864-455-4436, (fax) 455-5008 | Greenville, SC 29605 |
# 2009-2010

## M-IV Acting Internship Administration

### Columbia and Greenville

*Indicates that Administrators do not share the same address

<table>
<thead>
<tr>
<th>Columbia</th>
<th>Ob/Gyn Acting Internship</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>Janice Bacon, M.D.</td>
<td>Interim Chair: Donald &quot;Chip&quot; Wiper, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:janice.bacon@uscmed.sc.edu">janice.bacon@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:dwiper@ghs.org">dwiper@ghs.org</a></td>
</tr>
<tr>
<td><strong>Director:</strong></td>
<td>John Herbert, M.D.</td>
<td><strong>Director:</strong> Francis Nuthalapaty, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:john.herbert@uscmed.sc.edu">john.herbert@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:fnuthalapaty@ghs.org">fnuthalapaty@ghs.org</a></td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
<td>Elise Ewing</td>
<td><strong>Coordinator:</strong> Julie Ogorzalek</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:elise.ewing@uscmed.sc.edu">elise.ewing@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:jogorzalek@ghs.org">jogorzalek@ghs.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Ob/Gyn</td>
<td><strong>Address:</strong> Greenville Hospital System</td>
</tr>
<tr>
<td><strong>Medicne</strong></td>
<td>2 RMP, Suite 208</td>
<td><strong>University Medical Center</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>803-779-4928, (fax) 434-7557</td>
<td><strong>Division of Maternal-Fetal</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Columbia</th>
<th>Pediatrics/PICU Acting Internships</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>R. Caughman Taylor, M.D.</td>
<td>Chair: William Schmidt, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:caughman.taylor@uscmed.sc.edu">caughman.taylor@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:bschmidt@ghs.org">bschmidt@ghs.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Pediatrics</td>
<td><strong>Director:</strong> April Buchanan, M.D.</td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>9 Medical Park, Suite 200-A</td>
<td><strong>Email:</strong> <a href="mailto:abuchanan@ghs.org">abuchanan@ghs.org</a></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>Columbia, SC 29203</td>
<td><strong>Coordinator:</strong> Tempie Kehl</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:james.stallworth@palmettohealth.org">james.stallworth@palmettohealth.org</a></td>
<td><strong>Email:</strong> <a href="mailto:tkehl@ghs.org">tkehl@ghs.org</a></td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
<td>Rachel Jones</td>
<td><strong>Address:</strong> Greenville Hospital System</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:rachel.jones@palmettohealth.org">rachel.jones@palmettohealth.org</a></td>
<td><strong>Children's Hospital</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>University Pediatrics</td>
<td><strong>4th Floor Balcony Suite</strong></td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>14 Medical Park, Suite 400</td>
<td><strong>701 Grove Road</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>Columbia, SC 29203</td>
<td><strong>Greenville, SC 29605</strong></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td>803-434-4320, (fax) 434-3855</td>
<td><strong>Phone:</strong> 864-455-5251, (fax) 455-3884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Columbia</th>
<th>Psychiatry Acting Internship</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair:</strong></td>
<td>Richard Harding, M.D.</td>
<td>Chair: Jack Bonner, M.D.</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:richard.harding@uscmed.sc.edu">richard.harding@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:jbonner@ghs.org">jbonner@ghs.org</a></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Neuropsychiatry</td>
<td><strong>Director:</strong> Jack Bonner, M.D.</td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>CEB (15 MP), Suite 301</td>
<td><strong>Email:</strong> <a href="mailto:jbonner@ghs.org">jbonner@ghs.org</a></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>Columbia, SC 29203</td>
<td><strong>Coordinator:</strong> Kristie Condrey</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:ponce80@aol.com">ponce80@aol.com</a></td>
<td><strong>Email:</strong> <a href="mailto:kcondrey@ghs.org">kcondrey@ghs.org</a></td>
</tr>
<tr>
<td><strong>Co-Director:</strong></td>
<td>Jimmy Pacheco, M.D.</td>
<td><strong>Address:</strong> Greenville Hospital System</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:ponce80@aol.com">ponce80@aol.com</a></td>
<td><strong>MIPH Administration</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Bryan Psychiatric Hospital</td>
<td><strong>701 Grove Road</strong></td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>220 Faison Drive</td>
<td><strong>Greenville, SC 29605</strong></td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>Columbia, SC 29203</td>
<td><strong>Phone:</strong> 864-455-7834, (fax) 455-7836</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:shilpa.srinivasan@uscmed.sc.edu">shilpa.srinivasan@uscmed.sc.edu</a></td>
<td><strong>Email:</strong> <a href="mailto:pam.brown@uscmed.sc.edu">pam.brown@uscmed.sc.edu</a></td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
<td>Pam Brown</td>
<td><strong>Address:</strong> Dept. of Neuropsychiatry</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:pam.brown@uscmed.sc.edu">pam.brown@uscmed.sc.edu</a></td>
<td><strong>CEB (15 MP), Suite 301</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Dept. of Neuropsychiatry</td>
<td><strong>Columbia, SC 29203</strong></td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>CEB (15 MP), Suite 301</td>
<td><strong>Phone:</strong> 803-434-4250, (fax) 434-4277</td>
</tr>
</tbody>
</table>

---
<table>
<thead>
<tr>
<th>Columbia</th>
<th>Surgery Acting Internship</th>
<th>Greenville</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Richard Bell, M.D.</td>
<td>Chair: Spence Taylor, M.D.</td>
<td>Email: <a href="mailto:spence.taylor@ghs.org">spence.taylor@ghs.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:richard.bell@uscmed.sc.edu">richard.bell@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:staylor2@ghs.org">staylor2@ghs.org</a></td>
<td>Director: Spence Taylor, M.D.</td>
</tr>
<tr>
<td>Director: James Nottingham, M.D.</td>
<td>Email: <a href="mailto:staylor2@ghs.org">staylor2@ghs.org</a></td>
<td>Email: <a href="mailto:james.nottingham@uscmed.sc.edu">james.nottingham@uscmed.sc.edu</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:james.nottingham@uscmed.sc.edu">james.nottingham@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:staylor2@ghs.org">staylor2@ghs.org</a></td>
<td>Coordinator: Sandy Burns</td>
</tr>
<tr>
<td>Coordinator: Patti Smith</td>
<td>Coordinator: Sandy Burns</td>
<td>Email: <a href="mailto:sburns@ghs.org">sburns@ghs.org</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:patricia.smith@uscmed.sc.edu">patricia.smith@uscmed.sc.edu</a></td>
<td>Email: <a href="mailto:sburns@g.hs.org">sburns@g.hs.org</a></td>
<td>Email: <a href="mailto:sburns@g.hs.org">sburns@g.hs.org</a></td>
</tr>
<tr>
<td>Address: 2 RMP, Suite 402, Columbia, SC 29203</td>
<td>Address: Surgical Education Support Tower, 3rd Fl. 701 Grove Rd. Greenville, SC 29605</td>
<td>Phone: 864-455-7886, (fax) 455-1320</td>
</tr>
<tr>
<td>Phone: 803-256-2657, (fax) 933-9545</td>
<td>Phone: 864-455-7886, (fax) 455-1320</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Contact Information for GHS Clerkships and Administration**

**Paul Catalana, MD**  
Assistant Dean for Medical Education - GHS  
The Greenville Hospital System  
Department of Student Services  
701 Grove Rd.  
Greenville, SC 29605  
pncatalana@ghs.org

**Maggie Wentzky**  
USC Medical Student Coordinator  
The Greenville Hospital System  
Department of Student Services  
701 Grove Rd.  
Greenville, SC 29605  
mwentzky@ghs.org  
864-455-9808  
864-455-5267 (fax)  
864-390-0555 (pager)

**Wendy R. Cornett, M.D.**  
Greenville Hospital System  
Department of Surgery  
Cross Creek Medical Park  
35 Medical Ridge Drive  
Greenville, SC 29605  
(864) 232-0055  
(864) 232-0499 fax

**Susan Hartley, M.D.**  
Greenville Pediatrics Clerkship Director  
Office 864-455-4155  
Beeper 864-996-1049
INTRODUCTION

Policies and procedures of the University of South Carolina School of Medicine (USCSM) and its affiliated hospitals are contained in this handbook. This information should assist the student in preparing for and rotating through M-III and M-IV clinical clerkships and electives.

While an attempt has been made to include as much information as possible, situations may arise which require further explanation. In these instances, inquiries should be directed to the department chair or clerkship director of the individual rotation or to personnel in the Office of Curricular Affairs and Media Services.

The information contained in this handbook may be subject to change through actions taken by personnel in the USCSM Office of the Dean.

The student should recognize the following general principles:

1. USCSM students are responsible to the department chair and the clerkship director of their respective rotations.

2. Students are expected to comply with all established policies and procedures of each affiliated institution.

3. Evaluation of personal and professional conduct, clinical skills, attitudes, behaviors, and knowledge factors are included in the grading procedures of each clerkship. The “Policy on Evaluation of Personal and Professional Conduct” is presented in this handbook.

4. Students are responsible for both didactic and experiential aspects of the learning process.
DEFINITIONS

Attending Physician
The physician who is primarily responsible for the patient's care. This physician may be a private physician or a full- or part-time faculty physician. On most teaching services, the attending physician is a full- or part-time faculty member.

Consulting Physician
A physician from another specialty or subspecialty service who is asked for advice, usually concerning some specialized area of care, regarding patient management.

House Staff
The residents and fellows in a hospital.

Fellow
An individual who has completed a designated number of years in residency training and is in subspecialty training.

Resident
A medical school graduate in advanced training for the practice of a specialty. Residencies may last as long as five years in certain fields. The year of residency is designated as PGY1 (Post Graduate Year 1), etc.

Rounds
Group activity of ward teams to discuss medical care of patients on the service. All rounds are an educational experience since they involve patient management decisions.

Attending Rounds
Team rounds with attending physician to discuss patient management on the service, usually conducted at "bedside."

Teaching Rounds
Specific in-depth discussions pertaining to patient care and pathophysiological processes, usually led by someone other than the attending physician, i.e., often a physician in a particular subspecialty area.

Work Rounds
Team rounds under the direction of a senior resident to carry out the "work" of the team in regard to patient care.
University of South Carolina School of Medicine

Guiding Principles, Program Objectives, and Educational Objectives for Graduates

**Guiding Principles**

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

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

**Program Objectives**

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

1. ensure the horizontal and vertical integration of basic and clinical sciences;
2. promote students' mastery of both scientific and clinical knowledge;
3. provide an understanding of the biopsychosocial model of health care;
4. ensure the modeling of cost-effective, evidence-based medicine to students;
5. encourage students' personal and professional development;
6. foster team-building through student self and peer evaluation;
7. foster students' acquisition of necessary clinical, communication, and problem-solving skills;
8. utilize a variety of learning formats;
9. provide a variety of clinical settings with diverse patient populations;
10. nurture students’ collaboration with other health care team members;
11. set appropriate and realistic performance standards for students;
12. utilize both formative and summative evaluation methods for students;
13. increase the use of competency-based student assessments;
14. promote students’ interest in scientific exploration;
15. provide a range of elective opportunities for students;
16. educate generalist physicians who are potentially eligible for practice in South Carolina;
17. prepare altruistic, knowledgeable, skillful, and dutiful physicians;
18. graduate physicians who attend equally well to all aspects of health care.

**Physician Competencies**

1. **Patient Care** – ability to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
2. **Medical Knowledge** – demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to the patient
3. **Practice Based Learning and Improvement** – investigate and evaluate the care of patients, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self evaluation and life-long learning
4. **Systems Based Practice** – demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optional health care
5. **Professionalism** – demonstrate a commitment to carry out professional responsibilities and an adherence to ethical principles
6. **Interpersonal Skills and Communication** – possess skills that are effective in the exchange of information and collaboration with patients, their families, and health professionals

**Educational Objectives for Graduates**

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

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

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

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

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

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

f. knowledge of the important non-biological determinants of health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies; Medical Knowledge, Patient Care, Systems Based Practice

g. knowledge of the epidemiology of common maladies within a defined population and systematic approaches to reduce the incidence and prevalence of those maladies; Medical Knowledge, Patient Care, Systems Based Practice

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

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

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

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

2. Skills:

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

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

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

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

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

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

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

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

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

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

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

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

3. **Attitudes and Behaviors:**

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

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

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

   d. commitment to provide care to patients unable to pay for medical services and to advocate for access to health care for members of traditionally underserved populations; **Systems Based Practice, Professionalism**
e. commitment to engage in life-long learning in order to stay abreast of relevant scientific advances; **Practice Based Learning and Improvement**

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

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

Approved: Curriculum Committee (October 9, 2008)

---

**STUDENT RESPONSIBILITIES**

- 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.

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)

---

**DEMEANOR AND ATTIRE**

At all affiliated hospitals, medical students are expected to exhibit:

1. Professionalism in attitudes and behavior as demonstrated by consideration, courtesy, and respect toward patients, staff, peers and teachers.

2. Interactions, including verbal communications, that are controlled and appropriate and that acknowledge the particular needs for sensitivity to others and for confidentiality in the clinical setting.

3. Simultaneous dedication to patients’ welfare and to the student’s goal of becoming a well-educated and trustworthy physician.
The medical student must be attired in a manner that will present a professional appearance to physicians, patients, visitors and all hospital employees. For both male and female students, modesty in attire is expected. In accordance with a USCSM directive, medical students are expected to wear short white coats (plus a tie and socks for male students). Students should not wear open-toed shoes in the hospital. Students should clearly display their USCSM name badge and the hospital ID tag and to carry their USC ID card. The ID tag will include the student’s name and status. Additional identification may be required by the facility in which the medical student is rotating. When talking with patients, the student should clearly indicate his/her student status in the introduction. (“I am the medical student working with Dr. _____ and/or the team involved in your care.”)

Students are cautioned not to wear “scrub attire” outside of an operating room or procedure room area. The clerkship director may publish additional policies which should be followed. Those items of clothing are generally the property of the clinical facility and must not be removed from the grounds of the institution.

Medical students must never exert authority that exceeds their level of training. Students do not speak, write, or represent themselves as health professionals unless specifically requested to do so by the University or School of Medicine.

---

**CHAPERONE POLICY**

At all affiliated hospitals, when a medical student examines a patient of the opposite sex, preferably another person of that sex and preferably a nurse or another professional person must be present at the time of the examination. Each student is expected to maintain a purely professional relationship with his/her patients and to refrain from outside personal contact with any patient.

---

**CONFIDENTIAL MATERIAL AND RELEASE OF INFORMATION**

The following information pertains to all affiliated hospitals:

The material contained in all medical records is highly confidential and is not to be disclosed to any unauthorized person. Records are not to be removed from the patient care and study areas of the institution, under penalty of immediate disciplinary action. If copies of records are made for the purpose of presentations on rounds or at a conference, these copies must be in the possession of the student at all times or else be destroyed.

Special care should be taken in discussing patients (with or without identification of the patient) in public areas (elevators, hallways, cafeterias, canteens, etc.) since patients, friends and families may overhear. Such discussions may result in disclosure of privileged information or may produce unnecessary anxiety on the part of the patient, family or friends. During formal case presentations (e.g. teaching conferences and grand rounds), the patient should be identified only by initials. Students will not photograph or create any identifiable likeness of a patient without the specific permission of the institution and written permission of the patient involved.

Medical students are not to converse with or provide any material regarding patients or their medical records to friends or relatives, representatives from the news media or law enforcement, or any other unauthorized agency or person. At times, the proper department within each hospital will direct release of information. Any request for information should be referred to the department chair or clerkship director responsible for the rotation.
**MEDICAL RECORDS**

Regulations governing written entry by M-III students in official patient record charts vary with the individual affiliated hospital. At the beginning of the student's rotation at each affiliated institution, the student will receive policy instructions governing entry of material in the official patient record. Each entry must be countersigned by a member of the faculty or the attending physician. **NO PRESCRIPTION ORDERS ARE TO BE SIGNED USING A PHYSICIAN'S NAME.**

At all affiliated hospitals, M-IV students may, under the supervision of the instructor, make direct entries into official patient charts. Each student entry must be countersigned by a member of the faculty or the attending physician.

Students are urged to maintain complete and legible records, since the condition of these records may be a consideration in the student’s grade.

**Signature Format**

It is important that all medical students' signatures be readable and recorded in the following manner when signing charts, files, etc.:

Example: Pat Smith
USC M-III

This signature block is standard format and must be followed when signing any material at all affiliated hospitals.

**Computer Use**

Students are expected to become familiar with each affiliated institution’s patient data computerized record system and policies for its use. As such information is also considered confidential, it is treated in exactly the same as written records. Students should be diligent in logging off any computer terminal in which they have accessed patient information. Students are NOT authorized to access information on patients who they are not involved with their clinical care. Unauthorized access is a HIPAA violation and could lead to both academic and legal consequences.

---

**ERRORS MADE IN THE MEDICAL RECORD**

Care in ensuring the accuracy of recorded information is crucial to good medical care. However, errors are made and must be corrected in an appropriate manner. NEVER remove or destroy part of the medical record in which an error has been made. DO NOT obliterate the error with correction fluid or by scratching it out. Simply draw a single line through the error and above the line or in the margin, write “ERROR,” your initials, the date, and time.

---

**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, 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; obligations;
   b. notify course and clinical clerkship directors (or other appropriate person) of absence or inability to attend to duties;
   c. see assigned patients regularly and, with appropriate supervision, assume responsibility for their care; and
   d. 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 clinical clerkship 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 Assistant Dean for Clinical Curriculum, the Assistant Dean for Clinical Assessment, and/or the Assistant Dean for Medical Education-GHS.

The student receiving the Unsatisfactory evaluation will then receive a request from the Assistant Dean for Clinical Curriculum, the Assistant Dean for Clinical Assessment, or the Assistant Dean for Medical Education-GHS 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 may not be permitted to continue in other clerkships; remediation may be up to and/or including repeating 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-
Ill 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.

- ATTENDANCE POLICY

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 the 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.

On most rotations with inpatient responsibilities, students will be required to see their patients before a.m. lectures or rounds. This may mean that students need to be in at 4:30 a.m. or 7:00 a.m., depending on the rotation. Students are usually finished in the afternoon or early evening depending on how much work they need to do (write notes, etc.). On surgery students will finish later, because they have to wait for afternoon rounds to be held. Necessary variations in this schedule for USC-GHS, M-III medical students will be explained at the beginning of each clerkship by the clerkship director.

- MEDICAL STUDENT DUTY HOURS POLICY

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

Duty Hours

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

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

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

M-III AND M-IV HOLIDAY AND INCLEMENT WEATHER POLICIES

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-CK administration. M-IV students will be released from all clinical responsibilities on the day before, the day of, and the day after their USMLE Step 2-CS administration. M-IV students are STRONGLY ENCOURAGED not to schedule both parts of the USMLE Step 2 examination during the same four-week rotation. M-IV students who are completing away electives at other institutions will follow the holiday and hazardous weather policies of the host institutions.

**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.

**Outpatient Responsibilities:** In general, students assigned to outpatient clinical 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 patient 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.

**Outpatient Responsibilities:** In general, during time 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 the facility and the clerkship director.

**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 time 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.
STUDENT EVALUATION OF THE CLERKSHIPS

Clerkship evaluations for all M-III clerkships must be completed by one week after the clerkship’s conclusion. M-IV clerkship evaluations for required clerkships, Acting Internships, M-IV Medicine, and M-IV Surgery must be completed one week after the clerkship’s conclusion. A student's clerkship grade will not be posted by the Clerkship Director until he or she receives notification that the on-line clerkship evaluation is completed and submitted. 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.

In addition, clerkship specific, departmentally generated evaluations may be distributed by the clerkship director.

LOGGING PATIENT ENCOUNTERS

The New Innovations® software was purchased by Curricular Affairs to provide medical students on their clinical rotations with a program to track their patient encounters. This software is intended for the use of clinical faculty and students registered in the MD program at the USCSOM.

How to Login and Add Patient Encounters (PEC Data)

Go to www.new-innov.com/login

1. Before logging into New Innovations® if this is your personal computer you might want to click “Add to Favorites” which will add New Innovations® to your IE Favorites
2. Login Information
   a. Institution Login – USC
   b. Username – first letter of your first name followed by your entire last name all lower case letters (Example – Mickey Mouse would be mmouse)
   c. Password – first letter of your first name followed by your entire last name all lower case letters
      (Example – Mickey Mouse would be mmouse)
3. Click Login
4. Choose Department/Division – Select the clerkship rotation that you are currently assigned
5. Click Continue
   Note: The First time you login and every time your password is reset you will be required to enter a ‘New Password’ and to “Confirm New Password”.
6. Click Save

Logging Patient Encounters (PEC Data)

7. Under Department Notices
8. Click “Click here to log Patient Encounters” (PEC Data)
9. Click Add New Entry
10. Complete the Patient Encounter
11. Click Save and Clear when finished

Patient encounters should be submitted by the last day of each required M-III and M-IV rotation. If you do not complete Patient Encounter Data for each rotation, you will receive an Incomplete for your grade.

If you have any questions, please feel free to email Angelica Naso at Angelica.Naso@uscmed.sc.edu, or call the Office of Curricular Affairs at 733-3367

---

**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 accomplishment of these skills is recorded in a database in the Office of Curricular Affairs. **Forgery of a CSAD card is a violation of Personal and Professional Conduct Standards.**

**Non-Departmental Skills**

Two 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 listed on each of the departmental blue cards students receive at the orientation for each of the clerkships. These skills will also be recorded by the Office of Curricular Affairs into the database in the same manner as the Departmental Skills above.
The Senior Mentor Assignment “Patient/Physician Relationship” can be completed anytime from January of the M-I year through March of the M-IV year. Students are encouraged to complete this assignment during their preclinical years.

The M-III Bioethics and Professionalism Essay/Discussion requirement is a short (1-2 page) paper. It should briefly describe and analyze a specific case or experience encountered in any one of the third-year clerkships that raised issues in medical ethics or professionalism. Late in the spring semester, students will be assigned in groups to a one-hour session in which the cases will be discussed with a faculty preceptor. Anything that broadly falls under the category of ethics and professionalism is acceptable in terms of the paper’s content. Although cases that illustrate problems often make for good discussions, another option is to describe an episode that illustrated ethical and professional excellence. Here are examples of topics that might be addressed:

- Traditional ethical issues that were discussed in the 2nd year ethics course (e.g., informed consent, confidentiality, truth-telling)
- End-of-life decision-making
- Problems in the U.S. health care system that influenced patient care
- Handling medical mistakes
- Unprofessional behavior by physicians

The faculty preceptor will be responsible for signing off the requirement on the CSAD.

---

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:

1. 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.

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

a. 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.

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

c. Conduct tests and perform laboratory work. Candidates must be able to observe demonstrations, collect data, and participate in experiments in the basic sciences, including but not limited to, demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms, and tissues in normal and pathologic states. They should be able to understand basic laboratory studies and interpret their results, draw arterial and venous blood, and carry out diagnostic procedures (e.g., proctoscopy, paracentesis).

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

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

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

Reference to Attainment Documentation

1. All course and clerkships
2. M-III Surgery clerkship
3. M-II ICM-II
4. M-III Pediatrics clerkship
5. M-III Family Medicine clerkship
6. M-III Internal Medicine clerkship
7. M-III Psychiatry clerkship
8. M-III OB/GYN clerkship
9. M-IV Neurology clerkship
10. M-I ICM-I
11. All clerkships
12. M-II ICM-II/BCLS
13. M-I Physiology course
14. M-I Embryology/Gross Anatomy course
15. M-I Microscopic Anatomy course
16. M-II Pathology course
17. M-II Microbiology course
18. USMLE exams
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 health care 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 fluids (via aerosolization or 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 (call ext. 6530 or pager 084, Room 1B116 (Blide 22) 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 Heath 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.
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 (Rubella), 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 2009
SERVICES

Insurance
USCSM requires that the required core curriculum in the M-III and M-IV years be administered under the direct supervision of USCSM faculty. Therefore, students in these rotations are restricted to experiences which are available at USCSM-affiliated hospitals.

All students are insured for professional liability and tort liability through the South Carolina state General Services Administration Sinking Fund, provided by USCSM.

Telephones
No long-distance calls may be made using affiliated hospitals’ phone lines. Pay phones are available at all affiliated hospitals for personal use by students.

1. William S. Hall Psychiatric Institute
Telephones are available in the office areas. Use of these phones is intended for the specific purpose of discussing and/or obtaining patient information. In special instances regarding patient information, phones at the nursing stations may be utilized.

2. Palmetto Health Richland
Telephones for student use are located throughout the hospital. A long distance line is available in the Medical Student Lounge to facilitate calls required for USCSM-related activities. Personal long distance calls are not permitted.

3. Dorn Veterans Affairs Medical Center
Telephones for student use are located in study areas, conference rooms, call rooms and nursing stations. The use of phones at nursing stations is limited strictly to calls regarding patient information. Internal extensions are 4-digit numbers. Outside lines are accessed by dialing 9, then the number.

4. University Medical Center
No personal long-distance calls may be initiated using the Greenville Hospital System telephone system.

Parking and Security
Parking facilities are provided for medical students at all affiliated hospitals. A security patrol for the safety of patients and employees is maintained at each facility.

1. William S. Hall Psychiatric Institute
Hall Psychiatric Institute provides adequate and suitable parking for medical students. No student parking decals are required. The uniform ID tag must be worn at all times.

2. Palmetto Health Richland (PHR)
Students assigned to rotations at Palmetto Health Richland may use the parking lot adjacent to Four Richland Medical Park. Students may obtain a CARTAC Card from the Office of Student Services to allow them to park in this area. A $25.00 deposit is required and will be refunded upon the receipt of the card at the time of graduation. In the event a student loses their parking card and a new one has to be issued; a $25.00 deposit will be required for the new card.
3. **Dorn Veterans Affairs Medical Center (DVAMC)**

   In the third and fourth years, students must obtain a new sticker for parking at the School of Medicine campus; his sticker permits parking in lots more convenient to the Dorn Veterans Affairs Medical Center. Parking permits will be issued through Auxiliary Services located in the basement of Building Three on the Basic Science VA Campus.

4. **University Medical Center (GHS)**

   Parking is provided for medical students in lot 9-C at the rear of the campus. A color-coded identification badge will also be issued to each student. This badge is used to access entrance into the parking area and must be worn at all times while at the Greenville Hospital System.

4. **15 RMP/ Clinical Education Building**

   Parking decals will be issued through the Office of Administrative Services, Suite B-20, to permit students parking access in the lower east parking lot for access to 15 RMP/CEB.

---

**Meals**

Dining facilities are available for medical students at each affiliated hospital.

1. **Palmetto Health Richland**

   Medical students who display a valid student ID card are eligible for the regular PHR employee discount on all meals in the cafeteria.

2. **Dorn Veterans Affairs Medical Center**

   Dining facilities include a canteen food court in the hospital and vending areas located throughout the complex. Medical students who are scheduled after duty hours (including weekends and holidays) are entitled to meals without charge during these assignments. Vending machines are available 24 hours every day in Building 100 (hospital). Snacks are also available in the Retail Store.

3. **University Medical Center (GHS)**

   Medical students who display a valid student ID badge will be charged for cafeteria meals at $1.50 off the regular employee rate. During overnight call, students’ meals are free.

---

**Paging**

Each M-III and M-IV Columbia student is required to have a personal pager during the 48 weeks of the M-III year and the 40 weeks of the M-IV year. M-III students sign contracts for these pagers during the M-III orientation on July 1, 2008. A monthly charge for renting a pager will be assessed; pagers will have state-wide coverage to ensure that students can be contacted at remote in-state locations during M-III and M-IV clerkships and electives. During some clinical clerkships, students may be required, at times, to carry department pagers in addition to their personal pagers in order to be accessible to residents, attending physicians, and other personnel. Furthermore, paging procedures for medical students vary with the respective affiliated institution:

1. **William S. Hall Psychiatric Institute**

   A student paging system is incorporated into the physician's paging system. It is overheard throughout the hospital.

2. **Palmetto Health Richland**

   Hospital pagers are not available for use by students. To reach the hospital pager of a resident or attending, dial “215” then the four-digit pager number. After the beep tone, enter your phone extension.
3. **Dorn Veterans Affairs Medical Center**
   Paging is generally not available. Hospital pagers are not available for use by students. Residents of the rotating service carry pagers for the teams of which the students are a part. The VA paging system is accessed from VA telephones by dialing 30 through the pager number.

4. **University Medical Center (GHS)**
Pagers will be available for use by medical students.

**Dictation**
With the exception of the Dorn Veterans Affairs Medical Center (where medical students’ notes may be recorded on the hospital computer system), all entries in patient medical records by medical students will be handwritten. Dictation equipment is **NOT** provided at any of the affiliated hospitals for use by M-III or M-IV students.

**Codes**
Each affiliated hospital maintains an emergency code listing which is announced over the public address system, and/or alarm system. Emergency situations of which students should be aware are listed below.

1. **William S. Hall Psychiatric Institute and Other Department of Mental Health Facilities**
   - **CODE BLUE**
     Summons the team which provides basic CPR.
   - **CODE MANAGEMENT**
     Summons assistance for a psychiatric emergency (behavioral problem). For their safety, students are requested **NOT** to participate in Code Management.
   - **CODE 99**
     An automatic buzzer is activated in a specific pattern, alerting personnel to the presence of fire in the building.

2. **Palmetto Health Richland**
   - **CODE Red**
     Used in case of actual fire or fire drill. The hospital operator uses the public address system to alert appropriate personnel to immediate response.
   - **CODE Blue**
     Summons the Code Blue team which provides basic CPR and ACLS.
   - **CODE Blue Jr**
     Summons the Code Blue Jr team which provides basic CPR and ACLS to pediatric patients.
   - **CODE Purple**
     Violence or Threat of Violence
   - **CODE Pink**
     Used in case of infant/child abduction. The hospital operator uses the public address system to alert appropriate personnel for an immediate response.
CODE Gray
   Sever Weather Warning

CODE Black
   External Disaster, Incoming Patients

CODE Green
   Internal Disaster, Evacuate

CODE Orange
   Chemical spill. Contact Security at 434-7351 which, in turn, summons Environmental Services.

CODE Yellow
   Hazardous Spill or leak

CODE Brown
   Bomb Threat

CODE Silver
   Helicopter Operations

CODE White
   Nursing Assistance Required

3. Dorn Veterans Affairs Medical Center
   PHONE 6555
   Telephone operator directs all emergency calls (MayDay Team, Fire Dept., etc.

FIRE ALERT
   A fire alarm will sound, alerting personnel to respond. Exit patterns and codes are displayed at strategic locations.

4. University Medical Center (GHS)
   Students will respond to codes with the appropriate clinical discipline team.

   CODE RED
   Doctor’s emergency page for Intensive Care Unit.

   CODE BLUE
   Doctor’s emergency page for Coronary Care Unit.

   CODE ORANGE
   Fire alarm. Specific facility and/or location will be announced.

**On-Call Lounges and Lockers**
Policy regarding on-call lounges and locker availability varies with individual hospitals.

1. Palmetto Health Richland
   There are currently two on-call rooms on the 6th floor of PHR and a limited number of locker facilities available for medical students. For those instances when students are required to stay in the hospital, the entry code for access into the call rooms will be announced at the M-III orientation program.
The Sue Kuhlen Memorial Student Lounge is available on the 6th floor of PHR, located adjacent to the on-call rooms. The lounge is equipped with a small kitchen area, lockers, a sitting area, a television with VCR, and 3 computers with a printer. The entry code for the lounge is the same as the code for the on-call rooms.

2. Dorn Veterans Affairs Medical Center
Several student study rooms and conference rooms are available. Telephones are available. No locker facilities are provided. On-call rooms are located on the 3rd floor of DVAMC. For those instances when students are required to stay in the hospital, the entry code for access into the call rooms will be announced at the M-III orientation program.

3. University Medical Center (GHS)
A secured on-call lounge facility is provided for medical students. The facility also includes a study area with lockers for use by medical students.

Library Services
Affiliated hospital libraries cooperate with the USCSM Medical Library regarding medical students’ access to materials. Medical students desiring special provisions for access to materials should contact the USCSM Medical Library in making arrangements with affiliated hospital libraries.

All students must have discharged all obligations to these libraries prior to receiving a diploma or registering for a semester.

The libraries at USCSM and affiliated hospitals will be open and staffed by library personnel during the following hours:
OVERVIEW OF AFFILIATED HOSPITALS

WILLIAM S. HALL PSYCHIATRIC INSTITUTE/DEPARTMENT OF MENTAL HEALTH

Various facilities of the South Carolina Department of Mental Health provide clinical experiences for medical students. The William S. Hall Psychiatric Institute is licensed as a child-adolescent psychiatric hospital. Medical students rotate on inpatient clinical units in the area of child adolescent psychiatry.

Additionally, students rotate through other South Carolina Department of Mental Health facilities including G. Weber Bryan Psychiatric Hospital, a 266-bed facility that specializes in the treatment of adults with acute psychiatric illnesses just care a forensic psychiatric hospital, and the Columbia Area and Lexington Community Mental Health Centers, where thousands of outpatient visits annually enable students to gain exposure to the treatment of a variety of psychiatric patients on an emergent basis.

Possession of a camera, weapon of any type, or alcoholic beverages or illicit drugs within the grounds of psychiatric facilities is strictly forbidden. Failure to adhere to this policy may constitute a violation of Personal and Professional Conduct standards.

Located at Five Richland Medical Park, Palmetto Health Richland, with 649 beds, is an active regional community teaching hospital serving 17 counties in the Midlands of South Carolina. Outpatient services include medical, surgical, obstetric-gynecologic and pediatric, totaling more than 284,000 visits annually. The Family Practice Center sees approximately 40,000 patients yearly, and approximately 80,000 patients are treated annually in the Emergency Room.
SENIOR PRIMARY CARE PRACTICE

The Senior Primary Care Practice at Palmetto Health Richland (PHR) has two locations. Senior Primary Care Practice-Downtown is located at 3010 Farrow Road, Columbia, SC. Senior Primary Care-Parkridge, 190 Parkridge, Suite G-100, Columbia, SC. This practice focuses on the older patient from well to frail and problems commonly encountered by older people, including dementia, osteoporosis, hypertension, diabetes, immobility, incontinence, falls, osteoarthritis, etc. Students involved in the practice will see patients with the attending physicians and/or geriatric medicine fellows. A multidisciplinary approach provides a unique experience for the student with the ready availability of a trained geriatric social worker, nurse practitioner, as well as nursing staff and geriatricians.

In addition to primary care, SPCP has specialty clinics that provide consultation for memory problems, Parkinson’s disease, hypertension, and medication management.

The Hypertension Clinic is a specialty clinic within the Senior Primary Care Practice. Patients in this Hypertension Clinic are referred for the following reasons: pre-hypertension, those with hypertension whose goal blood pressure cannot be achieved or who need further lifestyle modification, resistant or suspected secondary hypertension, intolerance to or desire to decrease anti-hypertensives, symptomatic orthostatic hypotension, and white-coat hypertension. The Hypertension Clinic utilizes a multidisciplinary approach to managing geriatric hypertension.

WILLIAM JENNINGS BRYAN DORN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

The William Jennings Bryan Dorn Department of Veterans Affairs Medical Center in Columbia, SC (Dorn VA) opened in 1932 with a bed capacity of 306 and a staff of 457. Today, the VA Medical Center employs more than 1,340 people and has 216 beds dedicated to medicine, surgery, psychiatry and extended care. Dorn VA also operates Community-Based Outpatient Clinics (CBOCs) in Greenville, Florence, Rock Hill, Sumter, Orangeburg and Anderson, SC. Each year, the VA Medical Center and community based outpatient clinics treat approximately 54,000 outpatients, with over 500,000 outpatient visits per year. The VA Medical Center had 4,132 admissions in Fiscal Year 2003.

Since its affiliation with the University of South Carolina School of Medicine in 1975, the VA Medical Center has built a replacement facility that opened in 1979, a nursing home that opened in 1980, and a state of the art psychiatry facility that opened in 1993.

The VA Medical Center participates in medical student training and residency programs including internal medicine, ophthalmology, orthopedics, psychiatry, preventive medicine, gynecology and surgery. The VA Medical Center also supports fellowships in geriatrics and endocrinology.

Mr. Brian Heckert, Medical Center Director of Dorn VA, issued the following memorandum on May 15, 2003. The eight-part statement is Medical Center Memorandum 544-413, “Duties and Responsibilities of 3rd and 4th Year Medical Students,” and is here in its entirety:

**PURPOSE:** To establish policy and procedures for the professional educational activities of 3rd and 4th year medical students.

**SCOPE:** Provisions of this policy apply to this medical center.
POLICY:

a. Assignment to a clinical rotation is done through the Office of the Enrollment Services-Admissions, University of South Carolina School of Medicine (USCSM), the Department Chair (USCSM), and Department of Veterans Affairs (VA) Service Line Director.

b. Students may participate in all clinical services, with educational objectives determined by the department chair.

c. The primary responsibility for the patient is vested with a VA staff physician and may not be delegated to a student.

d. Students are encouraged to assume increasing professional responsibilities, but always under the supervision of a VA staff physician, in order to attain the stated educational objectives.

e. All notes, orders, and lists must be countersigned. Any orders not countersigned are invalid and will not be carried out. Verbal orders from students are not valid and WILL NOT be used.

f. Residents or fellows may participate in overseeing the educational process, but any supervising physician must have applicable credentials, privileges, and authorization in order to oversee each clinical activity or procedure.

g. Students will report to the Education Service Line prior to beginning rotations in order to in-process and complete the required paperwork to obtain computer access and a facility identification card.

h. Students must be clearly identified as such. When being introduced, the phrases “student doctor” or “medical student” are recommended. A nametag with the student designation will be worn at all times.

i. Utilization of this facility is dependent upon following the procedures and guidelines as outlined in this memorandum.

PROCEDURES:

a. The supervising physician must countersign all functions carried out by medical students to include:

1. Taking histories and performing physicals, formulating problem lists, assessing problems, suggesting diagnostic, therapeutic and educational plans, and writing progress notes.

2. Ordering laboratory tests, routine x-ray studies, EKGs and other physiological function tests.

b. All procedures are to be performed under appropriate supervision. The supervising physician must have privileges or authorization to perform the procedure being supervised. The degree of supervision must take into account the complexity of the procedure, potential for untoward effects, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient. Some relatively simple procedures may be performed under less than direct supervision once competence has been demonstrated. These include obtaining an
EKG, venous or capillary blood collection, dressing changes, suture removal, and delivering patient/family education. In all cases, the degree of supervision must ensure that no harm be done to the patient.

c. Each student will be assigned a unique medical center computer access code. Students **MAY** access the computer to obtain needed information on their patients, but **ARE PROHIBITED** from entering orders for laboratory tests, diagnostic procedures, x-rays, studies, medications, or diets, unless under **DIRECT** supervision at the time of entry.

d. Students may not sign as witnesses to authorizations or consents or procedures or surgery on patients cared for by themselves, or their team.

e. At the conclusion of each rotation, the supervising physician(s) will complete a written evaluation of the student, in the format provided by each department, for submission to the department chair.

f. Each service line director will maintain a log of students rotating through their service. This log will provide the information required in VHA Manual M-8, “Annual Report of Health Services Training, (RCS 10-0161)” as well as an evaluation. **This report is due in the office of the Associate Chief of Staff for Education (ACOS/E) (141) by COB October 5th of each year.**

**RESPONSIBILITIES:**

a. The service line directors are responsible for the supervision of the medical students assigned to their service line.

b. Staff physicians, consultants, attendings, fellows and residents are responsible for proper and continuing supervision of students assigned to their patients.

c. Students have the responsibility for maintaining any personal logs of educational experiences or procedures that they require.

**REFERENCES:** None.

**RESCISSON**: Medical Center Memorandum No. 544-413 dated April 9, 2001.

**FOLLOW-UP RESPONSIBILITY AND AUTOMATIC REVIEW DATE**: ACOS/E This memorandum is due for review annually on the anniversary date and for reissue in May 2006, in accordance with procedures established in Medical Center Memorandum 544-1031.

---

**GREENVILLE HOSPITAL SYSTEM**

The 1095 bed Greenville Hospital System includes Greenville Memorial Hospital, the largest hospital in South Carolina, Marshall I. Pickens Psychiatric Hospital, Roger C. Peace Rehabilitation Hospital, Shriner’s Hospital for Children, and ambulatory facilities for general and subspecialty care in pediatric and adult medicine. The Greenville Hospital System has offered fully-accredited medical education programs since 1930, including medical residencies and undergraduate medical student education.
programs through the South Carolina Area Health Education Consortium. The Greenville Hospital System is an accredited teaching hospital with ACGME accredited residencies in Internal Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, Orthopedics Surgery, Family Medicine and Internal Medical/Pediatrics. Fellowships in Sports Medicine, Vascular Surgery, Vascular Medicine and Developmental-Behavioral Pediatrics are also offered.
Overview
This clerkship is designed to be a clinical experience in which the concepts taught in the first two years are applied in actual practice. During the six-week rotation, students spend two weeks in the Family Medicine Center, two weeks at Palmetto Richland Memorial Hospital/Greenville Hospital System, and two weeks working with a community/rural preceptor in a private practice.

During the time spent in the Family Medicine Center and on our hospital service, students are assigned with faculty or residents to care for patients under their supervision. They perform complete initial evaluations on new patients in addition to caring for those with established problems. An opportunity is provided to work with nurses and other paramedical personnel in the team setting. This portion of the clerkship also offers opportunities for the student to review his/her performance and to receive guidance in improving interviewing skills.

All students spend two weeks of the clerkship in the offices of family physicians in private practices in suburbs and rural settings. This gives the student an opportunity to experience health delivery from the standpoint of the private physician. The student will be assigned to a community practice within the Midlands. Students may request to rotate at approved clinical sites from around their hometowns but it will be the student’s responsibility to arrange housing. The student may participates in both outpatient and in-hospital patient care in these community settings.

An Observed Structured Clinical Evaluation (OSCE) will be administered at the end of the rotation. as well as a multiple choice examination derived from required readings and didactic lectures. In addition, an NBME subject examination will also be administered on the final day of the clerkship.

Equivalent clinical experiences in both outpatient and inpatient Family Medicine are offered in Greenville, South Carolina at the Center for Family Medicine within the Greenville Hospital System. This rotation includes outpatient clinical experience (2 weeks at the Center for Family Medicine precepted by faculty and residents), 2 weeks on the inpatient Family Medicine service, and 2 weeks
the office of a community Family Medicine physician.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks Inpatient</td>
<td>7</td>
<td>Overnight and short call, weekend duty</td>
<td>7:00 a.m.</td>
</tr>
<tr>
<td>2 weeks Clinic</td>
<td>5</td>
<td>None</td>
<td>8:00 a.m.</td>
</tr>
<tr>
<td>2 weeks Community Preceptor</td>
<td>5</td>
<td>None</td>
<td>Varies</td>
</tr>
</tbody>
</table>

**Family Medicine Clerkship Objectives**

**History/ Interview/Clinical Skills and Knowledge**

1. Demonstrate proper techniques for interviewing a patient to obtain pertinent medical history.
2. Perform both diagnostic and directed physical examinations in the office and hospital settings.
3. Document physical examinations in standardized format.
4. Formulate differential diagnoses based on patient history and physical exams in both office and hospital settings.
5. Formulate cost effective treatment plans for encountered patients with input from faculty and residents.
6. Perform diagnostic and screening procedures utilized by family physicians in comprehensive patient care (i.e., urinalysis, vaginal wet prep, hematocrit, rapid strep test, urine pregnancy, etc.).
7. Interpret results from commonly used laboratory tests.
8. Apply knowledge of pathophysiology and pharmacology to the diagnosis and management of common patient conditions.
9. Discuss age specific pediatric developmental milestones with faculty or residency preceptors.
10. Participate in obtaining a focused history and performing a physical examination on an elderly patient (nursing home, etc.), adapting it to possible conditions of frailty, immobility, hearing loss, memory loss, and/or other impairments. Include demonstrating respect by making efforts to preserve the patient's dignity.
11. Perform an age appropriate gynecologic health screening examination. Include the following:
   A. Breast examination
   B. Pap smear.
12. Participate in a family-centered prenatal visit.
13. Evaluate the nature of the physician-patient relationship and its impact upon the management of the patient's illness.
15. Demonstrate familiarity with common outpatient procedures performed in Family Medical Practices. Examples include the following:
   A. Observe and perform outpatient dermatologic procedures.
   B. Observe a colposcopy/endometrial biopsy.
   C. Observe exercise stress testing.
   D. Observe a nasopharyngoscopy.
   E. Observe a GI endoscopy session.
Interpersonal Communication and Social Aspects of Patient Care
1. Assess the patient and the family in the context of the bio-psychosocial model.
2. Evaluate patient problems in a community and family context.
3. Identify how interpersonal relationships, social characteristics and cultural norms can alter the presentation and management of an illness.
4. Demonstrate effective and professional interpersonal and communication skills, including interviewing patients from diverse cultural and socioeconomic backgrounds.
5. Identify health beliefs that differ from the traditional biomedical model.

Interdisciplinary Team Collaboration Skills
1. Collaborate with peers, faculty and preceptors from other health related fields including Pharmacy, Social Work, Public Health and Nursing in providing care for individual patients as well as families.
2. Refer patients to other health professionals and agencies as appropriate.
3. Develop long term plans and management goals for patients with chronic disease.
4. Identify the basic principals of preventive medicine and its clinical implementation.

Information management (Medical Informatics)
1. Retrieve biomedical information using various available resources, including internet for solving problems and making decisions relevant to the care of individuals and populations.
2. Manage biomedical information for solving problems and making decisions relevant to the care of individuals and populations.

Ongoing Community Outreach (OCO)
1. Evaluate medical practice in an urban/suburban or rural setting by spending two weeks in the offices of community family practitioners.
2. Identify challenges and rewards of urban/suburban and rural primary care practices in South Carolina.
3. Participate in directed discussions on assigned core clinical topics related to commonly encountered diagnoses in family medicine, including but not limited to: hypertension, diabetes, urogenital infections, ophthalmic complaints, diseases of the thyroid, diseases of childhood, cardiovascular disease, pulmonary diseases.
4. Identify local economic, social, and political issues that impact the health care of a community.

Methods of Evaluating Students
Student performance is evaluated through these weighted components.

20% National Board Subject Examination (must obtain a minimum score of fifth percentile to pass the clerkship)
20% OSCE (Observed Standardized Patient Exam and Multiple Choice Exam)
20% Community Preceptor Evaluation
20% Inpatient Preceptor & Inpatient Team Evaluations
20% Family Medicine Center Preceptors Evaluations
Completion of two inpatient H&P’s, nutrition assessment on-line, 1 ultrasound procedure, smoking cessation exercise, and participation in a community outreach activity.
All students have a mid-rotation evaluation meeting with the clerkship director to assess strengths, weaknesses, and feedback. Recommendations for remediation occur at this meeting and are documented.

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be remediated at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.

**Numerical Grading System**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 - 100</td>
</tr>
<tr>
<td>B+</td>
<td>85 - 89</td>
</tr>
<tr>
<td>B</td>
<td>80 - 84</td>
</tr>
<tr>
<td>C+</td>
<td>75 - 79</td>
</tr>
<tr>
<td>C</td>
<td>70 - 74</td>
</tr>
<tr>
<td>D</td>
<td>65 - 69</td>
</tr>
<tr>
<td>F</td>
<td>Below 65</td>
</tr>
</tbody>
</table>

Any final grade in a course or clerkship whose first decimal place is calculated to be 0.5 to 0.9 shall be rounded up to the next whole number, while grades whose first decimal place is calculated to be 0.1 to 0.4 should be rounded down to the lower number.

**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
- Senior Mentor—Advance Directives

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

Acute & Chronic Renal Failure
Back pain
Chest pain or Heart failure
Dementia and Delirium
Depression and Anxiety
Diabetes
Dyspepsia and GERD
Health Maintenance/Prevention
Hypertension
Hypothyroidism
Nutrition and Obesity
Otitis Media
Pain Management
Respiratory Distress
Sprains and Strains
Stroke
Vaginitis and UTIs
Internal Medicine
MEDI D605

Chair: Shawn Chillag, M.D. 540-1000
Clerkship Directors: Caroline Powell, M.D. 540-1000
Davinder Lally, M.D. 540-1000
Mary Beth Poston, M.D. 540-1000
Staff Coordinator: Jennifer Hart 540-1092

UMC Clerkship Director: Leigh Watson, M.D. (864) 455-4436
UMC Staff Coordinator: Diane Smith (864) 455-4436

First Day of Service (Columbia)
Time: 8:00 a.m.
Place: Two Medical Park, Suite 502
Contact: Dr. Powell / Dr. Poston / Dr. Lally

First Day of Service (Greenville)
Time: 7:30 a.m.
Place: GMH Support Tower, Fifth Floor
Contact: Diane Smith

Night Call Required: Yes
Weekends Required: Yes

During the eight-week inpatient block, patients admitted to the hospital are assigned to the students for history taking and physical examination. Students then participate in diagnostic and therapeutic decisions concerning their patients and follow them throughout their hospital stay. They are responsible for daily notes and orders under the supervision of the residents and the attending physician on the service. Students have the opportunity to attend clinic in a community preceptor’s office one-half (1/2) day per week. Some students will have the opportunity to rotate through the MICU as part of this eight-week block.

In addition to daily rounds with the ward team, there is a program of noon-time conferences and grand rounds presentations that the students are expected to attend. They also meet with the clerkship directors, residents and department chairman on a regular basis for teaching rounds. Didactic sessions will be scheduled on two days over the eight weeks. A simulation workshop will be scheduled on one afternoon during the eight weeks.

**Goal:** The rotation is designed to help develop the student's clinical skills and to direct his or her approach to patient care towards a problem-oriented frame. Also, through active participation, the student should observe the diagnostic process as it unfolds and develop his/her own method of evaluating clinical problems.
### Clerkship Objectives

1. Elicit a through and pertinent patient history, adapting it to the urgency of the time allowed for the interaction. Include the following history:
   A. Chief complaint
   B. History of present illness: Describe the significant attributes of a symptom, including location and radiation, intensity, quality, temporal sequence (onset, duration, frequency), alleviating factors, aggravating factors, setting associated symptoms, functional impairment, and patient's interpretation of symptom.
   C. Past medical history
   D. Health maintenance history
   E. Family and social histories, etc.
   F. Review of Systems

2. Conduct a thorough physical examination. Include the following:
   A. Describe the four methods of physical examination (inspection, palpation, percussion, and auscultation), including where and when to use them, their purposes, and the findings that they elicit.
   B. Position the patient properly for each part of the physical examination.
   C. Perform the physical examination for a patient in a logical, organized, respectful, and through manner, giving attention to the patient’s general appearance, vital signs, and pertinent body regions.

3. Use information gathered from the patient’s history and physical to complete the following:
   A. Describe physiologic mechanisms that explain key findings in the history and physical. Include a discussion of the diagnostic value of the history and physical examination information.
   B. Formulate a differential diagnosis (problem list) based on the findings from the history and physical examination.
   C. Formulate a plan of patient evaluation and management, including diagnostic studies and consultations, therapeutic efforts, education of patient, and follow-up plans using an evidence-based approach.

4. Participate in the selection of diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost.
5. Interpret laboratory data including basic metabolic panels, liver functions tests, blood counts, arterial blood gases.

6. Assess each problem further by synthesizing and analyzing the data obtained from the diagnostic studies.

7. Demonstrate familiarity with basic clinical procedures of internal medicine.

8. Prepare written, comprehensive, and focused new patient workups. Include the following features when clinically appropriate:
   A. Provide a history of the present illness accurately, objectively, chronologically, without repetition, omission, or extraneous information.
   B. Provide comprehensive physical exam information with detail pertinent to the patient’s problem.
   C. Provide a succinct and unified list of all problems identified in the history and physical examination.
   D. Provide a differential diagnosis for each problem.
   E. Provide a diagnosis/treatment plan for each problem.

9. Present orally, clearly, and concisely the plan of problem evaluation and patient management.

10. Participate in discussion with the patient care team (faculty, staff, etc.) during teaching sessions.

11. Communicate positive interpersonal skills with patients and staff. Include the following:
   A. Demonstrate respect and appropriate listening skills, including both verbal and nonverbal techniques.
   B. Demonstrate effective verbal skills, including appropriate use of open- and closed-ended questions, repetition, facilitation, explanation, and interpretation.
   C. Describe how patients’ and physicians’ perceptions, preferences, and actions are affected by cultural and psychosocial factors, including how these factors affect the doctor-patient relationship.

12. Relate successfully to patients, families, and professionals. Include the following:
   A. Demonstrate appropriate listening skills, including both verbal and nonverbal techniques.
   B. Demonstrate interest and responsibility in patient care and patients’ needs.

13. Display professional attitudes to learning. Include the following:
   A. Demonstrate good, consistent work habits.
   B. Demonstrate inquisitiveness.
   C. Demonstrate evidence of a desire to learn and improve by reading, studying, and discussing.
   D. Demonstrate an ability to respond positively to constructive criticism.

14. Recognize, evaluate, and treat common adult medical problems in both inpatient and outpatient settings. Include the following:
   A. Cardiovascular Diseases
      1. Valvular heart disease
      2. Congestive heart failure
      3. Ischemic heart disease
      4. Pericardial disease
      5. Peripheral vascular disease
      6. Arrhythmias
   B. Respiratory Diseases
      1. COPD/asthma
      2. Pulmonary vascular disease
3. ARDS and pulmonary critical care
4. Lung cancer

C. Renal Disease
1. Fluid and electrolyte disorders
2. Hypertension/vascular disorders of kidney
3. Acute renal failure
4. Chronic renal failure

D. Gastrointestinal Disease
1. Neoplasms of the GI tract
2. Pancreatitis
3. Peptic Ulcer Disease
4. Gastrointestinal bleeding

E. Diseases of the Liver and Biliary System
1. Jaundice
2. Cirrhosis, complications
3. Gallstones

F. Hematology
1. Anemia
2. Leukocyte disorders
3. Hemostasis
4. Coagulation disorders
5. Leukemia / lymphoma
6. Myelodysplastic syndromes

G. Oncology
1. Oncologic emergencies
2. Solid tumors

H. Metabolic Diseases
1. Principles of nutritional support
2. Hyperuricemia and gout
3. Lipids

I. Endocrine Diseases
1. Thyroid
2. Diabetes

J. Diseases of Bone and Bone Mineral Metabolism
1. Hypercalcemia
2. Osteoporosis

K. Musculoskeletal and Connective Tissue Disease
1. Rheumatoid arthritis
2. SLE
3. Osteoarthritis
4. Crystal-induced arthropathies
5. Infections of joint spaces

L. Infectious Diseases
1. Host defenses
2. Fever and febrile syndromes
3. Bacteremia and septicemia
4. Meningitis
5. Pneumonia (includes tuberculosis)
6. Urinary tract infections
7. Immunocompromised host
8. Management of/approach to the HIV+ patient
9. Cellulitis and osteomyelitis

M. Neurologic Diseases
1. Disorders of consciousness and higher brain function, including syncope
2. Drug and alcohol abuse, including alcohol withdrawal
3. Autonomic dysfunction
4. Sensory dysfunction
5. Cerebrovascular disease
6. Seizure disorders

N. The Aging Patient
1. Biology of Aging
2. Identify preventive standards for the various adult age groups, to include counseling and guidance
3. Evaluate the effects of illness on the adult and his/her family

O. Cutaneous Disease
1. Infectious Disease (Impetigo, HPV, Herpes, Tinea)
2. Psoriasis
3. Eczema
4. Skin Cancer
5. Skin breakdown and wound care

Methods of Evaluating Students:

30% NBME Subject Examination
A minimum score of the fifth percentile is required for the NBME Subject Examination
50% Clinical Evaluations
20% Objective Structured Clinical Evaluation (OSCE)

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be remediated at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.

Numerical Grading System

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 – 100</td>
<td>A</td>
</tr>
<tr>
<td>85 – 89</td>
<td>B+</td>
</tr>
<tr>
<td>80 – 84</td>
<td>B</td>
</tr>
<tr>
<td>75 – 79</td>
<td>C+</td>
</tr>
<tr>
<td>70 – 74</td>
<td>C</td>
</tr>
<tr>
<td>65 – 69</td>
<td>D</td>
</tr>
<tr>
<td>Below 65</td>
<td>F</td>
</tr>
</tbody>
</table>

Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.
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 (BCLS) 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

Patient Encounter Information
- New Acute Diagnosis
- New Acute Treatment
- Chronic Condition
- Acute exacerbation
- Cultural Competency
- Geriatrics
- Limited Access to Care Patient
- CHF/CAD
- DM
- Dyspnea
- Fever/infection
- MSK pain
- Anemia
- Abdominal Pain/GI Bleed
- Renal failure
- Electrolyte abnormality
- Substance abuse
## M-III Neurology Clerkship

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Te-Long Hwang, M.D.</th>
<th>803-545-6050</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<a href="mailto:te-long.hwang@uscmed.sc.edu">te-long.hwang@uscmed.sc.edu</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Coordinator:</td>
<td>Carol Crain</td>
<td>803-545-6050</td>
</tr>
<tr>
<td>(<a href="mailto:carol.crain@uscmed.sc.edu">carol.crain@uscmed.sc.edu</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Medical Park, Suite 420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia, SC 20203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Greenville Clerkship Director:</th>
<th>Mary Hughes, M.D.</th>
<th>864-235-6769</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<a href="mailto:mhughes@ghs.org">mhughes@ghs.org</a>)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Greenville Staff Coordinator:</th>
<th>Mandie Ivie</th>
<th>864-235-6769</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<a href="mailto:mivie@ghs.org">mivie@ghs.org</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Medical Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenville Hospital System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 Cross Park Court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greenville, SC 29605</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evening Call Required: None

### Weekends Required: Call schedule at the discretion of the attending

**Description:** The M-III Clerkship is two-weeks in length. The Neurology clerkship is the opportunity for most students to experience neurological disorders. Students learn the clinical neurology from both inpatient consultation and outpatient care. Students are assigned to University clinic – Palmetto Richland Memorial Hospital, Dorn VA Hospital, and Bryan Psychiatry Hospital. There are teaching sessions once a week with didactic lectures and case discussions. The MIII neurology clerkship in Greenville is conducted by Dr. Mary Hughes and her colleagues at the Greenville Memorial Hospitals.

**Goal:** To teach the principles and skills underlying the recognition and management of the neurologic diseases a general medical practitioner is most likely to encounter in practice.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO INFORMATION SUBMITTED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clerkship Objectives:
1. To teach or reinforce the following procedural skills;
   j. The ability to obtain a complete and reliable history
   k. The ability to perform a focused and reliable neurologic examination
   l. The ability to examine patients with altered level of consciousness or abnormal mental status
   m. The ability to deliver a clear, concise, and thorough oral presentation of a patient’s history and examination
   n. The ability to prepare a clear, concise, and thorough written presentation of a patient’s history and examination
2. To teach or reinforce the following analytic skills:
   a. The ability to recognize symptoms that may signify neurologic disease
   b. The ability to distinguish normal from abnormal findings on a neurological examination
   c. The ability to localize the likely site or sites in the nervous system where a lesion could produce a patient’s symptoms and signs
   d. The ability to formulate a differential diagnosis based on lesion localization, time course, and relevant historical and demographic features
   e. An awareness of the use and interpretation of common tests used in diagnosing neurologic disease.
   f. An awareness of the principles underlying a systematic approach to the management of common neurologic disease
   g. An awareness of situations in which it is appropriate to request neurologic consultation
   h. The ability to review and interpret the medical literature (including electronic databases) pertinent to specific issues of patient care.

Methods for Evaluating Students:
Neurology clerkship grade:
   70% Clinical performance
   30% In-house test
Seventy percent (70%) of the final grade will be earned from the clerkship clinical work. That grade is derived from the direct observation of the student by the attending Neurologists and by the evaluation of the student’s written material: recorded history and physical examinations, progress notes and the like. Items assessed by this method include depth of general medical knowledge, depth of knowledge of basic neurosciences, and the application of basic neurosciences to the clinical circumstance, and the ability of the student to garner a focused neurological history and conduct a neurological examination. Students must successfully complete and pass all components to receive a final grade of 65 or over. Failure to complete or pass any clerkship component will result in a grade of Incomplete until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

The in-house test consists of 50 multiple choice questions taken in one hour at the end of rotation. There will be no SHELF test for the MIII neurology clerkship.

Numerical Grading System:

<table>
<thead>
<tr>
<th>Numerical Grade</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 – 100</td>
<td>A</td>
</tr>
<tr>
<td>85 – 89</td>
<td>B+</td>
</tr>
<tr>
<td>80 – 84</td>
<td>B</td>
</tr>
<tr>
<td>75 – 79</td>
<td>C+</td>
</tr>
<tr>
<td>70 – 74</td>
<td>C</td>
</tr>
<tr>
<td>65 – 69</td>
<td>D</td>
</tr>
<tr>
<td>Below 65</td>
<td>F</td>
</tr>
</tbody>
</table>
Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.

**M-III 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
OBSTETRICS AND GYNECOLOGY
OBGY D605

Chair: Janice Bacon, M.D. 779-4928
Clerkship Director: Seema Menon, M.D. 779-4928
Staff Coordinator: Elise Ewing 779-4928 ext: 247

UMC Clerkship Director: Francis Nuthalapaty, M.D. (864) 455-5524
UMC Staff Coordinator: Julie Ogorzalek (864) 455-1607

First Day of Service (Columbia)
Time: 8:30 a.m.
Place: Two Medical Park, Suite 208
Contact: Elise Ewing

First Day of Service (Greenville)
Time: 8:00 a.m.
Place: Simulation Center
Contact: Julie Ogorzalek

Night Call Required: Yes
Weekends Required: Yes

The Clerkship is divided into an obstetrics block and a gynecology block. Students will have a variety of inpatient and outpatient experiences in the various parts of the rotation. They will follow patients during hospitalization and be responsible for daily evaluation and charting of patient progress. In the outpatient setting, students will conduct supervised patient evaluations. The student is considered an integral part of the treatment team with responsibilities based upon level of training.

Reading material will provide general information on all aspects of the field. In-depth reading is required based on particular patient problems. There is a schedule of lectures designed for the third year clerk in particular. In addition, the Department has an active conference and seminar schedule and students participate in parts of this.

Up-to-date information regarding the Ob-Gyn clerkship can be found by selecting the medical student link on the Ob-Gyn website: http://obgyn.med.sc.edu

Overall Goal: The goal of the clerkship is to introduce medical students to the unique aspects of the medical care of women. In the process, they are exposed to the specific type of practice encompassing OB/GYN.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 weeks Obstetrics</td>
<td>5</td>
<td>One week of night float. This week will included Sun, Mon, Tues, Wed, Friday nights</td>
<td>Varies during rotation</td>
</tr>
<tr>
<td>3 weeks Gynecology</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|
OB/GYN Clerkship Objectives:

1. Assess the basic primary care of the female patient from adolescence to the menopausal age.
2. Discuss the major disease processes of the subspecialty fields of maternal-fetal medicine, benign gynecology, reproductive endocrinology, and gynecologic oncology.
3. Describe the anatomic and physiologic changes that occur from puberty through the reproductive and menopausal years.
4. Discuss the anatomic and physiologic changes associated with pregnancy.
5. Interpret clinical information from histories and physicals.
6. Formulate differential diagnoses for common obstetric and gynecologic problems.
7. Recommend effective patient management plans. Include the following:
   A. Generate a problem list from history and physical.
   B. Form a differential diagnosis for common obstetric and gynecologic problems.
   C. Develop a management plan that includes the following:
      1) Laboratory and diagnostic studies
      2) Treatment
      3) Patient education
      4) Continuing care plans
8. Interact and respond positively with patients, faculty, residents and medical staff during clinical rounds and teaching conferences. Demonstrate professional operating room behavior.
9. Understand ethical issues designed to protect patient interests. Include beneficence and autonomy as they apply to both mother and fetus.
10. Discuss the risks, benefits, and indications of the following diagnostic and therapeutic surgical procedures:
    A. Colposcopy and cervical biopsy
    B. Cone biopsy
    C. Cryotherapy
    D. Dilatation and curettage
    E. Electrosurgical excision of cervix
    F. Endometrial biopsy
    G. Hysterectomy
    H. Hysterosalpingography
    I. Hysteroscopy
    J. Laparoscopy
    K. Laser vaporization
    L. Mammography
    M. Needle aspiration of breast mass
    N. Pelvic ultrasonography
    O. Pregnancy termination
    P. Vulvar biopsy
11. Demonstrate basic history taking skills. Include the following:
    A. Chief complaint
    B. Present illness
    C. Family history
    D. Social history
    E. Gynecologic history
    F. Menstrual history
    G. Obstetric history
    H. Contraceptive history
12. Perform a basic obstetric-gynecologic examination as part of a female’s basic medical physical. Include the following:
    A. Breast exam
    B. Abdominal exam
    C. Pelvic exam with Pap smear
13. Provide appropriate counseling related to health maintenance depending on her needs:
   A. Preconception counseling
   B. Health maintenance tests depending on age
   C. Domestic violence (including physical, emotional and sexual abuse) counseling
   D. Sexually transmitted infection prevention counseling

14. Demonstrate basic surgical and obstetric skills, including the following:
   A. Knot tying
   B. Induction and augmentation of labor
   C. Episiotomy
   D. Spontaneous vaginal delivery

15. Observe surgical and obstetric procedures basic to the management and counseling of patients. Examples include the following:
   A. Ultrasound
   B. Chorionic villous sampling
   C. Amniocenteses and cordocentesis
   D. Antepartum fetal assessment
   E. Intrapartum fetal surveillance
   F. Cesarean delivery
   G. Vaginal birth after cesarean section
   H. Newborn circumcision

16. Perform a basic obstetric examination on a patient. Include the following:
   A. Assess patient on an initial visit.
      1) Discuss methods used to diagnose pregnancy.
      2) Determine gestational age.
      3) Distinguish an at-risk pregnancy.
   B. Assess normal pregnancy throughout gestation.
      1) Assess fetal growth throughout pregnancy.
      2) Describe the nutritional and educational needs of the pregnant female.
      3) Answer questions concerning pregnancy and delivery.
   C. Define normal prenatal laboratory tests.
   D. Describe the basic physiologic changes that occur during gestation.

17. Manage a normal laboring patient at term. Include the following:
   A. Describe the characteristics of true and false labor.
   B. Discuss the initial assessment of the laboring patient.
   C. Discuss the stage and mechanism of normal labor and delivery.
   D. Demonstrate techniques to evaluate the progress of labor.
   E. Provide information on techniques of pain management during labor.
   F. Discuss methods of monitoring the mother and fetus.
   G. Manage a normal delivery.
   H. Discuss methods of vaginal repair.
   I. Perform a normal vaginal delivery, including episiotomy/repair.

18. Describe intrapartum fetal surveillance techniques and interpretation. Include the following:
   A. Auscultation
   B. Electronic fetal monitoring
   C. Amniotic fluid assessment

19. Manage the care of postpartum patients. Include the following:
   A. Describe normal maternal physiologic changes of the postpartum period.
   B. Describe normal postpartum care.
   C. Provide appropriate patient postpartum counseling, including contraception and breast feeding, if appropriate.
   D. Identify and manage post partum depression

20. Define labor dysfunction patterns with management strategies
21. Explain the differential diagnosis, and diagnostic work-up of first trimester bleeding. Include the following:
   A. Diagnose and manage spontaneous abortions, including missed abortion, complete abortion, incomplete abortion, and septic abortion.
   B. Understand the pathophysiology behind ectopic pregnancy
   C. List risk factors predisposing patients to ectopic pregnancy.
   D. Describe the symptoms and physical findings suggestive of ectopic pregnancy.
   E. Describe methods and tests used to confirm the diagnosis of ectopic pregnancy.
   F. Explain treatment options.

22. Identify illicit drugs and medications that are teratogenic. Include a description of the effects of medication on pregnancy. Examples of teratogenic agents include the following:

   **Drugs and chemicals**
   A. Alcohol
   B. Androgens and testosterone derivatives (e.g., danazol)
   C. Angiotensin-converting enzyme (ACE) inhibitors (e.g., enalapril, captopril)
   D. Coumarin derivatives (e.g., warfarin)
   E. Carbamazepine
   F. Folic acid antagonists (methotrexate and aminopterin)
   G. Cocaine
   H. Diethylstilbestral
   I. Lead
   J. Lithium
   K. Organic mercury
   L. Phenytoin
   M. Streptomycin and kanamycin
   N. Tetracycline
   O. Thalidomide
   P. Trimethadione and paramethadione
   Q. Valproic acid
   R. Vitamin A and its derivatives (e.g., isotretinoin, etretinate, and retinoids)

   **Infections**
   A. Cytomegalovirus
   B. Rubella
   C. Syphilis
   D. Toxoplasmosis
   E. Varicella

   **Radiation**

23. Counsel patients regarding possible consequences of the following medical and surgical conditions:
   A. Anemia
   B. Diabetes mellitus
   C. Urinary tract and renal disorders
   D. Infectious diseases, including
      1) Herpes
      2) Rubella
      3) Group B Streptococcus
      4) Hepatitis
      5) Human immunodeficiency virus (HIV), human papilloma virus (HPV), et al.
      6) Cytomegalovirus
      7) Toxoplasmosis
      8) Varicella and parvovirus
   E. Cardiac disease
   F. Hypertension
   G. Seizure disorder
   H. Asthma
I. Alcohol, tobacco and other substance abuse
J. Surgical abdomen

24. Describe preeclampsia-eclampsia, a condition that accounts for significant morbidity and mortality in both the mother and newborn. Include the following:
   A. Define and classify hypertension in pregnancy.
   B. Explain pathophysiology of preeclampsia-eclampsia.
   C. Describe symptoms, physical findings and diagnostic methods.
   D. Discuss management approach.
   E. Describe maternal and fetal complications.

25. Discuss red cell antigen-antibody (Rh) system. Include the following:
   A. Discuss red blood cell antigens.
   B. Describe the use of immunoglobulin prophylaxis during pregnancy.
   C. Describe clinical circumstances under which D isoimmunization is likely to occur.
   D. Describe methods used to determine maternal isoimmunization and severity of fetal involvement.

26. Discuss multifetal gestation. Include the following:
   A. Describe the etiology of monozygotic, dizygotic and multizygotic gestation.
   B. Describe altered physiologic state with multifetal gestation.
   C. Describe symptoms, physical findings, and diagnostic methods.
   D. Discuss and approach to antepartum, intrapartum, and postpartum management.
   E. Discuss risk factors.

27. Discuss the third trimester bleeding. Include the following:
   A. Describe the approach to the patient with third-trimester bleeding.
   B. Compare symptoms, physical findings, and diagnostic methods that differentiate patients with placenta previa, abruptio placenta and other causes of third-trimester bleeding.
   C. Describe complications of placenta previa and abruptio placenta.
   D. Describe immediate management of shock secondary to third-trimester bleeding.
   E. Describe components of the various blood products and indications for their use.

28. Discuss the causes and symptoms of preterm labor. Include the following:
   A. Cite factors predisposing to preterm labor.
   B. Describe the signs and symptoms of premature uterine contractions.
   C. List causes of preterm labor.
   D. Discuss the management of preterm labor, including
      1) Tocolytics
      2) Steroids
      3) Antibiotics

29. Discuss the premature rupture of membranes. Include the following:
   A. Discuss the history, physical findings, and diagnostic methods to confirm membrane rupture.
   B. Describe the factors predisposing to premature rupture.
   C. Cite the risks and benefits of expectant management versus immediate delivery.
   D. List methods to monitor maternal and fetal status.

30. Discuss contraception options available and identify contraindications to their use.
   A. Intrauterine device
   B. Combination oral contraceptive pills
   C. Progesterone only pills
D. Transdermal and Transvaginal contraception
E. Subdermal Implant
F. Barrier methods
G. Permanent sterilization

31. Describe methods of pregnancy termination, the potential complications, and provide counseling to patients in need.
32. Diagnosis and manage patients with vaginal and vulvar complaints
   A. Diagnose and manage a patient with vaginitis; perform and interpret a microscopic wet mount examination
   B. Understand dermatologic conditions of the vulva
33. Describe the basic presentation, work-up and treatment options for the common sexually transmitted diseases. Examples of the diseases include the following:
   A. Gonorrhea
   B. Chlamydia
   C. Herpes simplex virus
   D. Syphilis
   E. Human papilloma virus infection
   F. Human immunodeficiency virus (HIV) infection
   G. Hepatitis B virus infection
   H. CMV
   I. Trichomoniasis
32. Discuss the potential impact of acute or chronic salpingitis and how the early recognition and optimal management may help prevent the long-term sequelae of tubal disease. Include the following:
   A. Pathogenesis
   B. Common organisms
   C. Signs and symptoms
   D. Methods of diagnosis
   E. Treatment
   F. Sequelae, including
      1) Tuboovarian abscess
      2) Chronic salpingitis
      3) Ectopic pregnancy
      4) Infertility
33. Describe pelvic relaxation and urinary incontinence and the approach to management of these patients. Include the following:
   A. Describe the predisposing risk factors for pelvic organ prolapse and incontinence.
   B. Describe anatomic changes, fascial defects and neuromuscular pathophysiology.
   C. Describe the signs and symptoms of pelvic organ prolapse.
   D. Demonstrate a physical exam, including Cystocele, Rectocele, Enterocèle, Vaginal vault or uterine prolapse.
   E. Discuss methods of diagnosis, including Urine culture, Post-void residual, Cystoscopy, Urodynamic testing.
   F. Discuss nonsurgical as well as surgical treatments, including Pessary, Medications, Reconstructive surgery.
34. Discuss pelvic pain
   A. Understand the etiology, presentation, diagnosis, and management of endometriosis
   B. Understand the presentation and management of dysmenorrhea
   C. Understand the presentation and management of premenstrual syndrome and premenstrual dysphoric disorder.
   C. Describe other common pathology leading to pelvic pain
35. Discuss a systematic approach to the evaluation of amenorrhea, or the absence of normal menstrual bleeding, so as to aid in the diagnosis and treatment of its cause. Include the following:
   A. Define primary amenorrhea, secondary amenorrhea, and oligomenorrhea.
B. Describe the causes of amenorrhea.
C. Discuss evaluation methods.
D. Provide an overview of treatment options.
E. Understand normal pubertal changes and when to begin evaluation of amenorrhea

36. Discuss abnormal uterine bleeding
   A. Understand common pathology leading to abnormal uterine bleeding including
      1. Leiomyoma
      2. Endometrial polyps
      3. Endometrial hyperplasia
      4. Adenomyosis
      5. Uterine malignancy
   B. Discuss the diagnosis and treatment options appropriate to the various pathologies.

37. Discuss the basic management of infertility

38. Discuss climacteric or the physical and emotional changes caused by estrogen depletion in the postmenopausal years. Include the following:
   A. Describe the physiologic changes in the hypothalamic-pituitary-ovarian axis.
   B. Cite the symptoms and physical findings associated with hypoestrogenism.
   C. Describe the long-term changes associated with hypoestrogenism.
   D. Describe management, including Hormone therapy, Nutrition and exercise, and Non-hormonal therapeutic options.
   E. Describe the risks and benefits of hormone replacement therapy.

39. Describe gestational trophoblastic neoplasia and the importance of its malignant potential. Include the following:
   A. Describe the symptoms and physical findings.
   B. List diagnostic methods.
   C. Describe management and follow-up.

40. Discuss ovarian carcinoma
   A. Understand the management of a patient with an adnexal mass
   B. Understand the different types of ovarian neoplasms
   C. Identify the risk factors of ovarian neoplasms

41. Describe the detection and treatment of preinvasive lesion as associated with carcinoma of the cervix. Include the following:
   A. Describe the risk factors of cervical disease and neoplasia.
   B. Cite indications for screening.
   C. List the symptoms and physical findings of cervicitis and neoplasia.
   D. Describe the evaluation and management of the patient with an abnormal pap smear.
   E. Describe the impact of staging on management and prognosis.

42. Discuss endometrial carcinoma. Including the following:
   A. List the risk factors for endometrial carcinoma.
   B. Describe the symptoms and physical findings.
   C. Discuss the management of the patient with postmenopausal bleeding.
   D. Discuss methods used to diagnose endometrial carcinoma.
   E. Describe the impact of staging on management and prognosis.
   F. Describe the management of the patient with endometrial cancer.


**Methods of Evaluating Students:** To be eligible to receive a passing grade, each student must demonstrate proficiency in a variety of clinical and academic skills considered by the faculty to be essential for all physicians. The grade itself consists of a combination of objective (NBME Shelf Test) and subjective evaluations throughout the rotation.
Methods of Evaluating Students

30%  NBME Subject Examination
     (minimum score of the fifth percentile, is required for the “subject” exam.)
20%  Objective Structured Clinical Evaluation (OSCE)
50%  Subjective Evaluation

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Students must pass all three components of the rotation (written subject exam, OSCE and clinical evaluation).

1. If a student does not pass the written exam, he/she will take a make-up written exam
2. If a student does not pass the OSCE exam, he/she will take a make-up OSCE exam
3. If a student does not pass the clinical portion of the rotation, he/she will repeat the eight-week rotation
4. The final grade cannot be elevated more than one letter from the grade of the written exam

If the student fails two or three components of the rotation, he/she must repeat the entire rotation including the written and OSCE exams.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be remediated at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.

Numerical Grading System

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 100</td>
<td>A</td>
</tr>
<tr>
<td>85 - 89</td>
<td>B+</td>
</tr>
<tr>
<td>80 - 84</td>
<td>B</td>
</tr>
<tr>
<td>75 - 79</td>
<td>C+</td>
</tr>
<tr>
<td>70 - 74</td>
<td>C</td>
</tr>
<tr>
<td>65 - 69</td>
<td>D</td>
</tr>
<tr>
<td>Below 65</td>
<td>F</td>
</tr>
</tbody>
</table>

Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.

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
This clerkship is designed to provide a broad overview of general pediatrics. Experience will be gained in ambulatory care, inpatient pediatrics including hematology/oncology or PICU and the newborn nursery. Ambulatory care experience is gained in the general pediatric clinic, pediatric subspecialty clinics and various community settings.

The clerkship is divided into two four-week blocks, one inpatient and one outpatient. The outpatient block is divided into two weeks in Pediatric Clinic: one week in nursery/developmental pediatrics, and one week in community/sub-speciality pediatrics.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks Inpatient</td>
<td>7</td>
<td>Weekday and weekend call approximately every 7\textsuperscript{th} night overnight if doing inpatient; until 11p.m. (Peds ER) if doing inpatient</td>
<td>7:00 a.m.</td>
</tr>
<tr>
<td>4 one-week assignments in Nursery, Private Office, Developmental Peds, Clinics Sub-speciality Peds</td>
<td>5</td>
<td></td>
<td>8:00 a.m.</td>
</tr>
</tbody>
</table>
Clerkship Objectives

1. Perform appropriate pediatric history, complete with all positive and negative findings, in both inpatient and outpatient setting for the sick and well infant, child, and adolescent. Include (but not limited to) the following history:
   A. Chief complaint
   B. Maternal history
   C. Perinatal history
   D. Past medical history
   E. Immunization
   F. Developmental
   G. Nutritional
   H. Allergy
   I. Family, and social etc.

2. Define appropriate immunizations for infants, children, and adolescents, including their side effects.

3. Record, perform, and interpret physical examinations, in both inpatient and outpatient setting, for the sick and well, infant, child, and adolescent. Include (but not limited to) the following:
   A. Perform a Denver Developmental Screening Test (DDST)
   B. Assess childhood growth patterns, such as
      1) Height
      2) Weight
      3) Head circumferences.
   C. Obtain pediatric blood pressure.
   D. Plot growth curve of pediatric patient.
   E. Explain how to perform the Sexual Maturity Rating. (Tanner)
   F. Gather data from physical/history exam and consider useful laboratory tests when evaluating a child with a possible common genetic disorder or a congenital malformation.
   G. Interpret tympanograms to check the possible abnormalities of the eardrum.

4. Record and interpret lab data such as the following:
   A. Liver function test (LFTs), Complete blood count (CBC), Urinalysis (U/A), etc.
   B. X-ray reports, EKG
   C. Culture results

5. Obtain historical information to assess patient's state of hydration.

6. Recognize the physical exam findings of dehydration.

7. Calculate and write IV orders for initial fluid replacement and maintenance fluids for a patient with dehydration from gastroenteritis or diabetic ketoacidosis.

8. Explain the clinical consequences of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and hypokalemia. Include a discussion of the effect of pH on the serum potassium level.

9. Explain to parents how to use oral rehydration therapy for mild/moderate dehydration.

10. Describe appropriate schedules for preventive screening and health maintenance activities for the infant and child.

11. Use and interpret screening tests for the infant and child. Include (but not limited to) the following:
   A. Neonatal
   B. Developmental
   C. Hearing and vision
   D. Lead.

12. Discuss the nutritional advice to provide families. Include the following:
   A. Discuss infant breast-feeding vs. formula feeding.
   B. Explain why solids are added to an infant diet.
   C. Explain the use of cow's milk.

13. Discuss how to advise families about the dietary prevention and treatment of common pediatric mineral (iron, fluoride, calcium) and vitamin deficiencies.
14. Obtain a routine diet history on an infant that includes the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given (vitamins, fluoride, iron).

15. Determine whether a formula-fed infant is receiving adequate calories.

16. Recognize when nutritional assessment is necessary beyond infancy, and demonstrate how to obtain a daily diet diary with the assistance of a nutritionist.

17. Discuss with peers the physical findings of an abused child. Include the following:
   A. Recognize patterns of and how to elicit information on which to diagnose non-accidental injuries and abuse.
   B. Discuss ethical and legal responsibilities of physicians in identifying and reporting suspected abuse.

18. Deliver comprehensive care to patients in both inpatient and outpatient setting.
   A. Compile and discuss problem list and differential diagnosis.
   B. Formulate a plan of therapy.
   C. Discuss management options.
   D. Calculate a drug dose for infants and prepubertal children.

19. Outline the initial evaluation of a child with failure to thrive.

20. Discuss selected patients as well as topics of interest on both inpatient and outpatient pediatrics during informal conferences. Include (but not limited to) the following:
   A. Disease process
   B. Differential diagnoses of complaint
   C. Ethical issues germane to condition.

21. Discuss principles of counseling and guidance for problems for infant, child, and adolescent lifestyles. Include the following:
   A. Life style choices
   B. Age appropriate behavior
   C. Puberty and peripubertal adolescents
   D. Injury prevention
   E. Home safety
   F. Immunization
   G. Sexuality
   H. Substance use and abuse.

22. Work cooperatively with assigned physicians with pediatric specialty training.

23. Write prescriptions accurately, and check for interactions using drug database programs.

24. Demonstrate professional conduct that will contribute to positive physician, patient, and family relationships.

25. Demonstrate positive interpersonal skills that will enhance communication between the physician and the patient and his/her family.

26. Demonstrate intellectual curiosity, initiative, responsibility, and reliability by identifying a variety of key information sources and methods for accessing them. Include (but not limited to) the following:
   A. Conducting online literature searches
   B. Utilizing drug, other database and decision support sources
   C. Reading independently about disease processes of assigned patients.

27. Identify ways that practicing physicians can advocate for children.

28. Describe the types of problems that benefit more from a community approach rather than an individual patient approach.

29. Demonstrate familiarity with procedures common to pediatrics. Include, but not limited to, the following:
   A. Venipuncture
   B. Peripheral IV line placement
   C. Lumbar puncture
   D. Bladder catherization.
**Newborn Nursery**
1. Assess the care of the normal newborn and of the stable preterm infant.
2. Interpret history on newborns in Newborn Nursery. Include (but not limited to) the following:
   A. Maternal history
   B. Perinatal history
3. Perform physical examinations on newborns in Newborn Nursery. Include (but not limited to) the following:
   A. Dubowitz exam.
   B. Red light reflex
   C. Check for congenitally dislocated hips.
4. Discuss assigned topics on the normal newborn and on the stable preterm infant.
5. Describe special problems of newborns. Include (but not limited to) the following:
   A. Jitteriness
   B. Jaundice
   C. Lethargy or poor feeding
   D. Respiratory distress
   E. Cyanosis
   F. Bilious and non bilious vomiting
   G. Hypoglycemia
   H. Sepsis
   I. Rashes

**Developmental**
1. Relate awareness of family centered care and community resources for persons with developmental disabilities.
2. Visit with a family in the home to learn about the importance of family centered care from a parent's perspective.
3. Describe the characteristics of the conditions known as developmental disabilities.
4. Examine personal reactions, attitudes, and beliefs about people with developmental disabilities.

**PICU & HEM/ONC**
1. Describe the condition, stabilization and treatment of a Pediatric Intensive Care Unit (PICU) patient. Examples are as follows:
   A. Neurologic emergencies
   B. Potentially life threatening complaints
   C. Cardiopulmonary emergencies
   D. Toxic ingestion, including
      1) Type,
      2) Amount,
      3) Timing,
      4) Knowledge of poison control center.
   E. Trauma, fundamentals of evaluation and management
2. Discuss the pathophysiology of Pediatric Intensive Care Unit (PICU) and/or Hematology/Oncology diseases.
3. Perform mini lectures on assigned topics.
4. Review and interpret peripheral blood smears of the Hematology/Oncology patient.

**Methods of Evaluating Students**

- **20%** NBME Subject Examination
  
  *(a minimum score of the fifth percentile, is required for the “subject” exam.)*

- **60%** Clinical Evaluations
  
  *(from faculty, attendings and residents)*

- **20%** In-house written test/OSCE

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be retaken at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.

**Numerical Grading System**

- 90 - 100 = A
- 85 - 89 = B+
- 80 - 84 = B
- 75 - 79 = C+
- 70 - 74 = C
- 65 - 69 = D
- Below 65 = F

Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.

**M-III Pediatrics Skills**

- 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

**Essential Core Concepts**
Respiratory Distress
Upper Respiratory Complaint
Febrile Illness
Neonate with Fever
Jaundice
Rash
Vomiting, Diarrhea, Abdominal Pain
Lethargy, Seizure, Altered Mental Status
Oncologic Abnormality
Heart Murmur
Behavioral/Developmental Problem
Child with Weight Issues
Hematuria, Proteinuria, UTI
Child with Musculo-Skeletal Complaint
Child with Genetic Syndrome
Child Abuse/Neglect
Anemia
Well Child Care
The M-III Psychiatry Clinical Clerkship is six weeks in length. It consists of a 2 three-week block experiences in Psychiatry.

**Psychiatry**

Chairman: Richard Harding, M.D. 434-4250  
Clerkship Director: Shilpa Srinivasan, M.D. 434-4250  
Program Coordinator: Deckie Wooten 434-4250  

UMC Clerkship Director: Jack Bonner, M.D. (864) 455-7834  
UMC Staff Coordinator: Kristie Condrey (864) 455-7834  

First Day of Service (Columbia)  
Time: 8:30 a.m.  
Place: Clinical Education Building/15 RMP  
Contact: Mrs. Deckie Wooten  

First Day of Service (Greenville)  
Time: 9:00 a.m.  
Place: Marshall I. Pickens Hospital Conference Room  
Contact: Dr. Bonner  

Evening Call Required: Yes  
Weekends Required: No  

**Description:** The Psychiatry Clerkship consists of two three-week assignments to inpatient psychiatric units and outpatient/subspecialty psychiatric settings. During the inpatient assignment, the students meet one half day per week to attend conferences on various aspects of clinical psychiatry. Diverse teaching formats will be utilized during the conferences. Topics for these conferences include: drug and alcohol abuse, forensic psychiatry, child and adolescent psychiatry, geriatric psychiatry, psychosomatic medicine, psychiatric diagnostic case conferences, and ECT. Students also meet with an individual tutor for a total of five hours for a case-based discussion of various psychiatric diagnoses. There are also recommended readings from *Synopsis of Clinical Psychiatry* by Kaplan & Sadock. Additional clinical case conferences are scheduled depending on the student’s rotation site and attendance at an AA meeting is a requirement for all students.  

A variety of clinical rotation sites are available during the rotation including: William S. Hall Psychiatric Institute (child and adolescent psychiatry), School of Medicine Child & Adolescent Clinic, Bryan Psychiatric Hospital, Morris Village Drug and Alcohol Treatment Center, C. M. Tucker Long-Term Care Center, Palmetto Baptist Hospital and Palmetto Richland Memorial Hospital.  

Please note that possession of a camera, weapon of any type, illicit drugs, or alcoholic beverages within the grounds of psychiatric facilities is strictly forbidden. Failure to adhere to this policy may constitute a violation of Personal and Professional Conduct standards.  

**Overall Goal of Psychiatry Clerkship:** The overall goal of the clerkship is to provide a “hands-on” approach to learning psychiatry applicable to the general practice of medicine. While building on the first- and second-year knowledge of neuroscience, neuroanatomy, and psychiatric/developmental
concepts, the rotation emphasizes the ability to perform the various tasks necessary for evaluation, referral and treatment of psychiatric problems.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks Psychiatry Outpatient or C/L</td>
<td>5</td>
<td>At the discretion of the attending</td>
<td>8- 8:30a.m.</td>
</tr>
<tr>
<td>4 weeks Psychiatry Inpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objectives for Psychiatry:**

**Psychiatric Illnesses**
1. Recognize major psychiatric illnesses.
2. Formulate multi-axial differential diagnosis on selected cases.
3. Evaluate the psychiatric manifestations of brain disease, of known etiology, or pathophysiology.
4. Explain the concepts of personality and personality disorders as they relate to physical and mental illness.
5. Evaluate, and manage patients with psychoses associated with schizophrenia, affective, general medical, or other psychotic disorders.
6. Evaluate, and manage patients with uncomplicated mood disorders and/or uncomplicated anxiety disorder.
7. Evaluate, and explain the management of patients with alcohol and other substance use disorders.
8. Explain the management of patients with acute reactions to stress, adjustment disorders, somatoform, eating, and/or psychosexual disorders.
9. Present to faculty a diagnostic formulation and undertake a differential diagnosis.
10. Explain the management of uncomplicated childhood psychiatric disorders.
11. Differentiate organic/medical problems from other psychiatric disorders.

**Treatment Concepts**
1. Assess general treatment concepts and medications for psychiatric illnesses.
2. Use psychototropic medications to treat psychiatric conditions.
3. Explain the indications, dosages, contraindications, major side effects, interactions, toxic and other adverse effects of psychotropic medications.
4. Discuss the general nature and purpose of psychotherapy and simple counseling techniques.
5. Discuss basic-prescribing skills for psychiatric disorders commonly encountered by non-psychiatrists.
6. Determine the difference between the adverse side effects of a treatment and the symptoms of the illness.
7. Develop psychiatric treatment plans, paying attention to the bio-psycho-social aspects of illness.
8. Perform a MSE and a MMSE, where appropriate, while utilizing good interviewing techniques and history taking.
9. Utilize laboratory tests and data, including special procedures such as EKG, EEG, CT, and MRI, in the evaluation and treatment phase of patient care.
10. Perform patient education and family education scenarios referring to: pathological findings, etiology, epidemiology, principles of treatment, natural course of illness and prognosis.
11. Assess the functioning of the patient’s family as part of the development of a patient’s treatment plan.
12. Answer patient and family questions concerning all aspects of their medications.
13. Explain psychiatric care in relation to the resources available in the community.
14. Evaluate the risk and discuss the management of potentially suicidal and/or violent patients.

General Medicine
1. Relate Psychiatry as a medical discipline to the practice of general medicine.
2. Discuss informed consent, legal requirements for involuntary commitment, and confidentiality of patient information.
3. Formulate a plan of patient management, including when to refer to a specialist.
4. Explain the implications of a diagnosis to a patient.
5. Inform patients about the beneficial and potentially adverse effects of treatment. Communicate medical information effectively, both verbally and in writing.
6. Promote compliance with prescribed treatment through patient education.
7. Discuss with patients the aspects of good mental health and how to reduce the risks of a psychiatric disorder.
8. Write admission and discharge orders for all aspects of patients with various psychiatric disorders.
9. Demonstrate respect, empathy, responsiveness, and concern, regardless of the patients’ problems or personality characteristics.
10. Discuss emotional responses to patients.
11. Demonstrate sensitivity to and respect for patient similarities and differences in the following: gender, ethnic background, sexual orientation, socio-economic status, education, political views, and personality traits.
12. Demonstrate cooperation with other members of the health care team.
13. Show capacity for critical thinking and constructive self-criticism.
14. Explain the necessity of good doctor-patient relationships.
15. Demonstrate taking a complete psychiatric history. Include the following: Identifying data, Referral source, Sources of information, Chief complaint, Present Illness, Past psychiatric history, Family history, Personal history, Medical history, Mental Status Exam.
16. Identify verbal and non-verbal expressions of mood in a patient’s responses, and apply this information in assessing and treating the patient.
17. Conduct a patient interview in a manner that facilitates information gathering and formation of a therapeutic alliance.
18. Use basic strategies for interviewing the following types of patients as listed: Disorganized; Cognitively-impaired; Hostile/resistant; Mistrustful; Circumstantial/hyperverbal; Non-spontaneous/hypoverbal; Potentially assaultive.
19. Demonstrate the following interview skills: Appropriate initiation of the interview; Establishing rapport; Appropriate use of open-ended and closed questions; Techniques for asking “difficult” questions; Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, and summary statements; Soliciting and acknowledging expression of the patients’ ideas, concerns, questions, and feelings about the illness and its treatment; Communicating information to patients in a clear fashion; Appropriate closure of the interview.
20. Demonstrate avoidance of the following mistakes in interview technique: interrupting the patient unnecessarily; asking long, complex questions; using jargon; asking questions in a manner suggesting the desired answer; asking questions in an interrogatory manner; ignoring patient verbal or non-verbal cues; making sudden inappropriate changes in topic; indicating patronizing or judgmental attitudes by verbal or non-verbal cues; incomplete questioning about important topics.
21. Analyze strengths and weaknesses of interviewing skills.
Methods for Evaluating Students for the Psychiatry Clerkship

25%  3-week Psychiatry Rotation Clinical Evaluation (evaluations by attendings)
25%  3-week Psychiatry Rotation Clinical Evaluation (evaluations by attendings)
25%  NBME Psychiatry Subject Examination
      (must obtain minimum score of the fifth percentile to pass the clerkship)
25%  OSCE Exam  [must obtain minimum score of 65 to pass clerkship]

Senior Mentor Assignment, Attendance of AA Meeting with AA Report, Attendance at Grand Rounds and Chairman’s Rounds.

The clinical grade is derived from the direct observation of the student by the attending Psychiatrist and by the evaluation of the student’s written material: recorded history and physical examinations and progress notes. Items assessed by this method include depth of general medical knowledge, depth of knowledge of basic neurosciences, and the application of basic neurosciences to the clinical circumstance, the ability of the student to garner a focused psychiatric history and ability to perform a complete psychiatric evaluation including the mental status examination.

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be remediated at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.

Numerical Grading System

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 100</td>
<td>A</td>
</tr>
<tr>
<td>85 - 89</td>
<td>B+</td>
</tr>
<tr>
<td>80 - 84</td>
<td>B</td>
</tr>
<tr>
<td>75 - 79</td>
<td>C+</td>
</tr>
<tr>
<td>70 - 74</td>
<td>C</td>
</tr>
<tr>
<td>65 - 69</td>
<td>D</td>
</tr>
<tr>
<td>Below 65</td>
<td>F</td>
</tr>
</tbody>
</table>

Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.
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
SURGERY
SURG D605

Chairman: Richard Bell, M.D. 256-2657
Clerkship Director: James Morrison, M.D. 256-2657
Program Coordinator: Carole Stack 256-2657

UMC Clerkship Director: Wendy R. Cornett, M.D. (864) 455-7886
UMC Staff Coordinator: Nancy Norris (864) 455-7886

First Day of Service (Columbia)
Time: 8:00 a.m.
Place: Two Medical Park, Suite 300
Contact: Carole Stack

First Day of Service (Greenville)
Time: 8:00 a.m.
Place: GMH Support Tower, 3rd Floor
Contact: Nancy Norris

Daily work/duty hours are twelve (12 hours) per day and can begin as early as 5:30 a.m. depending on the service.

Evening Call Required: Yes

1. All (Columbia) call will be done at Palmetto Health Richland (PHR).
2. All VA students (General and Vascular) will not take call on Tuesday evenings due to VA clinic on Wednesdays.
3. All VA students (General and Vascular) should avoid taking call on Monday evenings due to VA Plastic Surgery clinic on Tuesday afternoon.
4. All PHR General Surgery students will not take call on Sunday evenings due to General Surgery clinic on Monday morning.
5. All PHR Trauma Surgery students should avoid taking call on Tuesday evenings due to Trauma Clinic on Wednesday morning.
6. Requirements for call at Greenville will be outlined at the service orientation.

This clerkship is designed to provide the third-year medical student with a balanced perspective of Surgery as a specialty. The core objectives are to provide an understanding of the surgical management of disease, to illustrate special problems encountered with surgical patients, to fix clearly in the student’s mind the means available for establishing the diagnosis of surgical problems, to expose the student to the expectations and limitations of appropriate surgical therapy, and to give students familiarity in the pre- and post-operative care of surgical patients.

The surgical third-year clerkship is eight weeks in duration and is divided into four two-week blocks, including general surgery (two separate blocks), trauma surgery, and vascular surgery. Students will be assigned to evaluate and follow both in-patients and out-patients; students are considered an integral part of the treatment team for each surgical service. Although they will not have sole responsibility for ward duties, they will be expected to become familiar with ward procedures and to participate in patient care activities. The required on-call schedule is once weekly.
Student teaching on the wards is provided by direct interaction with all levels of the staff, including faculty and junior and senior house staff. **Students should expect to scrub on all cases; they should meet patients in advance, read about the case and work-up, and then follow the patients they have operated on daily; they should strive to write orders with resident supervision.** In addition to this hands-on learning experience on the surgical wards and in the clinics, the students will be presented a series of case-based modules by the surgical faculty. Students are also expected to attend the weekly vascular clinic, breast clinic, surgery clinic, Morbidity and Mortality conference, and Grand Rounds, as appropriate.

All students will take a written mid-term exam and participate in a midterm interview. At the end of the rotation, each student will take the NBME subject exam in Surgery and will also participate in the departmental Objective Structured Clinical Examination (OSCE).

**Overall Goal:** The overall goal of the clerkship is to provide relevant experiences for the student in the care of the patients with both acute and elective surgical problems.

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>DAYS/WEEK</th>
<th>CALL</th>
<th>DAY BEGINS AT OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks RMH</td>
<td>Average 6</td>
<td>Every 7th night, overnight @ RMH</td>
<td>6:00 a.m. ROUNDS</td>
</tr>
<tr>
<td>4 weeks DVAMC</td>
<td>Average 6</td>
<td>Every 7th night, overnight @ RMH</td>
<td>6:00 a.m. ROUNDS</td>
</tr>
</tbody>
</table>

**Methods for Evaluating Students**

- 25% NBME Subject Examination
  *(Students must obtain a minimum score of the fifth percentile to pass the clerkship)*
- 25% OSCE Exam
- 50% Clinical Evaluations (from faculty and residents)

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated as per School of Medicine guidelines. Remediated components will be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

Any student failing the NBME subject exam in a clerkship will receive an “incomplete” for the clerkship, but he/she will be allowed to continue on other clerkships. The failed exam will be remediated at the time set by the Office of Curricular Affairs. If the student fails the exam a second time, he/she will receive a failing grade for the clerkship. The Academic Review Committee and the Promotion Committee will then meet and make a recommendation to the Dean consistent with the policies in the USC SOM Bulletin concerning the failure of a clerkship.
Numerical Grading System

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 - 100</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>85 - 89</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>80 - 84</td>
<td></td>
</tr>
<tr>
<td>C+</td>
<td>75 - 79</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>70 - 74</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>65 - 69</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Below 65</td>
<td></td>
</tr>
</tbody>
</table>

Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded to the next whole number, while grades whose first decimal place is calculated to be .0 to .4 should be rounded down to the lower number.

CLERKSHIP OBJECTIVES

General Objectives

1. Demonstrate skill in history taking and physical examination, including assessment of perioperative risk. Perform a minimum of two (2) history and physical examinations per week for eight weeks:
   a. Chief complaint
   b. History of present illness
   c. Past medical history
   d. Past surgical history
   e. Medications
   f. Allergies
   g. Family history
   h. Social history
   i. COMPLETE review of systems
   j. COMPLETE physical examination
   k. Labs
   l. X-rays
   m. Assessment and treatment plan for each surgical patient
   n. Brief discussion of patient’s most likely diagnoses and treatment
   o. Brief discussion of one of the patient’s problems

2. Explain the effects of illness, injury, and operation on the economic and psychosocial aspects of a patient’s life.

Surgical Technique Objectives

1. Perform surgical procedures that are basic to the expertise of all practicing physicians. Relate each procedure to the indications, contraindications and complications of various techniques. Include the following:
   a. Demonstrate the use of aseptic technique in patient care, for example, surgical scrub, preparation of the operative site and operating room protocol.
   b. Draw both venous and arterial blood specimens
   c. Provide wound care (dressing changes)
   d. Perform suture techniques, including placing and removing sutures and staples
   e. Demonstrate knot tying
   f. Place an intravenous line
   g. Place a nasogastric tube
2. Demonstrate the ability to perform basic record keeping on a surgical service. Include the following:
   a. Pre and Post-operative orders
   b. Operative note
   c. Daily progress note
   d. Discharge instructions, including post-operative follow-up evaluation.

**Acute Abdomen Objectives**

1. Assess patients with acute abdominal pain. Discuss the following questions:
   a. What is an acute abdomen?
   b. What causes an acute abdomen:
   c. How do I identify the cause?
   d. What skills do I need?
   e. When should I refer the patient?
2. Discuss the problem of hernia including the symptoms, physical findings, and examination techniques. Examine a patient to identify a groin hernia.

**Lump(s) in the Neck Objectives**

1. Describe the evaluation of the patient with a lump(s) in the neck to include thyroid, parathyroid, salivary glands, congenital lesions, and lymphadenopathy, including the pertinent history, physical, laboratory and other studies.
2. Describe a patient with a thyroid nodule(s) which is functional (or not), painful (or not) or interferes with swallowing and/or breathing.
3. Discuss the indications for operation on a patient with a lump in the neck.
4. Describe the complications specific to operations on the neck.
5. Describe the evaluation of the patient with hypercalcemia.

**Vascular Objectives**

1. Explain the risk factors for atherosclerotic vascular disease.
2. Evaluate a patient for vascular disease including recognition of skin changes, pulses, ankle/brachial index, t-coms, and aneurysms.
3. Explain important laboratory and x-ray testing used in the assessment of atherosclerotic vascular disease.
5. Describe patients who would benefit from evaluation by a vascular surgeon.

**Critical Care Objectives**

1. Discuss the pathophysiology and treatment of the various types of shock. Include the following: hypovolemic, septic, cardiogenic, neurogenic, and anaphylactic
2. Assess the pathophysiology of the various processes that impair oxygenation and ventilation.
3. Identify the physiologic principles employed to improve oxygenation and ventilation.
4. Discuss the indication for intubation, mechanical ventilation
5. Indicate the criteria for extubation of uncomplicated patients
6. Differentiate between respiratory and metabolic acid-base disturbances

**Upper GI Objectives**

1. Observe an upper gastrointestinal endoscopy to include informed consent, conscious sedation, indications, and risks to the patient (complications and diagnostic return)
2. Describe evaluation of the causes of upper gastrointestinal hemorrhage, acute or chronic

**Fluid and Electrolytes Objectives**

1. Assess fluid and electrolyte balance, including hypervolemia, hypovolemia, and abnormalities of sodium, potassium and chloride.

**Perioperative Objectives**

1. Perform a preoperative history and physical examination. Include the following:
   a. Recognize known diseases, risk factors, urgency of operation, and medications etc.
   b. Write orders to evaluate the patient and prepare them for the operating room
2. Describe preoperative risk assessment of the heart, lungs, kidneys and endocrine (diabetes mellitus and adrenal), central nervous system and the differences in the elderly patient. Consider laboratory studies, imaging studies. Include the following:
   a. Pulmonary (examples include: exercise tolerance, pulmonary function testing)
   b. Cardiovascular (ASA classification, Goldman criteria, echocardiography, nuclear imaging studies, Doppler)
   c. Renal (Bun/Cr, dialysis history) and medicinal effects on the kidney
   d. Metabolic (nutritional assessment, thyroid and adrenal function, serum electrolytes)
3. Perform a postoperative evaluation. Include the following:
   a. Vital signs
   b. Fluid balance
   c. Wound
   d. Gastrointestinal function
   e. Respiratory functions
   f. Deep venous thrombosis prevention
   g. Occult hemorrhage
   h. Nutrition aspects
4. Discuss the pharmacological action, benefits, risks, and side effects of various pain control agents
   a. Compare and contract: parenteral vs. enteral agents
   b. Describe the role of epidural and nerve blocks in pain management
5. Describe the expected outcome of surgical procedures. Include the normal post-operative course for various common operations.
   Examples to include are the following:
   a. Time of recovery, order of recovery of digestive function (stomach, small bowel, colon, etc)
   b. Characteristics of a healing surgical wound
   c. Nutritional and fluid needs and options for replacement
   d. Potential complications; prevention strategies
e. Discharge planning including when, where, and what activities, i.e. motor vehicle operation, time and return to work, exercise, diet, wound care, other medications, and follow-up accessibility

**Surgical Nutrition Objectives**

1. Complete the surgical nutrition on-line computer module.

**Transplantation Objectives**

1. Discuss the clinical criteria of brain death
2. Discuss the identification of a potential donor and what organs and tissues can be harvested
3. Discuss the evaluation of medical suitability of the potential cadaveric donor
4. Describe organ sharing networks and how they work
5. Discuss the indications, benefits and risks of blood transfusion and the issues related to blood donation

**Breast Objectives**

1. Perform a comprehensive history and physical examination pertinent to a patient with breast disease including congenital malformations.
2. Discuss the evaluation and management of a patient with: mastodynia, abscess, nipple discharge and rashes, and breast lumps.
3. Differentiate screening and diagnostic mammograms and discuss the indications for each
4. Discuss risk assessment including hormone replacement therapy and indications for genetic counseling. Identify patients who require consultation with a breast caretaker
5. Discuss plastic surgical options including augmentation, reduction and reconstruction
6. Demonstrate respect for the impact of breast disease on the psychosocial and physical well being of the patient

**Lower GI Objectives**

1. Observe a lower gastrointestinal endoscopy to include informed consent, conscious sedation, indications and risks (complications and diagnostic return)
2. Discuss “classic” history and physical exam findings for the following:
   a. Fissure
   b. Perianal abscess/fistula-in-ano
   c. Internal and external hemorrhoids
   d. Thrombosed hemorrhoid
   e. Pilonidal disease
3. Describe the evaluation of a patient with rectal bleeding
4. Discuss indications for referring to a surgeon for inflammatory bowel disease, colon cancer, and diverticular disease

**Thoracic Objectives**

1. Observe the following:
   a. Placement of a chest tube, to include indications, informed consent, conscious sedation, need for antibiotic use, and complications
   b. Bronchoscopy to include differentiation between diagnostic and therapeutic indications, informed consent, conscious sedation, complications and cost
2. Demonstrate skill in history taking and physical examination of a patient with pulmonary or esophageal pathology including risk factors
3. Discuss a pulmonary “coin lesion” and the indications for referral to a lung surgeon
4. Identify the indications for a chest x-ray or CT scan of the chest and evaluate common findings on chest x-rays

**Surgical Infection Objectives**

1. Describe the use of antibiotics for SBE prophylaxis and prosthetic devise prophylaxis
2. Demonstrate universal precautions in caring for surgical patients
3. Describe the indications for urgent incision, drainage and/or debridement of soft tissue infections

**Pediatric Surgery Objectives**

1. Discuss the clinical presentation of conditions that present as obstructions of the gastrointestinal tract, including hypertrophic pyloric stenosis, duodenal atresia, small bowel atresia, and intestinal volvulus

**Trauma, Evaluation, and Management Objectives**

1. Identify the correct sequence of priorities used in assessing the multiply injured patient
2. Describe guidelines and techniques used in the initial resuscitation and including primary and secondary surveys and adjuncts to resuscitation and diagnosis when treating the multiply injured patient
3. Perform a F.A.S.T.

**Liver, Biliary, Pancreas Objectives**

1. Describe the signs, symptoms, etiology and differential diagnosis of acute pancreatitis
2. Discuss the long-term complications associated with acute pancreatitis and the indications for surgical consultation
3. Describe the evaluation of a patient with right upper quadrant pain, acute and chronic
4. Discuss the differential diagnosis of right upper quadrant abdominal pain with respect to the hepatobiliary system
5. Describe the diagnostic evaluation of the jaundiced adult patient

**Small Bowel and Colon Objectives**

1. Discuss the aspects of heredity, screening, and biological progression from benign to malignant disease (polyp to cancer, inflammatory bowel disease to cancer)
2. Discuss indications and care of ostomies (colostomy and ileostomy). Discuss the potential for re-establishing intestinal continuity
3. Describe the classic presentation of bowel obstruction (small and large), etiology, and initial resuscitation
4. Differentiate mechanical bowel obstruction for “paralytic” ileus

**Skin Objectives**

1. Describe the characteristics of malignant skin lesions including melanoma, basal and squamous cell cancers including etiology of all and the ABCDE’s of melanoma
2. Biopsy skin lesions by incisional and excisional techniques
Abdominal Wall Objectives

1. Examine patients for abdominal wall defects (hernia)
2. Describe abdominal wall hernia as a symptom of other diseases
3. Discuss the signs and symptoms of the multiple hernia defects

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 ACTING INTERNSHIPS

Course Description and Goal

In February 2001, the Curriculum Committee endorsed a new requirement to the fourth-year medical student curriculum to begin in July 2003. Fourth year students will complete a four-week Acting Internship (AI) in one of the following: Family Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, or Surgery. This Acting Internship for senior students emphasizes basic generalist competencies. Inpatient plus or minus ambulatory clinical learning experiences are used to achieve mastery of these competencies. The student has primary and direct responsibility for the continuing care of patients in the community or in one of the University of South Carolina School of Medicine programs at Palmetto Health Richland, Dorn Veterans Affairs Medical Center, or the Greenville Hospital System. The objectives of this program are as follows:

Acting Internship Objectives
1. To provide students with the opportunity for direct and continuing patient care with graduated responsibility beyond the level experienced as a third year student.
2. To provide students with a variety of common patient problems relative to the discipline chosen.
3. To improve student clinical skills, including;
   a. Clinical Decision Making/Problem Solving
   b. History, Physical Examination, and Procedures
   c. Case Presentation
   d. Communication with Patients
   e. Test Selection and Interpretation
   f. Therapeutic Decision Making
   g. Medical Ethics and Professionalism
   h. Prevention
   i. System-based care (health care systems, office management, etc.)
4. To provide a transition experience between medical student and resident (house officer) responsibility.

Acting Interns are essential members of the ward teams, although students’ patient loads can be adjusted according to their aptitude. All selectives must provide the student with a substantial inpatient experience. Assessment will focus on the core clinical skills. All courses listed for the selectives are also available as electives, so any student may take several USCSM acting internships.

Department of Family Medicine
Family Medicine          FPMD D615 – Columbia
Family Medicine          FPMD D615 - Greenville
Family Medicine          FPMD D615 – Greenwood

Department of Internal Medicine
Medicine Inpatient       MEDI D615 – Columbia
Medicine Inpatient       MEDI D615 – Greenville
MICU – CC                MEDI D616 – Columbia

Department of Neuropsychiatry and Behavioral Science
Psychiatry               NSPY D615 - Columbia
Psychiatry               NSPY D615 – Greenville

Department of Obstetrics and Gynecology
Obstetrics and Gynecology
OBGY D615 – Columbia
OBGY D615 – Greenville

Department of Pediatrics
Pediatric Inpatient/General Ward
PEDI D615 – Columbia
PEDI D615 – Greenville

Pediatric Critical Care
PEDI D616 – Columbia
PEDI D616 – Greenville

Department of Surgery
Surgery
SURG D615 – Columbia
SURG D615 – Greenville
SURG D615 - Spartanburg
M-IV INTERNAL MEDICINE
MEDI D607

Chairman: Shawn Chillag, M.D. 540-1000
Clerkship Director: Davinder Lally, M.D. 540-1000
Staff Coordinator: Jennifer Hart 540-1092

UMC Clerkship Director: Leigh Watson, M.D. (864) 455-4436
UMC Staff Coordinator: Diane Smith (864) 455-4436

First Day of Service (Columbia)
Time: 8:30 a.m.
Place: Two Medical Park, Suite 502
Contact: Jennifer Hart

First Day of Service (Greenville)
Time: 7:30 a.m.
Place: GMH Support Tower 5th Floor
Contact: Diane Smith

Night Call Required: No
Weekends Required: No

M-IV Internal Medicine is a four-week predominately outpatient rotation focusing upon common medical problems encountered in ambulatory general internal medicine. Weekly case-based discussions will take place, led by internal medicine faculty. Evaluation will be both clinical and based upon participation in the weekly case-based seminars.

**Goal:** To enhance the student’s ability to diagnose and manage a wide range of illnesses affecting adults and to encourage the student to assume increasing responsibility for his/her patients’ care. Emphasis is also placed on the practice of self-directed learning.

**Clerkship Objectives**

1. To refine the basic techniques learned as a third year medical student for the medical interview, physical examination, and case presentation, with emphasis on improving accuracy and efficiency.

2. To refine diagnostic decision-making skills to include prioritizing problems, constructing a differential diagnosis, selecting diagnostic tests, and proposing and initiating treatment plans.

3. To ensure material relevant to weekly case-based seminars is reviewed prior to the session.

4. To ensure weekly attendance at Internal Medicine Grand Rounds.

5. To ensure a “patient log” is submitted at the end of the rotation.
Methods of Evaluating Students

The final grade for the course will be a Pass/Fail derived from three components summary evaluations/attendance log as outlined below:

1. Clinical evaluations
2. Case conference participation
3. Attendance at Grand Rounds/Conferences

Failure to meet requirements in any one of the following three components will result in an incomplete or "F" grade.
M-IV Surgery
SURG D607

Chairman: Richard M. Bell, MD 256-2657
Clerkship Director: Elliott Chen, MD 256-2657
Staff Coordinator: Patti Smith 256-2657

UMC Clerkship Director: Spence Taylor, MD (864) 455-7886
UMC Staff Coordinator: Sandy Burns (864) 455-7886

First Day of Service (Columbia)
Time: 8:00 a.m.
Place: Two Richland Medical Park Suite 402
Contact: Patti Smith

First Day of Service (Greenville)
Time: 8:00 a.m.
Place: Sandy Burns office, GMH Support Tower, 3rd Floor
Contact: Sandy Burns

Evening Call Required: Dependent Upon Rotation
Weekends Required: Dependent Upon Rotation

Description: The core clerkship in surgery at the fourth year level consists of academic and clinical experiences designed to give exposure to the surgical subspecialties. Students will complete two two-week rotations of their choosing from orthopedics, urology, ophthalmology, otolaryngology, plastic surgery, cardiovascular surgery, neurosurgery, critical care, and anesthesia.

Clerkship Objectives: Each clinical rotation will allow students to study the pathophysiology and treatment of clinical problems unique to the subspecialty. In most specialties, management of ambulatory patients will be emphasized. At the end of each two-week rotation, the student will be able to:

1. Assess diseases commonly encountered in the following subspecialties: orthopedics, urology, ophthalmology, otolaryngology, plastic surgery, cardiovascular surgery, neurosurgery, critical care and/or anesthesia.
2. Recognize indicated therapy and expected results from surgical procedures for these diseases.
3. Explain the appropriate time for patients to be referred and evaluated by a specialist for particular problems.
4. Demonstrate basic skills relative to the surgical subspecialty.
5. Prepare a brief clinical paper pertaining to each selected subspecialty analyzing some new treatment modality or current prospective randomized trial, including two references. Conduct a literature search, including two specific references with each paper. A textbook rehash of a disease and treatment is unacceptable.
6. Participate in the pre-, peri-, and post operative care of surgical patients.
7. Attend clinics, office hours, hospital rounds, conference, and lectures as required by each specialty.
8. Demonstrate respect for patient’s privacy and sympathy to their potential fears and apprehensions.
Requirements:

1. **Clinical Activity**: Attendance at various scheduled clinics, conferences and lectures is specialty dependent and at the discretion of the co-director. **You should clarify attendance expectations at the outset of each rotation.** You will receive an evaluation from the faculty in each clinical rotation. The evaluations from each rotation are summarized and count as one-third of your overall grade.

2. **Clinical Papers**: Students will be expected to prepare a case report (no more than 1,500 words) that reviews an interesting case they participated in during their clerkship. These should be prepared as if they were to be submitted to a journal: double-spaced, fully footnoted, introduction, case presentation, and discussion. A thorough review of the subject from the literature and current publications is expected. You should turn all reports in to the rotation's contact person, and a copy of each report should also be given to Jessica Slade, Department of Surgery, Suite 402, Two Richland Medical Park. These reports are due by Thursday afternoon the last week of each rotation. It is recommended you keep a copy of the activity report for your files as well. The grades from the clinical papers from each rotation will be summarized and this score will count as one-third of your overall grade.

3. **Final Examination**: A multiple choice final examination will be given usually on the final day of the clerkship. The test questions may come from any chapter of *Essentials of Surgical Specialties* textbook. You can be best prepared for the exam through reading and study of the textbook. Up to three hours will be allowed for completion of the test. The final examination score will count as one-third of your overall grade. This is an opportunity for self-education. You should be able to read the entire book in the one month allotted to the course.

Methods for Evaluating Students: The final grade for the course will be a Pass/Fail derived from summary evaluations of the three components: clinical papers, clinical evaluations, and multiple-choice final examination. Failure to meet requirements in any of the three components will result in an incomplete or “F” grade.
CLERKSHIP EVALUATIONS

Clerkship and elective directors are required to submit final student clerkship grades to the USCSM Director of Enrollment Services/Registrar on the appropriate forms within four weeks of completion of the clerkship. In addition, the letter grades for all required clerkships, except the Acting Internship, will be entered in VIP by the Columbia clerkship director.

The evaluation form for the M-III required clerkships is divided into four sections:

I. Academic Evaluation-comprised of the scores for each of the graded components of the clerkship (includes subject exam score, OSCE score, and clinical evaluations for all clerkships; other components vary by clerkship). Each of the components may be weighted differently by each of the clerkships. A passing score is required for the subject exam, OSCE, and clinical evaluations in order to pass the clerkship.

II. Personal and Professional Conduct Evaluation-scored as “exemplary,” “effective,” or “unsatisfactory;” includes the categories of “concern for welfare of patients,” “concern for rights of others,” “responsibility to duty,” “professional demeanor,” and “personal characteristics.” The category of “trustworthiness” is scored as either “effective” or “unsatisfactory.” An unsatisfactory rating in personal and professional conduct requires a final grade of Incomplete (I).

III. Narrative Evaluation-contains comments about the student’s performance in the areas of knowledge, skills, attitude, and behavior. Excerpts from these comments are used in writing the Medical Student Performance Evaluation (Dean’s letter) which accompanies the student’s residency applications.

IV. Recommendation-also used in the Medical Student Performance Evaluation. Must be consistent with the personal and professional conduct evaluation and evaluates the student as a practicing physician. Categories include:
   a. Highest recommendation-the student’s performance was superior to peers
   b. Strongly recommend- the student’s performance was clearly above average
   c. Recommend with confidence- the student’s performance was average or better
   d. Recommend-the student may have shown weaknesses, but is considered qualified
   e. Endorse-the student is competent to become a physician
   f. No recommendation-no recommendation is made based on factors noted in other sections of the evaluation form

The evaluation form for M-IV required rotations (Internal Medicine, Surgery, and Selective) is structured similarly; it includes the above sections I-III, but the academic evaluation components differ (for instance, no subject exam is used in those rotations) and excerpts from the Narrative Evaluation are not included in the Medical Student Performance Evaluation. The final grade for these three required rotations is submitted Pass/Fail.

The M-IV required acting internship evaluation addresses sections I-III as well. The Academic Evaluation is scored as unsatisfactory to superior in the areas of clinical skills, basic knowledge, and communication. A letter grade is submitted as the final grade.

A student’s clerkship grade will not be posted until all clerkship requirements have been completed, (and may be posted as an incomplete) including but not limited to:
1. USC 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
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 mid-term and the end of the rotation

Evaluation forms for the M-III and M-IV electives are constructed similarly to the M-IV acting internship form. However, all M-III electives and most M-IV electives are Pass/Fail.

**Grade Changes:** According to the USC Grade Change Policy, a final grade in a course or clinical clerkship can be changed after it is submitted to the USC 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 USC 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:** Any student has the right to appeal a course or clerkship grade according to the following policy approved by the Academic Standards Committee:

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