



UNIVERSITY OF
SOUTH CAROLINA
School of Medicine

Clerkship Director Handbook 2018-2019

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This handbook is compiled by the Office of Curricular Affairs and Media Resources. It is updated on an annual basis and with input from all parties involved in the education of USCSM third and fourth year students. Changes may be made periodically, based on the dynamic nature of both medical education and health care!

Office of Curricular Affairs and Media Resources
Building 3, Room 132
803-216-3610

HANDBOOK FOR CLINICAL CLERKSHIP DIRECTORS

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M-III Clerkships

Family Medicine

Columbia		Florence
Chair:	Edward J. Mayeaux Jr., M.D.	
Email:	ej.mayeaux@uscmed.sc.edu	
Director:	Brian Keisler, M.D.	Walter "Ernie" Conner, M.D.
Email:	brian.keisler@uscmed.sc.edu	wconnor@mcloedhealth.org
Coordinator:	Shawna Busbee	Amy Morgan
Email:	shawna.busbee@uscmed.sc.edu	Amy.morgan@uscmed.sc.edu
Address:	Dept. of Family & Preventative Medicine 3209 Colonial Drive Columbia, SC 29203	
Phone:	803.434.6152 Fax: 803.434.7529	843.992.1140

Internal Medicine

Columbia		Florence
Chair:	Helmut Albrecht, M.D.	
Email:	Helmut.albrecht@uscmed.sc.edu	
Co-Director:	David Giovannini, M.D.	Paul Demarco, M.D.
Email:	david.giovannini@palmettohealth.org	pdemarco@fmarion.edu
Co-Director:	Andrew Sides	
Email:	andrew.sides@uscmed.sc.edu	
Coordinator:	LaRae Middleton	Amy Morgan
Email:	Larae.middleton@uscmed.sc.edu	Amy.morgan@uscmed.sc.edu
Address:	Dept. of Medicine 2 MP, Suite 402 Columbia, SC 29203	
Phone:	803.545.5300 Fax: 803.540.1050	

Neurology

Columbia		Florence
Director:	Renu Pokharna, MD	
Email:	Renu.Pokharna@uscmed.sc.edu	
Coordinator:	Bacara Duckett	Amy Morgan
Email:	Bacara.Duckett@uscmed.sc.edu	Amy.Morgan@uscmed.sc.edu
Address:	Dept. of Neurology Medical Park, Suite 420 Columbia, SC 29203	
Phone:	803.545.6054 Fax: 803.545.6064	

Ob/Gyn

Columbia		Florence
Chair:	Judy Burgis, M.D.	
Email:	judy.burgis@uscmed.sc.edu	
Director:	James Cook, M.D.	Charles "Chuck" Tatum, M.D.
Email:	james.cook@uscmed.sc.edu	Crtatum@aol.com
Asst. Director:	Lauren Castleberry, MD	
Email:	lauren.castleberry@uscmed.sc.edu	
Coordinator:	Elizabeth Watt	Amy Morgan
Email:	Elizabeth.Watt@uscmed.sc.edu	Amy.morgan@uscmed.sc.edu
Address:	Dept. of Ob/Gyn 2 MP, Suite 208 Columbia, SC 29203	
Phone:	803.545.5703 Fax: 803.434.4699	

Pediatrics

Columbia		Florence
Chair:	Caughman Taylor, M.D.	
Email:	caughman.taylor@uscmed.sc.edu	
Address:	Dept. of Pediatrics 9 Medical Park, Suite 200-A Columbia, SC 29203	
Director:	James Stallworth, M.D.	Ben Elder, M.D.
Email:	james.stallworth@palmettohealth.org	belder@mcleodhealth.org
Coordinator:	Patty Freytag	Amy Morgan
Email:	patty.freytag@palmettohealth.org	Amy.morgan@uscmed.sc.edu
Address:	University Pediatrics 14 Medical Park, Suite 400 Columbia, SC 29203	McLeod Pediatric Associates- West 3013 W. Palmetto St, Suite A Florence, SC 29501
Phone:	803.434.7945 Fax: 803.434.3855	843.665.3156 Fax: 843.665.3149

Psychiatry

Columbia		Florence
Chair:	Meera Narasimhan, M.D.	
Email:	Meera.narasimhan@uscmed.sc.edu	
Director:	Joseph Markowitz, M.D. (Interim)	
Coordinator:	Elizabeth Leaphart	Amy Morgan
Email:	Elizabeth.leaphart@uscmed.sc.edu	Amy.morgan@uscmed.sc.edu
Address:	Dept. of Neuropsychiatry CEB (15 MP), Suite 141 Columbia, SC 29203	
Phone:	803.434.4240 Fax: 803.434.4277	

Surgery**Columbia****Florence**

Chair: Daniel Clair, MD
 Email: Daniel.clair@uscmed.sc.edu
 Director: Phillip Prest, M.D.
 Email: phillip.prest@palmettohealth.org
 Director: Jarom Gilstrap, M.D.
 Email: Jarom.Gilstrap@uscmed.sc.edu
 Director: Firas Mussa
 Email: Firas.Mussa@uscmed.sc.edu

Coordinator: Elizabeth Duvall
 Email: Elizabeth.Duvall@uscmed.sc.edu
 Address: Dept. of Surgery
 2 MP, Suite 306
 Columbia, SC 29203
 Phone: 803.545.5833 Fax: 803.434.6104

Howard Farrell, M.D.
Howardfarrellmd@gmail.com

Amy Morgan
Amy.Morgan@uscmed.sc.edu
 USC School of Medicine- Florence
 200 W. Evans Street
 Florence, SC 29501
 843.665.3156 Fax: 843-665-3149

M-IV Acting Internships
Internal Medicine/ MICU

Columbia

Chair: Helmut Albrecht, M.D.
 Email: Helmut.albrecht@uscmed.sc.edu
 Director: David Giovannini, M.D.
 Email: david.giovannini@palmettohealth.org
 Co-Director: Andrew Sides
 Email: andrew.sides@uscmed.sc.edu
 Coordinator: LaRae Middleton
 Email: Larae.middleton@uscmed.sc.edu
 Address: Dept. of Medicine
 2 MP, Suite 402
 Columbia, SC 29203
 Phone: 803.540.5300 Fax: 803.540.1050

Ob/Gyn

Columbia

Chair: Judy Burgis, M.D.
 Email: judy.burgis@uscmed.sc.edu
 Director: James Cook, M.D.
 Email: james.cook@uscmed.sc.edu
 Asst. Director: Lauren Castleberry
 Email: lauren.castleberry@uscmed.sc.edu
 Coordinator: Elizabeth Watt
 Email: Elizabeth.Watt@uscmed.sc.edu
 Address: Dept. of Ob/Gyn
 2 MP, Suite 208

Pediatrics

Columbia

Chair: Caughman Taylor, M.D.
 Email: caughman.taylor@uscmed.sc.edu
 Address: Dept. of Pediatrics
 9 Medical Park, Suite 200-A Columbia,
 SC 29203
 Director: James Stallworth, M.D.
 Email: james.stallworth@palmettohealth.org
 Coordinator: Patty Freytag
 Email: patty.freytag@palmettohealth.org
 Address: University Pediatrics
 14 Medical Park, Suite 400
 Columbia, SC 29203
 Phone: 803.434.7945 Fax: 803.434.3855

PICU**Columbia**

Chair: William B. Gamble, M.D.
 Email: William.Gamble@palmettohealth.org
 Address: 9 Med Park, Suite 530
 Columbia, SC 29203
 Phone: 803.434.4603 Fax: 803.434.3866

Psychiatry**Columbia**

Chair: Meera Narasimhan, M.D.
 Email: Meera.narasimhan@uscmed.sc.edu
 M4 Clerkship Director/ AI Co-Director:
 Shilpa Srinivasan, M.D.
 Email: Shilpa.srinivasan@uscmed.sc.edu
 AI Attending Co-Director:
 Dr. Jimmy Pacheco
 Email: Jimmy.pacheco@scdmh.org
 Coordinator:
 Elizabeth Leaphart
 Email: Elizabeth.leaphart@uscmed.sc.edu
 Address: Dept. of Neuropsychiatry
 CEB (15 MP), Suite 141
 Columbia, SC 29203
 Phone: 803.434.4240 Fax: 803.434.4277

Surgery**Columbia**

Chair: Daniel Clair, MD
 Email: Daniel.clair@uscmed.sc.edu
 Director: James M. Nottingham, M.D.
 Email: james.nottingham@uscmed.sc.edu
 Coordinator: Sandra Bolton
 Email: Sandra.bolton@uscmed.sc.edu
 Address: Dept. of Surgery
 2 MP, Suite 306
 Columbia, SC 29203
 Phone: 803-545-5824

STICU**Columbia**

Chair: Daniel Clair, MD
 Email: Daniel.clair@uscmed.sc.edu
 Director: Christopher Watson, M.D.
 Email:
 Coordinator: Presleigh Sawyer
 Email: Presleigh.sawyer@uscmed.sc.edu
 Address: Dept. of Surgery
 2 MP, Suite 306
 Columbia, SC 29203

Additional Contact Information – Clerkship Administration

Columbia

Nancy A. Richeson, M.D.
Nancy.Richeson@uscmed.sc.edu
Assistant Dean for Clinical Curriculum and Assessment
Room 136
USC School of Medicine, Bldg. 3
Columbia, SC 29208
Phone: 803.216.3610
Fax: 803.216.3619

Tish Green
Tish.Green@uscmed.sc.edu
Administrative Coordinator
Room 131
USC School of Medicine, Bldg. 3
Columbia, SC 29208
Phone: 803.216.3610
Fax: 803.216.3619

Florence

William Hester, M.D.
William.Hester@uscmed.sc.edu
Assistant Dean for Medical Student Education
USC School of Medicine – Florence
324 W. Evans Street
Florence, SC 29501
Phone: 843.665.3156
Fax: 843.665.3149

Scott Allen, M.D.
shausc@aol.com
Director of Medical Student Affairs
Phone: 843.229.3337

Amy Morgan
Amy.Morgan@uscmed.sc.edu
Administrative Coordinator
USC School of Medicine – Florence
324 W. Evans Street
Florence, SC 29501
Phone: 843.665.3156
Fax: 843.665.3149

Wyannetta Epps
Wyannetta.epps@uscmed.sc.edu
USC School of Medicine- Florence
324 W. Evans Street
Florence, SC 29501
Phone: 843-665-3297
Fax: 843-665-3149

*Contact information (names, addresses, and telephone numbers) for the specific clerkships is included in the clerkship information page.

Overview

Medical student education during the M-III and M-IV years is accomplished almost entirely in clinical clerkships, both required and elective; scheduling of all rotations is through the OASIS system. The 11 required rotations (M-III Medicine/Neurology, M-III Surgery; M-III Pediatrics, M-III Obstetrics and Gynecology, M-III Psychiatry, and M-III Family Medicine; two M-IV "Selectives" in Medicine, Surgery, or Pediatrics; an M-IV critical care rotation; a Step 2 preparation month; and an M-IV Acting Internship) constitute the "core" clinical curriculum at USCSM. In the M-III year two (2) weeks are available for elective rotations, and in the M-IV year up to 20 weeks are available for elective rotations. These elective rotations are chosen by students based on their career plans and individual interests. In addition, an Intersession Week is required of all M-III students in the spring semester, and Capstone, a required -week interdepartmental and multidisciplinary experience for all M-IV students, is also held in the Spring semester. The specific curricular content for these two particular sessions is flexible, adapted to perceived needs, and revised annually in consultation with the Curriculum Committee. See **Academic Calendar** for the current year's dates for clerkships/electives, Intersession Week, and Capstone.

A three to four day orientation program is provided by the University of South Carolina School of Medicine (USCSM) Office of Curricular Affairs and Media Resources to all students entering third-year (M-III) clinical clerkships in both Columbia and Florence. General information and hospital specific orientations are provided to all M-III students (see M-III Orientation, Class of 2020). The general information session includes, but is not necessarily limited to, discussions regarding the transition to full-time responsibilities in clinical clerkships from previous responsibilities in the classroom and laboratory; a presentation about the USCSM Policy on the Evaluation of Personal and Professional Conduct; information about USCSM policies and procedures vis-à-vis exposure to blood-borne pathogens; and information about holiday schedules and attendance policies during times of inclement weather.

Separate student-developed "student perspective" orientation programs for students completing clinical clerkships at the USCSM-affiliated hospitals in Columbia and in Florence also take place during this orientation period.

Clerkship and elective rotation directors are appointed by the respective USCSM department chairs. The clerkship director is the key organizer and manager of the departmental contribution to the overall educational experience at USCSM. He/she serves as the liaison between his/her USCSM clinical department and the USCSM Office of Curricular Affairs and Media Resources and is thus responsible for informing the institution of the status of the clerkship program. The Assistant Dean for Clinical Curriculum in Columbia and the Assistant Dean for Medical Education-Florence regularly hold meetings with the Columbia and Florence clerkship directors.

Other resources are also available to clerkship and elective rotation directors. A significant amount of information is provided to M-III students in the *Student Handbook to Clinical Rotations*, which is updated annually in the Office of Curricular Affairs and Media Resources (803-216-3610). Clerkship directors are requested biennially to review and revise the descriptions of their clinical rotations for the School of Medicine **Bulletin**, which contains academic regulations, student services information, course descriptions, and faculty listings. Two other publications which are useful resources for clerkship directors include the **Medical Student Elective Catalog** (which contains descriptions of available USCSM M-III and M-IV elective rotations) and the **Carolina Community: Student Handbook and Policy Guide**, a University of South Carolina (USC) document that contains information about academic and student policies and other student-related

information for all enrolled USC students. Other information specific to **elective rotation directors** is included as an appendix.

The Office of Medical Education and Academic Affairs (803-216-3600) is an additional resource for clerkship directors for information on USC and USCSM policies, students, grading criteria, and academic scheduling. The USCSM Director of Enrollment Services/Registrar, Dr. Robert Rhinehart (803-216-3625), contacts clerkship directors as needed both with and for information about student grades, schedules, etc. The Director of Student and Career Services, Dr. Donald Kenney (803- 216-3632), is helpful in responding to students' financial problems, attendance difficulties, personal emergencies, sickness, and referrals for personal counseling.

Specific duties of the clerkship and/or elective rotation directors include content and curriculum of the clerkship, scheduling of students, orientation to the clerkship, student grading and evaluation, coordination between the Columbia and Florence campuses, and insurance of adherence to USCSM and USC policies. Assistance with and/or oversight of these responsibilities are provided by various offices and committees at the USCSM (see **Curriculum Management Structure**).

Content/Curriculum of Clerkship

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

The department chair is ultimately responsible for the content of the clerkship curriculum and the activities in which students participate. The chair usually delegates responsibility for the essential components of the clerkship, including educational goals and objectives, content, curriculum, activities, and methods of evaluation, to the clerkship director for implementation. Clerkship directors and department chairs are strongly encouraged to incorporate curriculum content as outlined by national clerkship organizations, if such an organization exists for a particular clerkship. The clerkship director is responsible for the day-to-day administration of the clerkship and informs the chair of progress or problems.

Medical students should be appropriately supervised by either a senior resident or attending faculty member while engaged in any clinical activity. It is the responsibility of the clerkship director or the clerkship site director to make these assignments and to ensure students are not attempting clinical activities outside the range of expected achievements or those activities formally prohibited by the healthcare system. During the clerkship orientation clerkship directors should inform students about prohibited activities and provide contact information for reaching the attending physician on call should the student have any questions or concerns about appropriate supervision, patient safety, or allowed clinical activities.

Role of the Office of Curricular Affairs and Media Resources: The clerkship director communicates with the USCSM central administration regarding departmental educational activities through the Office of

Curricular Affairs and Media Resources (803-216-3610); personnel in that office are available to supply information and academic support. The Office of Curricular Affairs and Media Resources, in support of the Curriculum Committee, monitors the USCSM educational program in its periodic assessment of courses and clerkships, including review of data from students' evaluations of USCSM-Columbia and USCSM-Florence clerkship experiences. These data are collated and then provided to clerkship directors, department chairs, and members of the Curriculum Committee for their information, review, and assessment.

Role of the Curriculum Committee: The effectiveness of every clerkship in meeting both stated departmental educational goals and objectives and USCSM institutional educational goals and objectives is regularly monitored by the Curriculum Committee, with input from clerkship directors and personnel in the Office of Curricular Affairs and Media Resources. The Committee periodically reviews every clerkship in depth, using a questionnaire developed for this purpose; each clerkship director is requested to attend and present at the meeting during which the clerkship is to be reviewed. Essential to the assessment of the effectiveness of a clerkship is a comparison to national academic standards. This assessment is made by comparing the clerkship's goals and objectives, structure, and accomplishments with the accreditation standards of the **Liaison Committee for Medical Education (LCME)** and with various recommendations published by the **Association of American Medical Colleges (AAMC)**.

Scheduling

Clerkship directors coordinate the participation of all USCSM class members in required M-III and M-IV clerkships. Students are scheduled for the **M-III and M-IV elective rotations** through the OASIS scheduling system. Each clerkship and elective director receives either through the OASIS scheduling system or from the USCSM Director of Enrollment Services/Registrar a listing of student groups for each rotation period prior to the beginning of the M-III and M-IV academic years; this listing may change throughout the year, and timely notification of any changes is made to the directors.

Clerkship Orientation

The clerkship director is responsible for providing all students, either prior to the beginning of the rotation or on the first day of the rotation, with a document containing relevant information about the clerkship. This written document must provide the following:

- the goals and objectives of the rotation
- any reading assignments for which the student will be held responsible
- required textbooks which the student must obtain
- schedules of rounds, lectures, clinics, conferences, examinations, and other experiences that the student is expected to attend
- information about clerkship responsibilities, attendance and duty hours policies, and grade penalties, if any
- information about prohibited activities and provision of contact information for reaching the attending physician on call should the student have any questions or concerns about appropriate supervision, patient safety, or allowed clinical activities
- expectations regarding the student's level of performance and responsibility, to include attendance policy, and
- methods of evaluation and grading, including minimum pass scores on the NBME Subject Exam and OSCE.

Student Grading and Evaluation

The clerkship director for each required rotation is responsible for ensuring that (1) the evaluations of student performance and grades are reported promptly to the USCSM Director of Enrollment Services/Registrar on the proper forms, and (2) the departmental component of the Clinical Skills Attainment Document (CSAD) has been completed and submitted to the USCSM Director of Enrollment Services/Registrar. In addition, except for the Acting Internship, clerkship directors need to enter their student grades electronically through the USC Self Service Carolina webpage. By USCSM policy, grades for each rotation are due in the office of the USCSM Director of Enrollment Services/Registrar within four weeks of the end of the rotation's completion. The "narrative comments" section of the evaluation form is extremely important for the drafting of Dean's letters, now known as the "Medical Student Performance Evaluation" (MSPE), and clerkship directors are encouraged to provide thoughtful, constructive comments for each student receiving an evaluation. See **Guidelines for Composition of M-III/M-IV Student Narrative Evaluations** for information about expectations for the narrative comments.

It is imperative that students be informed about their performance in the clinical rotation (especially if the performance is inadequate) at the midpoint of the rotation, as well as at the time the final grade is submitted. Attending physicians must be educated by the clerkship director about the fact that students require respectful, supportive, and constructive criticism and that counseling is a crucial part of their learning experience. House officers are also expected to participate in the teaching and evaluation process under the supervision of the attending physician and within the guidelines established by the clerkship director. Information regarding the responsibilities and the guidelines for addressing problems in the learning environment has been formalized as the **Guidelines for Conduct in Teacher/Learner Relationships**, which should be disseminated to all teachers and learners in any given clerkship.

Confidentiality of all files generated by the clerkship director regarding student experiences and performance must be maintained for a minimum of one year. These files can be made available to the individual student upon his/her request, at the discretion of the clerkship director.

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 or may not be permitted to continue in other clerkships. Remediation may be determined by either the Clerkship Director or by the Honor Council, if the Clerkship Director chooses to refer the issue to this Council. Remediation may include repeating the clerkship or, alternately, repeating the component(s) of the clerkship identified as necessary by the Clerkship Director; or by completing other requirements as outlined by either the Clerkship Director or the Honor Council.

Numerical to letter grading conversions are uniform within USCSM and include rounding up numerical scores of 0.5 or higher to the next whole number. Changes in evaluation and grading policies must be made before the beginning of a new academic year.

Other USCSM and USC evaluation and grading policies are discussed in **Adherence to USCSM and USC Policies**.

Coordination between the Columbia and Florence Campuses

A portion of each class will complete core M-III and M-IV clinical training in the USCSM program at Florence. An important responsibility of each USCSM-Columbia clerkship director is liaison with his/her USCSM-Florence site director counterpart to ensure an academically equivalent rotation at Florence. This oversight responsibility for the USCSM educational program in the geographically separate Florence campus is mandated by the Liaison Committee for Medical Education (LCME) for the continuing accreditation of USCSM. The oversight responsibility requires frequent communication between USCSM-Columbia clerkship directors and their USCSM-Florence counterparts. USCSM-Columbia and USCSM-Florence educational experiences should be equivalent, i.e., every USCSM-Florence clerkship should be as similar in content, method of instruction, and student evaluation to the USCSM-Columbia program as possible. Periodic consultations between the USCSM-Columbia clerkship directors and the USCSM-Florence site directors are essential for ongoing program evaluation and resolution of problems.

Assignment of final grades for students completing clerkships in Columbia and for students completing clerkships at Florence is the responsibility of the USCSM-Columbia clerkship director. Expectations about grading formulae should be agreed upon by the USCSM-Columbia clerkship directors and USCSM-Florence site directors prior to the beginning of each academic year. Clinical evaluations for USCSM-Florence

students are submitted promptly to the USCSM-Columbia clerkship director. The USCSM-Columbia clerkship director assigns the final grades and sends the preliminary forms to the Florence site director for review; the Florence site director will sign and return the forms to the Columbia clerkship director. The Columbia clerkship director then countersigns the forms and sends them to the USCSM Director of Enrollment Services/Registrar. Copies of the final forms are then provided to the Assistant Dean for Medical Education-Florence, who in turn will distribute them to the Florence students.

Adherence to USCSM and USC Policies

Student Workload and Call Schedules

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

Attendance

****MIII Student Attendance Policy****

Overview:

The expectations for quality student performance are different in the clinical training years than those of the first two years. Student attendance is expected at all times deemed appropriate by the clerkship directors and the supervising physicians. Educational experiences (e.g., rounds, conferences, clinics, presentations, etc.) are not considered "optional" unless clearly stated to be so. There will be no time off given for either of the Step 2 exams while a student is enrolled in a third year rotation.

Students should strive to minimize absences, but there are occasions when students may obtain excused absences on either an emergent or planned basis. Any absence, emergency or planned, should be clearly communicated to the clerkship director as well as to the Office of Student and Career Services at the School of Medicine. Absences across clerkships are recorded in the Office of Student and Career Services, and if any one student is noted to have excessive absences, he or she may be required to meet with the Assistant Dean for Clinical Curriculum and Assessment and/or the Associate Dean for Medical Education and Academic Affairs.

Absences are considered to be excessive as follows:

Medicine/Neurology (12 week rotation): Greater than *three* missed days

Pediatrics/Surgery (8 week rotations): Greater than *two* missed days

Obstetrics & Gynecology/Psychiatry/Family Medicine (6 week rotations): Greater than *two* missed days

More than *five* absences over the course of the M-III year, as well as ANY unreported absence will trigger an in-person meeting with the Assistant Dean for Clinical Curriculum and Assessment and/or the Associate Dean for Medical Education. Such cases may be subsequently referred to the Promotions Committee.

When a student must miss a required activity, the following guidelines are used:

Emergency Excused Absences

In case of an emergency, the student must contact the clerkship director and the Office of Student and Career Services as soon as possible. Students may be granted emergency excused absences under the following circumstances:

- Death or serious illness of a close family member (i.e., grandparents, parents, spouse, children, or siblings)
- Personal illness; a doctor's excuse is required if the student is away for 2 days or longer

The student must maintain regular communication with the clerkship director and with the Office of Student Services Office throughout an emergency absence.

Planned Excused Absences

For a planned excused absence, the student must first contact the rotation coordinator and the clerkship director (at least 6 weeks in advance) to obtain initial approval. Planned excused absences may not be permitted on specific days of a rotation, due to orientation and exam scheduling, except under special circumstances.

Students should not make travel arrangements prior to receiving notification of the outcome of their request. Approval will not be granted just because travel arrangements have been made.

Planned excused absences may be requested by the student and considered by the clerkship director under the following circumstances:

- The student is making an academic presentation at a regional or national conference, and only if the student is presenting, is an officer in an organization, or other situations by special permission
- Significant life events occur that involve a close family member (grandparents, parents, spouse, siblings, or children) such as a wedding or graduation
- Religious observances, but the student should use discretion in judging the importance of a particular holiday and in requesting travel days around such holidays
- Jury duty

Excused Absence for Health Care

Medical students are encouraged to obtain health care and will be excused from clerkship activities to seek their own health care. When possible, they should choose appointments that interfere the least with educational responsibilities. If such absences exceed one appointment per month, a formal medical excuse will need to be obtained.

Procedures for Make-Up of Rotation Time

- Any missed time (excused and/or unplanned) must be made up with additional clinical work/didactics at the discretion of the clerkship director.
- Make up of rotation time should minimally disrupt the educational experience, and the dates for the make-up of rotation time are at the discretion of the clerkship director.
- In addition, for planned excused absences, students must arrange for all patient care responsibilities to be covered during the period of absence

M-IV Attendance Policy

M-IV students are required to perform all elective and required rotation duties during the dates those rotations are scheduled. The same policy for excused absences for M-III students applies to M-IV students, particularly during those rotations designated in the course catalog as acting internships and/or critical care. ***One excused absence per four-week rotation is allowed. See "Other Potential M-IV Absences" below.***

Excused Absences

When a student must miss a required activity, the following guidelines are used:

Emergency Excused Absences

In case of an emergency, the student must contact the clerkship director and the Office of Student and Career Services as soon as possible. Students may be granted emergency excused absences under the following circumstances:

- Death or serious illness of a close family member (i.e., grandparents, parents, spouse, children, or siblings)
- Personal illness; a doctor's excuse is required if the student is away for 2 days or longer

The student must maintain regular communication with the clerkship director and with the Office of Student Services Office throughout an emergency absence.

Planned Excused Absences

For a planned excused absence, the student must first contact the rotation coordinator and the clerkship director (at least 6 weeks in advance) to obtain initial approval. Planned excused absences may not be permitted on specific days of a rotation, due to orientation and exam scheduling, except under special circumstances.

Students should not make travel arrangements prior to receiving notification of the outcome of their request. Approval will not be granted just because travel

arrangements have been made.

Planned excused absences may be requested by the student and considered by the clerkship director under the following circumstances:

- The student is making an academic presentation at a regional or national conference, and only if the student is presenting, is an officer in an organization, or other situations by special permission
- Significant life events occur that involve a close family member (grandparents, parents, spouse, siblings, or children) such as a wedding or graduation
- Religious observances, but the student should use discretion in judging the importance of a particular holiday and in requesting travel days around such holidays
- Jury duty

Excused Absence for Health Care

Medical students are encouraged to obtain health care and will be excused from clerkship activities to seek their own health care. When possible, they should choose appointments that interfere the least with educational responsibilities. If such absences exceed one appointment per month, a formal medical excuse will need to be obtained.

Procedures for Make-Up of Rotation Time

- Any missed time (excused and/or unplanned) must be made up with additional clinical work/didactics assigned by the clerkship director.
- Make up of rotation time should minimally disrupt the educational experience, and the dates for the make-up of rotation time are at the discretion of the clerkship director.

In addition, for planned excused absences, students must arrange for all patient care responsibilities to be covered during the period of absence.

Other Potential M-IV Absences

Other obligations/circumstances during the M-IV year may necessitate additional time off during any given rotation and are considered to be time off in addition to any excused absence as defined above.

1. Except for the day prior to the Step 2 Clinical Knowledge examination, students are not allowed to take time off from rotations to prepare for that examination. The day prior to or the day after the Clinical Skills examination is allowed for travel purposes. Students are thus strongly encouraged to not take both components during a required rotation so time away from scheduled duties is minimized.
2. Directors of the M-IV elective rotations are urged to maintain some flexibility in permitting students to interview for residency positions. Students requiring time away from clerkships for interviewing may take up to 15 days off during residency interview season, which extends from October 1–February 15th.
 - a. Students are encouraged to take one of their unscheduled four-week blocks during interview season and to avoid scheduling a rotation designated as an acting internship and/or critical care during interview season.
 - b. Students may request no more than 5 days off for interviewing during any four-week rotation. This includes partial day absences of greater than four hours. All requests for time off must include written verification of the interview location and date, provided to the rotation director.
 - c. Students who require more days off than stated above must arrange with the rotation director to make up the missed days. Missed days cannot be made up by taking time from other rotations.
3. All M-IV students are excused from rotations on Match Day.

In summary, a fourth year student's responsibility is to fulfill all rotation duties within the dates of that rotation. An M-IV student is allowed one excused absence per four week rotation and may take additional time off (without penalty) for the Step Exams, residency interviewing, and Match Day, but **THE TOTAL TIME OFF FOR ANY GIVEN FOUR WEEK ROTATION SHOULD NOT EXCEED 5 DAYS, REGARDLESS OF THE REASON FOR THE TIME OFF** (excused absence, Step Exams, residency interviewing, and/or Match Day).

ANY absence from a rotation should be reported to the appropriate rotation director or coordinator as well as to the Office of Student and Career Services (for Columbia students, 803-216-3630; for Florence students, 843 665-3156).

- **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 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. 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 of, and either the day before or 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 contrast to the M-I and M-II years, M-III and M-IV medical students' responsibilities to their patients and to their clinical teams require, as consistently as possible, their presence in the inpatient and outpatient environments. Thus, the policy of following closure of the University is not applicable to the M-III and M-IV years. That being said, 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 the clerkship director AND an appropriate person in authority at the facility.

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 the clerkship director AND his/her team leader at that facility.

Teacher/Learner Relationship

Guidelines for conduct in teacher/learner relationships have been established at the USCSM to foster an environment that promotes academic and professional success in learners and teachers at all levels. All those participating in the learning environment—teachers and learners alike—are expected to be aware of and adhere to these guidelines. (Please see Appendix G)

Evaluations

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

- **STUDENT EVALUATION OF THE CLERKSHIPS**

Clerkship evaluations for all M-III and M-IV rotations and electives will be posted in Blackboard two days before the end of the rotation and **must be completed** by the second Sunday after the rotation's conclusion, thus allowing a total 12 days for completion. **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.

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

The final evaluation should also be shared with the student and the final grade reported promptly to the USCSM Director of Enrollment Services/Registrar no later than four weeks after the completion of the clinical rotation.

Objective Components: Effective with the 2000-2001 academic year, every MIII clinical clerkship has utilized the appropriate NBME subject examination in the assessment of student performance in the clerkship. The method of adjusting the raw two digit score reported by the NBME is departmentally determined. However, effective with the 2002-2003 academic year, all required MII clinical clerkships established the 5% percentile, from the total year column on the latest Academic Year Norms for Examinee Performance report, as the minimum passing score for their respective NBME subject examination.

Any student failing the NBME subject exam test in a clerkship will receive an incomplete grade in that clerkship, but he/she will be permitted to continue on to other clerkships. Students failing a (one) subject exam in periods 1, 2 and 3 of the MIII year will retake that exam on the second Friday in January. Those failing a (one) subject exam in periods 4, 5, and 6 will retake that exam on the second Friday in July. A student who fails two subject exams in a semester will be pulled from the fourth rotation block (for failures in rotations 1, 2, and/or 3) or from the first rotation of the M-IV year (for failures in rotations 4, 5, and/or 6). Retakes for the two failed exams will occur during those times for the rotations from which the student was pulled. Any student who fails three subject exams over the third year will be immediately pulled from his/her current rotation and be required to appear before the Academic Review and Promotions Committees. Any student who fails the same subject exam a second time receives a failing grade for the clerkship, and that student is referred to the Academic Review and Promotions Committees and ultimately the Dean. At a minimum, the student will be required to repeat the clerkship in its entirety. For those students who have failed more than one exam initially and then fail the retaken exam, an anticipated graduation date in May of the fourth year may be in jeopardy, particularly if the initially failed exam was in the spring semester of the third year.

Clerkship-specific written or computerized examinations may also be given and are strongly encouraged. In addition, OSCEs, behavioral examinations involving multiple stations where student performance on clinical tasks relevant to the clerkship is monitored by faculty observers (e.g.,

interpreting laboratory results, dictating a discharge summary, communicating with a referring physician, handling an emergency situation), are required in all M-III clerkships (of six and eight weeks in length). OSCEs ensure that students can actually perform those skills expected of them, and they provide valuable and timely feedback to faculty members and clerkship directors about the effectiveness of the educational program. Assistance with case-writing and administration of an OSCE may be obtained from Dr. Suzanne Bertollo, Assistant Dean for Clinical Learning (803-216-3610), who directs the USCSM Standardized Patient Program.

Testing Under Non-Standard Conditions: The USCSM Policy on Testing Under Nonstandard Conditions (See School of Medicine **Bulletin**) contains information about the assessment under non-standard conditions of any student whose disabilities preclude his/her being assessed under usual circumstances. These policies relate to both USCSM course and clerkship examinations, to United States Medical Licensure Examinations (USMLE) Step examinations, and to National Board of Medical Examiners (NBME) subject examinations. For further information, contact Dr. Falicia Harvey, Assistant Dean for Preclinical Curriculum, Office of Curricular Affairs and Media Resources (803-216-3610).

Proctoring of Examinations: The proctoring of examinations is a faculty responsibility; the use of non-faculty proctors (e.g., secretaries) is strongly discouraged. The NBME Subject Exams for M-III rotations are usually proctored by the Office of Curricular Affairs and Media Resources in Columbia and the Office of Medical Student Education in Florence. Columbia clerkship directors are scheduled to assist in this responsibility on the Columbia campus on a rotating basis.

PERSONAL AND PROFESSIONAL CONDUCT EVALUATION

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 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.

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:

Exemplary	Outstanding personal and professional conduct. (For the "Trustworthiness" category, the grade assigned will be either "Effective" or "Unsatisfactory")
Effective	Appropriate personal and professional conduct.

Unsatisfactory	Personal and professional conduct that does not meet acceptable professional standards.
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In the event that M-III or M-IV student received 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 and Assessment and/or the Assistant Dean for Medical Education-Florence.

The student receiving the unsatisfactory evaluation will then receive a request from the Assistant Dean for Clinical Curriculum or the Assistant Dean for Medical Education-Florence 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 or may not be permitted to continue in other clerkships. Remediation may be determined by either the Clerkship Director or by the Honor Council, if the Clerkship Director chooses to refer the issue to this Council. Remediation may include repeating the clerkship or, alternately, repeating the component(s) of the clerkship identified as necessary by the Clerkship Director; or by completing other requirements as outlined by either the Clerkship Director or the Honor Council.

If referral is made to the Honor Council, the Council's recommendations will be referred by the associate dean for medical education and academic affairs to the Student Promotions Committee for review. The Student Promotions Committee will make 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.

If a second unsatisfactory assessment is received in the Personal and Professional Conduct portion of the professional evaluation in a repeated clerkship, then the student will be subject to dismissal. If the student receives Exemplary or Effective grades in Personal and Professional Conduct and a "C" or higher letter grade in the repeat clerkship, he/she will be permitted to continue in the M-III or M-IV year. Any additional unsatisfactory grades in Personal and Professional Conduct during the M-III year or during the M-IV year will render the student subject to dismissal as indicated in the USCSM [Bulletin](#).

In matters regarding potential dismissal from USCSM, the Student Promotions Committee will have the final authority for making recommendations to the Dean regarding academic alternatives for a student who has received (an) unsatisfactory evaluation(s) in Personal and Professional Conduct in an M-III or M-IV clerkship.

Clinical Skills Attainment Document (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 or clinical 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 required M-III and M-IV 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 listed separately. 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. Some of the clerkships have listed additional requirements on the reverse sides of their respective cards.

Each of the six core clerkships (Neurology is exempt) provides unique opportunities to use nutrition principles in patient care, and thus completion of a case study per clerkship is a required activity. A quiz follows the case study; credit for the activity requires a passing score (5/10). See [Nutrition Activities for M-III Clerkships](#) for further details.

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 and Media Resources.

Forgery of a CSAD card is a violation of Personal and Professional Conduct Standards.

Documentation of Student/Patient Encounters: The LCME has a published standard (copied below) that requires USCSM to quantify the types and diversity of patients, either real or simulated, that our students encounter as part of their clinical education. USCSM students are required to submit PEC data for all M-III clerkships and the M-IV Acting Internship.

ED-2: “There must be a system with central oversight to assure that the faculty defines the types of patients and clinical conditions that students must encounter, that appropriate clinical setting for the educational experiences, and the expected level of student responsibility. The faculty must monitor student experience and modify it as necessary to ensure that the objectives of the clinical education program will be met.”

For this process the *New Innovations*® software program was purchased by the Office of Curricular Affairs and Media Services. Its content is based on the previous Patient Encounter Cards (PECs). The web-based program allows each student to keep non-identifiable information on the types and numbers of patients each student is seeing on each clerkship as well as diagnoses seen and procedures performed. The information can be monitored and downloaded through the *New Innovations*® website <https://www.new-innov.com/login/> by each clerkship director and clerkship coordinator. It is essential for each clerkship director to monitor this data to ensure compliance with LCME standards.

Personnel in the Office of Curricular Affairs and Media Resources will episodically evaluate the *New Innovations*® software program and modify the program, as appropriate, based upon feedback from students and faculty members and upon changes in LCME accreditation requirements. **Instructions for logging into the system** are included as an appendix.

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

A student's clerkship grade should not be posted until all clerkship requirements have been completed, including but not limited to:

1. USCSM online clerkship evaluation (Office of Curricular Affairs and Media Resources will notify each director when completed)
2. All CSAD items are signed and the card is signed by the Clerkship Director, as well as the Florence site director for those students assigned to Florence
3. PEC data has been submitted and reviewed both at the midterm and the end of the rotation

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

Student Appeal of Grades: Any student has the right to appeal a course or clerkship grade according to the following policy approved 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/>).

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

Evaluation of Faculty Members

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

CLERKSHIP 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 five 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.

- 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 core competencies of medical knowledge, patient care, practice based learning and improvement, interpersonal and communication skills, systems based practice, and professionalism. Excerpts from these comments may be used in writing the Medical Student Performance Evaluation (Dean’s letter) which accompanies the student’s residency applications.
- IV. Clerkship Director Summary Comments-includes comments/examples regarding the student’s overall performance, which will be used in writing the Medical Student Performance evaluation
- V. Additional Comments-includes comments not for use in the Medical Student Performance evaluation but provided only as information for the student

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, the following:

1. USCSM online clerkship evaluation (Office of Curricular Affairs and media Resources will notify you when completed)
2. All CSAD items are signed and the card is signed by the Clerkship Director
3. PEC data has been submitted and reviewed both at the midterm and the end of the rotation

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

STUDENT HEALTH and INSURANCE POLICIES
(SEE also STUDENT HEALTH POLICIES MANUAL)

USCSM Student Health Policies: USCSM student health policies address requirements for entering, transfer, and visiting students; required immunizations; medical insurance; student health services; students with contagious infections and/or disease; universal precautions; and exposure to blood-borne disease.

Mandatory Medical Insurance Coverage: Current coverage by a health insurance policy is mandatory for all medical students. Students can be insured by parental or spousal insurance policies or they can participate in the USC-sponsored student health insurance plan.

Student Health Services: Medical students have access to primary medical care at the Thomson Student Health Center on the USC campus. Medical students on the Florence campus also have access to primary care services on that campus. Additional information about student health policies is provided to students in the School of Medicine Bulletin.

Exposure to Blood-Borne Disease: It is imperative that each clerkship director be aware of USCSM Policies on Student Exposure to Blood-Borne Pathogens (e.g., hepatitis B, hepatitis C, HIV) and that faculty members make every effort to protect students from unnecessary risk during clinical activities. However, care of infected patients is a part of medical practice, and therefore it is important for students to learn how to provide such care in a safe and effective manner. Clinical faculty should ensure that students know how to safely provide care to patients with communicable diseases.

- Injuries sustained by students during the course of their medical education (e.g. needle-stick injuries, other blood-borne disease exposure) will be handled in accord with the USCM Policies on Student Exposure to Blood-Borne Pathogens. **All clerkship directors should be knowledgeable about these policies and procedures and should ensure that all attending physicians and house staff are similarly well informed.** Immediate evaluation is necessary for students exposed to potentially infectious blood or body fluids. It is therefore imperative that all faculty members be aware of their responsibilities to assess risk, obtain needed blood samples from the source patient, immediately contact the appropriate student/employee health provider. For any questions please contact Kayla Spires at (803) 434-2479 (USCSM Student and Employee Health) or Dr. Olabisi Badmus at (803) 434-2206. If an exposure has occurred or if there is another emergency, please page Kayla Spires at (803) 303-0035 or William Anderson, MD, M.H.C.M.: 843-714-0023

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 Tuberculosis, medical students are expected to participate at their level of competence. Appropriate precautions (including personal protective equipment as needed) must be utilized in the care of patients with communicable diseases, and students must be capable of effectively following the appropriate precautions. 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. A medical student should not be

penalized for questioning whether his/her personal safety is being compromised unnecessarily or for requesting additional training and instruction on the effective use of protective equipment.

Psychological/Psychiatric Problems: Information about psychiatric and psychological services available to medical students is contained in the *Student Handbook*. Emergency psychiatric services are available through the Office of Student and Career Services; contact Dr. Donald Kenney, Director of Student Services (803-216-3632) or Dr. William Hester, Assistant Dean for Medical Education-Florence (843-665-3156).

Counseling/Consultation Services: Students in the School of Medicine have available to them various counseling, consultation, and psychotherapeutic resources. These may be sought from the Office of Student and Career Services, faculty and student advisors, and psychologists and psychiatrists with appointments in the School of Medicine, as well as from the various services and counseling centers on the University campus. Emergency psychiatric services and confidential assessment, referral, and treatment services are available on a 24-hour-a-day basis from the School of Medicine Department of Neuropsychiatry and Behavioral Science (803-434-4240). Students enrolled in the School of Medicine program on the Florence campus have access to equivalent counseling and medical services; information about these services is provided to students at the time of third-year orientation.

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

Workers Compensation Insurance: All USC SOM medical students are covered by Workers Compensation Insurance through CompEndium 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.

The Employee/Student Health Office should be notified immediately following an injury that occurs in the context of medical education. A prompt and complete report on appropriate forms (the **University of South Carolina Workers Compensation Supervisor Report** completed by the faculty member and the **University of South Carolina Employee Injury Report** completed by the student) must be made to the Workers Compensation coordinator in the Benefits Office of the University of South Carolina [1600 Hampton Street, (803) 777-6650] in order to ensure that Workers Compensation insurance benefits are available to an injured student. Forms can be obtained from, and completed forms must be returned within ten working days of the injury/exposure to, the Director of Medical Student Health, Department of Family and Preventive Medicine, on the School of Medicine-Columbia campus or the Assistant Dean for Medical Education on the Florence campus. These individuals will ensure that these forms are forwarded in a timely fashion to the University Benefits Office.

APPENDICES

APPENDIX A:
University of South Carolina School of Medicine
Academic Calendar 2018-2019

M-I – M-II

Mandatory M-I Orientation.....	July 30 – August 3, 2018
Classes Begin.....	August 6
Labor Day.....	September 3
Fall Break.....	October 18 - 21
Election Day.....	November 6
Thanksgiving Break.....	November 22 – November 25
Last Day of Classes.....	November 27
Reading Day.....	November 28
Final Exams.....	November 29 – December 7
Winter Break.....	December 8 – January 6, 2019
Spring Semester classes begin.....	January 7
Martin Luther King Jr. Service Day.....	January 21
Spring Break.....	March 9 – 17
Last Day of Classes.....	M2 Classes: April 29, M1 Classes: May 3
Reading Day.....	M2 Classes: April 30, M1 Classes: May 6
Final Exams.....	April 29 – May 13
Step 1 preparation/vacation.....	May 14 – June 28, 2019
Deadline for taking the Step 1 Examination.....	June 28, 2019

M-III

M-III Orientation.....	July 2, 3, 5, & 6, 2018
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Fall Semester

Internal Medicine/Neurology Block 1 twelve weeks.....	July 9 – September 28
Internal Medicine/Neurology Block 2 twelve weeks.....	October 1 – December 21
OB/Gynecology or Psychiatry Block 1 six weeks.....	July 9 – August 17
OB/Gynecology or Psychiatry Block 2 six weeks.....	August 20 – September 28
OB/Gynecology or Psychiatry Block 3 six weeks.....	October 1 – November 9
OB/Gynecology or Psychiatry Block 4 six weeks.....	November 12 – December 21
Surgery/Family (E)/Pediatrics Block 1 eight weeks.....	July 9 – August 31
Family Medicine: July 9 – August 17.....	Two 1 week electives: August 20 & August 27
Surgery/Family (E)/Pediatrics Block 2 eight weeks.....	September 4 – October 26
Family Medicine: September 4 – October 12.....	Two 1 week electives: October 15 & October 22
Surgery/Family (E)/Pediatrics Block 3 eight weeks.....	October 29 – December 21
Family Medicine: October 29 – December 7.....	Two 1 week electives: December 10 & December 17
Thanksgiving Day.....	November 22
Winter Break.....	December 22 – January 6, 2019
Makeup day for M-III subject exams (if needed).....	January 11 (Fall Semester Blocks)

Spring Semester

Internal Medicine/Neurology Block 1 twelve weeks January 7 – March 29
 Internal Medicine/Neurology Block 2 twelve weeks April 8 – June 28

OB/Gynecology or Psychiatry Block 1 six weeks January 7 – February 15
 OB/Gynecology or Psychiatry Block 2 six weeks February 18 – March 29
 OB/Gynecology or Psychiatry Block 3 six weeks April 8 – May 17
 OB/Gynecology or Psychiatry Block 4 six weeks May 20 – June 28

Surgery/Family (E)/Pediatrics Block 1 eight weeks January 7 – March 1
 Two 1 week electives: January 7 & January 14 Family Medicine: January 21(if not closed) – March 1
 Surgery/Family (E)/Pediatrics Block 2 eight weeks March 11 – May 3
 Two 1 week electives: March 11 & March 18 Family Medicine: March 25 – May 3
 Surgery/Family (E)/Pediatrics Block 3 eight weeks May 6 – June 28
 Two 1 week electives: May 6 & May 13 Family Medicine: May 20 – June 28

Intersession 1 (*students finishing Surgery, Pediatrics, & Family Medicine*) March 4 – March 8
 Intersession 2 (*students finishing Internal Medicine/Neuro, OB/GYN, & Psychiatry*) April 1 – April 5
 Makeup day for M-III subject exams (if needed) July 12 (Spring Semester Blocks)

MIV

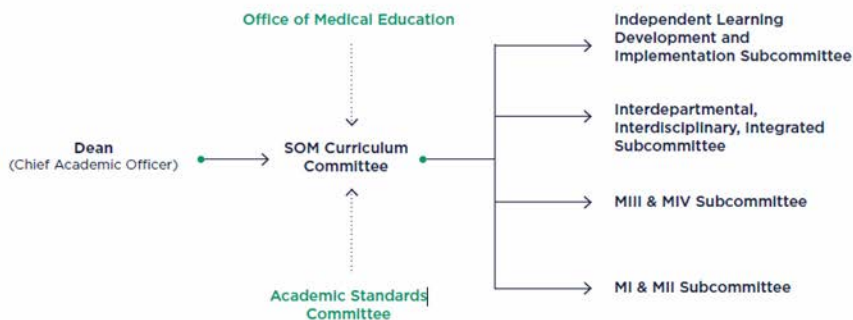
Rotation 1 July 9 – August 3, 2018
 Rotation 2 August 6 – August 31
 Rotation 3 September 4 – September 28
 Rotation 4 October 1 – October 26
 Rotation 5 October 29 – November 23
 Rotation 6 November 26 – December 21
 Thanksgiving Day November 22
 Deadline for Taking the Step 2 Examinations (CS and CK) December 21, 2018
 Winter Break December 22 – January 6, 2019
 Rotation 7 January 7 – February 1
 Rotation 8 February 4 – March 1
 Rotation 9 March 4 – March 29
 Rotation 10 April 1 – April 26
 Rotation 11 (Capstone) April 29 – May 3
 Commencement May 10, 2019

Approved 08112016

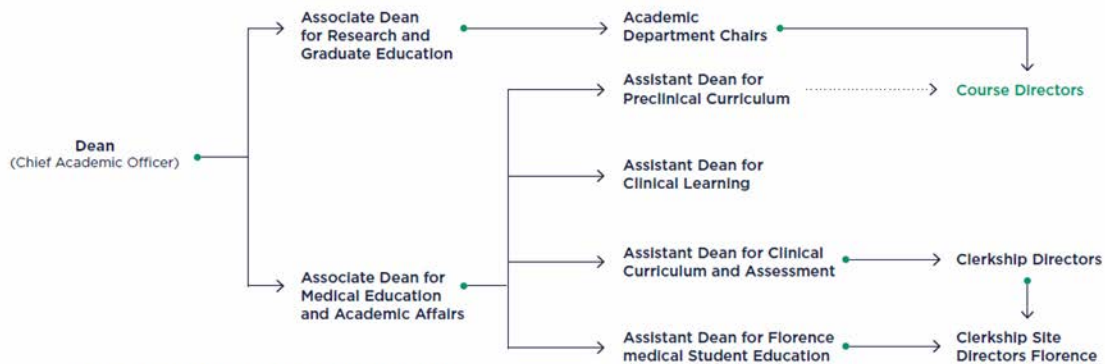
Updated 12142017

APPENDIX B: CURRICULUM MANAGEMENT STRUCTURE

CURRICULUM COMMITTEE STRUCTURE



ACADEMIC STRUCTURE



APPENDIX C:

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

USC School of Medicine Program Objectives

The educational program in the School of Medicine shall:

1. ensure the integration of foundational and clinical sciences;
2. promote students' mastery of scientific and clinical knowledge;
3. provide an understanding of the biopsychosocial model of health and health care;
4. ensure the modeling of high value care that is cost-effective and evidence-based;
5. encourage students' personal and professional development through regular feedback and formative and summative assessments;
6. foster team-building and interprofessional practice models through students' self and peer engagement and evaluation to nurture students' collaboration with other health care team members
7. foster students' acquisition of necessary clinical, communication, and problem-solving skills;
8. utilize best evidence regarding education to foster learning and retention;
9. provide a variety of experiences in clinical settings with diverse patient populations and healthy clinical learning environments;
10. set appropriate and realistic performance standards for students;
11. utilize both formative and summative evaluation methods for students;

12. increase the use of competency-based student assessments;
13. promote students' interest in translational research and scientific exploration;
14. provide a range of elective opportunities for students;
15. educate generalist physicians who are potentially eligible for practice in South Carolina;
16. prepare altruistic, knowledgeable, skillful, and dutiful physicians;

So that we graduate physicians who are life-long learners who attend equally well to all aspects of health care.

The following objectives have been developed to ensure excellence:

1. As a member of an interprofessional health care team (*EPAs 9, 12*), strive to consistently provide appropriate care for patients and populations by applying best evidence as related to the following:
 - normal structure and function of the body as an intact organism and each of its major organ systems.
 - molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.
 - various causes of disease (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, traumatic, and psychosocial) and of the ways in which they affect the body (pathogenesis).
 - altered structure and function (pathology and pathophysiology) of the body and its major organ systems seen in various diseases and conditions.
 - frequent clinical laboratory, roentgenologic, and pathologic manifestations of common maladies.
 - important non-biological determinants of health and the economic, psychological, social, and cultural factors including violence and abuse that contribute to the development and/or continuation of maladies.
 - epidemiology of common health conditions within defined populations and systematic approaches to reduce their incidence and prevalence.
 - pain assessment and amelioration including the use of medication and alternative or adjunctive therapies.
 - various approaches to, and implications of, the organization, financing, and delivery of health care.
 - exercise, nutrition and lifestyle in maintaining health and well-being
 - gender, ethnic and age-specific issues that affect disease across the lifespan with particular emphasis on pregnant, newborn, child and geriatric patients
 - principles of preventive medicine
 - principles of patient safety, quality improvement and health care professional safety
 - clinical and translational research findings with attention to emerging therapies

2. Retrieve, manage, and utilize information – to include critical review of medical literature when needed – to solve problems, consider differential diagnostic possibilities and make care decisions. *(EPAs 2 & 7)*
3. Use critical judgment based on evidence and experience in solving clinical problems.
4. Demonstrate the personal and emotional characteristics necessary to become a competent physician including: *(professional identity formation)*
 - Honesty, integrity and respect in interactions with patients, families, coworkers and colleagues
 - Accountability for own actions
 - Appropriate awareness and concern for the needs of patients and families
 - Sensitivity and respect for patients from diverse gender, cultural, economic, educational, and family backgrounds.
 - Ethical obligations inherent in the role of physician
 - Advocacy for patient and population needs for health and well-being
 - Identifying ethical dilemmas and applying ethical decision-making when faced with both common and uncommon issues faced in medical practice.
 - Identifying threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for medical practice.
 - Recognition and acceptance of limitations in his/her own knowledge and clinical skills and commitment to improve his/her knowledge and ability toward best practices in care through self-assessment and lifelong learning
5. Obtain an accurate and complete medical history with special attention to relevant health issues related to age, gender, sexual orientation, and factors such as socio-economic status for patient health and document appropriately. *(EPAs 1 & 5)*
6. Be technologically proficient in the acquisition and documentation of that information for provision of high value healthcare. *(EPA 1)*
7. Perform both complete and problem focused physical examinations including mental status examination and fully document that information as part of a medical record. *(EPA 1)*

8. Perform basic technical procedures. Examples include: venipuncture, inserting an intravenous catheter, arterial puncture, lumbar puncture, inserting a nasogastric tube, inserting a Foley catheter, and suturing lacerations. *(EPA 12)*
9. Adhering to patient confidentiality and autonomy, effectively communicate - both orally and in writing - with patients and families, colleagues and others with whom information must be exchanged when carrying out duties of patient care. Examples include:
 - Discussing orders *(EPA 4)*
 - Providing an oral presentation of a patient encounter *(EPA6)*
 - Giving and receiving a patient handover to transition care responsibly *(EPA 8)*
 - Obtaining informed consent *(EPA 11)*
10. 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 stages of diseases, and determine appropriate response strategies.
11. Interpret the results of commonly used diagnostic procedures. *(EPA3)*
12. Apply appropriate management strategies - both diagnostic and therapeutic - for patients with common acute and chronic medical, psychiatric, surgical conditions and conditions requiring short-and long-term rehabilitation therapy.
13. Recognize when a patient requires urgent or emergent care due to immediate life threatening conditions – whether cardiac, pulmonary, neurologic or other cause – and initiate evaluation and critical management. *(EPA 10)*
14. Adhere to state and federal regulations regarding reporting of domestic violence, child abuse, criminal activity, fraud, and the Health Insurance Portability (HIPAA).
15. Contribute to a culture of safety and improvement through applying skills in teaming and leadership and in the identification and reporting of system failures or errors. *(EPA 13)*

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 optimal health care
5. **Professionalism** – demonstrate a commitment to carry out professional responsibilities and an adherence to ethical principles
6. **Interpersonal Skills and Communication** – possess skills that are effective in the exchange of information and collaboration with patients, their families, and health professionals

Educational Objectives and Competencies for Graduates

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

1. Knowledge:
 - a. knowledge of the normal structure and function of the body and its major organ systems; Medical Knowledge, Patient Care
 - b. knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis; Medical Knowledge, Patient Care
 - c. knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, psychosocial, and traumatic) of maladies and of the pathogenesis of maladies; Medical Knowledge, Patient Care
 - d. knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems seen in various diseases and conditions; Medical Knowledge, Patient Care
 - e. knowledge of the frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies; Medical Knowledge, Patient Care
 - f. knowledge of the important non-biological determinants of health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies; Medical Knowledge, Patient Care, Systems Based Practice
 - g. knowledge of the epidemiology of common maladies within a defined population and systematic approaches to reduce the incidence and prevalence of those maladies; Medical Knowledge, Patient Care, Systems Based Practice
 - h. knowledge of various approaches to, and implications of, the organization, financing, and delivery of health care; Patient Care, Systems Based Practice
 - i. knowledge of the theories and principles that govern ethical decision-making and of the major ethical dilemmas encountered in medical practice, particularly at the beginning and end of life and resulting from the rapid expansion of knowledge in genetics; Medical Knowledge, 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
 - l. knowledge of the quality improvement methods and the factors associated with increased patient safety. Medical Knowledge, Patient Care, Practice Based Learning and Improvement
2. Skills:
- a. the ability to obtain an accurate and complete medical history, with special attention to issues related to age, gender, sexual orientation, and socio-economic status and fully document that information as part of a medical record: Medical Knowledge, Patient Care, Interpersonal Skills and Communications
 - b. the ability to perform both a complete and organ-specific examination, including a mental status examination and fully document that information as part of a medical record; 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
 - n. the ability to function as part of an interprofessional healthcare team and/or serve in a leadership role; Patient Care, Systems Based Practice, Interpersonal Skills and Communication

- o. the ability to demonstrate technologic proficiency when it comes to the acquisition, documentation, and delivery of healthcare. Patient Care, Systems Based Practice
- 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 interest 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, Professionalism
 - f. the capacity to recognize and accept limitations in one's knowledge and clinical skills and a commitment to improve that knowledge and ability through self- assessment; 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

APPENDIX D: M-III and M-IV Elective Rotation Guidelines

Drop/Add Policies and Procedures

The director of each elective rotation is kept informed on a regular basis, either through the OASIS system or by the USCSM Director of Enrollment Services/Registrar, about which students have elected to take the rotation during the M-III or M-IV year and during which period(s) of the M-III or M-IV academic calendar the rotation has been scheduled. Students wishing to change their M-III and M-IV elective rotation choices must do so through the OASIS system at least 30 days in advance. Limits in student numbers are set by the elective rotation's director and communicated to the USCSM Director of Enrollment Services/Registrar, who in turn enters this information into the OASIS system prior to the system being made available to the students to schedule their rotations.

Grading and Evaluation

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

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

**APPENDIX E:
GUIDELINES FOR COMPOSITION OF
M-III/M-IV STUDENT NARRATIVE EVALUATIONS**

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

I. KNOWLEDGE: Expression and Depth of Knowledge

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

II. SKILLS: Evidence of Basic Skills

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

III. ATTITUDES: Evidence of Appropriate Attitudes

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

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

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

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

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

V. **SPECIFIC AREAS FOR IMPROVEMENT:** Has the student been counseled as to any weaknesses during the course of the clerkship? What was his/her response to this intervention?

Narrative Style: In the narrative “Comments” section, statements should reflect characteristics such as: initiative, follow-through, maturity, stability, compassion, promptness, endurance, ethics, integrity, responsibility, goal setting, leadership, and independence. A comparison of the student with the performance of their peers or past students may be helpful.

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

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

Bland and overused terms: nice, pleasant, solid, competent, meaningful, appropriate, reasonable, good, charming, progressing, likable, fairly, rather

APPENDIX F:

2018-2019 NBME Subject Examination Test Administration Times

NBME Subject Examinations are administered on the last day of each rotation. Students should arrive at least 10 minutes before the start of the exam. All exams will be web-based and all exams will be given in the M2 Classroom. Florence NBME Subject Exams will be administered at 9:00am in the computer testing lab of the Health Science Building.

FALL EXAMS		SPRING EXAMS	
CLERKSHIP	EXAM DATE/TIME	CLERKSHIP	EXAM DATE/TIME
Family Medicine Ob/Gyn Psychiatry	August 17, 2018 1:00-4:00pm	Ob/Gyn Psychiatry	February 15, 2019 1:00-4:00pm
Pediatrics Surgery	August 31, 2018 1:00-4:00pm	Surgery Pediatrics Family Medicine	March 1, 2019 1:00-4:00pm
Internal Medicine Ob/Gyn Psychiatry	September 28, 2018 1:00-4:00pm	Ob/Gyn Psychiatry Internal Medicine	March 29, 2019 1:00-4:00pm
Family Medicine	October 12, 2018 1:00-4:00pm	Family Medicine Pediatrics Surgery	May 3, 2019 1:00-4:00pm
Surgery Pediatrics	October 26, 2018 1:00-4:00pm	Ob/Gyn Psychiatry	May 17, 2019 1:00-4:00pm
Ob/Gyn Psychiatry	November 9, 2018 1:00-4:00pm	Internal Medicine Ob/Gyn Psychiatry	June 28, 2019 9:00am-12:00pm
Family Medicine	December 7, 2018 1:00-4:00pm	Surgery Family Medicine Pediatrics	June 28, 2019 1:00-4:00pm
Internal Medicine Ob/Gyn Psychiatry	December 21, 2018 9:00am-12:00pm		
Surgery Pediatrics	December 21, 2018 1:00-4:00pm		

APPENDIX G:

The University of South Carolina School of Medicine Guidelines for Conducts 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. (<http://www.sc.edu/policies/staf627.pdf>)

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 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 establish 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 polices, 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 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.

APPENDIX H: POLICY ON EVALUATION OF 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 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.

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:
- be capable of making logical diagnostic and therapeutic judgments;
 - communicate effectively with patients, supervisors, and peers;
 - establish appropriate professional relationships with faculty, colleagues, and patients; and
 - 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:

Exemplary	Outstanding personal and professional conduct. (For the "Trustworthiness" category, the grade assigned will be either "Effective" or "Unsatisfactory")
Effective	Appropriate personal and professional conduct.
Unsatisfactory	Personal and professional conduct that does not meet acceptable professional standards.

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

- notify the student.
- 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.
- 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 and Assessment and/or the Assistant Dean for Medical Education-Florence.

The student receiving the unsatisfactory evaluation will then receive a request from the Assistant Dean for Clinical Curriculum or the Assistant Dean for Medical Education-Florence 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 or may not be permitted to

continue in other clerkships. Remediation may be determined by either the Clerkship Director or by the Honor Council, if the Clerkship Director chooses to refer the issue to this Council. Remediation may include repeating the clerkship or, alternately, repeating the component(s) of the clerkship identified as necessary by the Clerkship Director; or by completing other requirements as outlined by either the Clerkship Director or the Honor Council.

If referral is made to the Honor Council, the Council's recommendations will be referred by the associate dean for medical education and academic affairs to the Student Promotions Committee for review. The Student Promotions Committee will make 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.

If a second unsatisfactory assessment is received in the Personal and Professional Conduct portion of the professional evaluation in a repeated clerkship, then the student will be subject to dismissal. If the student receives Exemplary or Effective grades in Personal and Professional Conduct and a "C" or higher letter grade in the repeat clerkship, he/she will be permitted to continue in the M-III or M-IV year. Any additional unsatisfactory grades in Personal and Professional Conduct during the M-III year or during the M-IV year will render the student subject to dismissal as indicated in the USCSM [Bulletin](#).

In matters regarding potential dismissal from USCSM, the Student Promotions Committee will have the final authority for making recommendations to the Dean regarding academic alternatives for a student who has received (an) unsatisfactory evaluation(s) in Personal and Professional Conduct in an M-III or M-IV clerkship.

**APPENDIX I:
GRADE CHANGE POLICY
THE UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE**

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

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

PROCEDURE

1. The Course/Clerkship/Elective Director makes a request for a grade change to the Director of Enrollment Services/Registrar, providing documentation of the error and an amended evaluation form.
2. The Associate Dean for Medical Education and Academic Affairs submits this information to the Grade Change Subcommittee.
3. The subcommittee members review the request and make the decision to allow or deny the change.

If the change is allowed, the Director of Enrollment Services/Registrar posts the new grade and notifies the course director and student of the decision of the subcommittee. If the change is denied, the Director of Enrollment Services/Registrar notifies the course director.

APPENDIX J: Student Appeal of Grades

Any student has the right to appeal a course or clerkship grade according to the following policy approved 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/>).

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.

III. 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.

IV. 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.

APPENDIX K: MEDICAL STUDENT DUTY HOURS POLICY

- **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 and Media Resources. Infractions will be investigated by the Academic Standards Committee and appropriate action taken to ensure infractions do not continue.

Supervision

Medical students should be appropriately supervised by either a senior resident or attending faculty member while engaged in any clinical activity. It is the responsibility of the clerkship director or the clerkship site director to make these assignments and to ensure students are not attempting clinical activities outside the range of expected achievements or those activities formally prohibited by the healthcare system. During the clerkship orientation clerkship directors should inform students about prohibited activities and provide contact information for reaching the attending physician on call should the student have any questions or concerns about appropriate supervision, patient safety, or allowed clinical activities.

**APPENDIX L:
University of South Carolina
School of Medicine**

June, 1996
Revised – November 1996
Approved Academic Standards Committee – December 17, 1996
Revised June 1999
Revised June 2001
Revised June 2002
Revised November 2003
Revised June 2008
Revised June 2009
Revised May 2010
Revised June 2011
Revised June 2012
Revised July 2013
Revised July 2014
Revised July 2015
Revised July 2016
Revised July 2017
Revised July 2018

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 or clinical 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 required M-III and M-IV 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 listed separately. 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. Some of the clerkships have listed additional requirements on the reverse sides of their respective cards.

Each of the six core clerkships (Neurology is exempt) provides unique opportunities to use nutrition principles in patient care, and thus completion of a case study per clerkship is a required activity. A quiz follows the case study; credit for the activity requires a passing score (5/10). See **Nutrition Activities for M-III Clerkships** for further details.

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 and Media Resources.

Forgery of a CSAD card is a violation of Personal and Professional Conduct Standards.

Clinical Skills Attainment Document

M-1 Introduction to Clinical Medicine

Fall 2018:

- Focused Medical History – Standardized Patient Interview
- Focused Medical History – Written Documentation
- Focused Medical History – Oral Presentation
- Preventive Care Evaluation for an Individual Patient
- Evidence-Based Medicine – Case Presentation

Spring 2019

- Senior Mentor Assignment - Patient-Physician Relationship & Health Communication
- Standardized Patient Interview – Sexual History
- Standardized Patient Assessment – Complete Physical Exam

M-2 Introduction to Clinical Medicine

Fall 2018

- IHI Module PS 103
- IHI Module PS 105
- Senior Mentor Assignment – Health Literacy
- Focused Medical History – Written Documentation
- Standardized Patient Assessment – Complete Physical Exam

Spring 2019

- Focused History & Physical Exam – Written Documentation
- Focused Visit – Case Presentation
- Standardized Patient - Clinical Breast Exam
- Standardized Patient - Gynecologic Exam
- Standardized Patient – Male Genitourinary/Rectal Exam
- Clinical Preceptorship – Focused History & Physical Exam
- Complete Medication Review
- Demonstrate Basic Life Support Skills

M-III Family Medicine Skills

Required Curricular Activity

Participate in mid-rotation
feedback session
Complete an initial inpatient
evaluation (H & P)
Present a patient on inpatient
SIBR rounds
Lead an afternoon inpatient
topic discussion
Participate in a patient care
transition activity (“checkout”
or discharge)
Complete and turn in 3
written outpatient notes
Assess a MSK complaint –
acute or overuse
Assess nursing home patient
Perform an aortic ultrasound
for AAA screening on Vscan
Perform a urinalysis with
microscopic examination
Participate in a community
health activity
Counsel a patient about
weight management
Counsel a patient about
smoking cessation
Complete the on-line
nutrition assessment

Strongly Recommended

Observe or participate in an
exercise stress test
Observe or participate in a
flexible sigmoidoscopy
Observe or participate
Dermatological procedure
Observe or participate in a
nasopharyngoscopy
Observe an endoscopy
Observe or participate in
colposcopy/EMB
Observe or participate in a
psychotherapy session

M-III Internal Medicine Skills

Required Curricular Activity

Participate in Mid-Rotation Feedback Session
Complete History and Physical Examination (1 per admitting day)
Interpret Basic Chest Radiographic Findings
Interpret Basic Electrocardiographic Findings
Observe Endoscopic Procedure
Perform an Observed History and Physical Examination
Present Selected Topic
Complete Adequate Progress Notes
Complete Admission Orders
Complete Discharge Instructions

Strongly Recommended

Perform Lumbar Puncture
Place Central Venous Line
Observe Cardiac Catheterization
Participate in / Observe Cardiac Resuscitation (Code) Utilizing Basic Cardiac Life Support (BCLS) skills

M-III Neurology Skills:

Required Curricular Activity

Participate in or demonstrate knowledge of Lumbar puncture
Demonstrate knowledge of use of EEG
Perform history and neurological examination
Demonstrate knowledge of treatment of neurologic emergencies
Demonstrate knowledge and interpret neuroimaging modalities (CT, MRI, PET)
Participate in brain attack (stroke) evaluation/treatment
Write Consult/ H&P Notes – cosigned by resident/attending

Strongly Recommended

Demonstrate knowledge of carotid ultrasound
Demonstrate knowledge of transcranial Doppler study
Participate in treatment of status epilepticus
Participate in evaluation of the comatose patient
Participate in brain death evaluation
Perform / demonstrate knowledge of Evidence based medicine research
Demonstrate Knowledge of EMG/NCS

M-III Obstetrics and Gynecology Skills

Procedures/ Skills

- 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 laparoscopy
- Observe a hysterectomy
- Observe an OB anatomic ultrasound
- Assist in the interpretation of a pelvic ultrasound (non-OB)
- Perform management of a normal laboring patient at term
- Assist in a vaginal delivery
- Assist in a cesarean delivery

Personal Interaction & Communication Skills

- Perform a comprehensive women's medical interview including sexual history, DV screening and substance abuse screening
- Assist in the evaluation and management of an obstetrical or gynecologic patient that requires collaboration with other health care teams

Gynecologic Care

- Assist in the counseling of a woman on appropriate screening procedures and recommended time intervals through the lifespan.
- Counsel a patient on the physiology of the normal menstrual cycle
- Assist in the evaluation of a patient with vulvo-vaginal symptoms
- Assist in the evaluation of a patient presenting with pelvic pain
- Assist in the evaluation of a patient presenting with abnormal uterine bleeding/ menstrual cycle abnormalities
- Assist in the evaluation of a patient with an abnormal first trimester pregnancy
- Assist in the evaluation and/ or discuss workup and differential diagnosis of a patient presenting with infertility
- Assist in the evaluation and care of a patient presenting with abnormal cervical cytology

Obstetrical Care

- Assist in the counseling of a patient on how a pre-existing medical condition and medication exposure may interact with her pregnancy
- Assist in the counseling of a patient regarding genetic risks and screening options in pregnancy
- Perform a complete history and physical exam on a new OB patient and interpret prenatal laboratory data
- Perform a determination of the most appropriate due date based on LMP, clinical exam, and/or ultrasound
- Counsel a patient on the physiologic changes of pregnancy
- Perform counseling of a patient on the signs and symptoms of labor
- Assist in the postpartum care of a patient undergoing vaginal delivery
- Assist in the postoperative care of a patient undergoing cesarean delivery
- Perform counseling of a patient on the benefits of breastfeeding
- Assist in the evaluation and care of a patient with third trimester bleeding, PPROM, or PTL
- Assist in the evaluation and care of a patient with hypertension in pregnancy

Required clerkship activities

- Complete online nutrition case study
- Participate in mid-rotation feedback session

M-III Pediatrics Skills

Required Curricular Activity

Participate in Mid-Rotation Feedback Session
Calculate Parenteral Fluid Administration
Complete On-line Nutrition Assessment Case Study
Demonstrate Working Understanding of Child Abuse
Present Evidence Based Medicine Research
Interpret History on New Born 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 Written Pediatric History and Physical Examination
Review Growth Curves including BMI
Generate a Prescription Accurately
Demonstrate working knowledge of Pediatric Ultrasound

Strongly Recommended

Demonstrate Understanding of Immunization Schedules
Interpret Tympanogram
Perform Lumbar Puncture
Obtain Pediatric Blood Pressure
Participate in Adolescent Counseling
Visit Home of a "Special Needs" Child

M-III Psychiatry Skills

Required Curricular Activity

Obtain a Psychiatric History, Conduct an Observed Patient Interview and Mental Status Examination and Present Results to Attending, #1
Obtain a Psychiatric History, Conduct an Observed Patient Interview and Mental Status Examination and Present Results to Attending, #2
Participate in the Care of a Patient with a Psychotic Disorder
Participate in the Care of a Patient with Bipolar Disorder
Participate in the Care of a Patient with Depressive Disorder
Participate in the Care of a Patient with an Anxiety Disorder
Participate in the Care of a Patient with a Neurocognitive Disorder
Participate in the Care of a Patient with a Substance-Related or Addictive Disorder
Participate in the Care of a Patient with a Personality Disorder
Participate in the Care of a Suicidal Patient
Complete Alcoholics Anonymous Experience
Complete On-line Nutrition Assessment Case Study
Complete Mid-Rotation Clerkship Meeting with Clerkship Director

M-III Surgery Skills

Required Curricular Activity

Participate in Mid-Rotation Feedback Session
Complete Nutrition Assessment Case Study (on-line)
Complete 10 History and Physical Examinations
Complete Observed H&P during 2nd half of Clerkship (3rd year resident or above)
Complete Observed Evaluation of Acute Surgical Abdomen
Draw Arterial Blood Gas
Evaluate Groin Hernia / Ventral Hernia or Inguinal Hernia
Place Foley Catheter (Female)
Place Foley Catheter (Male)
Place Intravenous Line
Place Naso- or Orogastric Tube
Observe OR Place Central Venous Catheter (e.g. Swan-Ganz)
Perform Wound Management Techniques (dressing changes)
Observe or Place Chest Tube
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

APPENDIX M:

**UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE**

Technical Standards for Admission, Retention, and Graduation

The School of Medicine has adopted the following technical standards:

The curriculum of the University of South Carolina School of Medicine has been designed to provide a general professional education leading to the medical doctor (M.D.) degree and to prepare undifferentiated students to enter graduate medical training in a wide variety of medical specialties and sub-specialties. All candidates for admission to and all current students at the School of Medicine, herein after designated as candidates for the M.D. degree, should possess sufficient intellectual capacity, physical ability, emotional and psychological stability, interpersonal sensitivity, and communication skills to acquire the scientific knowledge, interpersonal and technical competencies, professional attitudes, and clinical abilities required to pursue graduate medical education and to meet all requirements for medical licensure, which are not necessarily as flexible as the School of Medicine's requirements. 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. Candidates should be able to tolerate physically taxing workloads and to function effectively under stress. Individuals whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, promotion, or graduation.

While the School of Medicine fully endorses the spirit and intent of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1992, and the ADA Amendments Act of 2008; it also acknowledges that certain minimum technical standards must be present in candidates for admission, retention and graduation. Patient safety and well-being are considered as major factors in the determination of requirements regarding the physical, cognitive, and emotional abilities of all candidates. Those individuals who would constitute a direct threat to the health or safety of themselves, patients, or others are not considered suitable candidates for admission or retention in medical school.

The delineation of technical standards is required by the Liaison Committee on Medical Education to confirm that accreditation standards are being met. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any qualified candidate for whom reasonable accommodation will allow fulfillment of the complete curriculum. A "qualified person with a disability" is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the School of Medicine's educational programs, with or without reasonable accommodations. Each applicant to the School of Medicine, as part of the school's supplemental application, is required to acknowledge in writing the reading, understanding, and meeting of all technical standards. Candidates for admission who have a disability and use accommodations should begin discussions with the University of South Carolina Office of Disability Services (<http://www.sa.sc.edu/sds>) either prior to or as soon as the offer of admission is received and accepted. All candidates (admission candidates and current students) with disabilities bear the responsibility of providing that office with current information documenting the general nature and extent of the disability, and the proposed accommodations. Evaluating and facilitating accommodation requests is a collaborative effort among the candidate, the School of Medicine, and the USC Office of Disability Services. The School

of Medicine reserves the right to request new or additional information. Should a candidate have or develop a condition that would place patients, the candidate, or others at risk or that may affect his/her need for accommodation, an evaluation with the School of Medicine and/or the Office of Disability Services may be necessary.

The School of Medicine has established the following technical standards for admission to, retention in, and graduation from, the M.D. program:

(a) Observation

Candidates must be able to observe demonstrations, collect data, and participate in experiments and dissections 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. Candidates must be able to accurately observe patients and integrate these observations with the findings obtained during the elicitation of a medical history and performance of a physical examination in order to develop an appropriate diagnosis and establish a therapeutic plan.

(b) Communication

Candidates must be able to communicate effectively and efficiently in the English language in oral and written form with patients, their families, and all members of the health care team. They must be able to obtain a medical history and perform a mental status examination, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to accurately and clearly record information.

(c) Motor Function

Candidates must possess the capacity to perform complete physical examinations and diagnostic maneuvers. Candidates should be able to respond to emergency situations in a timely manner and to execute motor movements required to provide general and emergency treatment to patients. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities. Candidates must be mobile and able to function independently within the clinical environment.

(d) Intellectual-Conceptual, Integrative and Quantitative Abilities

Candidates must be able to 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. Candidates should be able to integrate rapidly, consistently, and accurately all data received by whatever sense(s) employed.

(e) Behavioral and Social Attributes

Candidates must be able to establish appropriate relationships with a wide range of faculty members, professional colleagues, and patients. Candidates should possess the personal qualities of integrity, empathy, concern for the welfare of others, interest, and motivation. They should possess the emotional and psychological 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. 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.

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 patients 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 and of a physician in a reasonably independent manner. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and /or others, if it requires a substantial modification in an element of the curriculum that is considered essential, if it lowers academic standards, or if it poses an undue administrative or financial burden. 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, retention, or graduation would constitute an unacceptable substantial modification, except in rare circumstances, and 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 not only on the basis of their academic abilities, but also on the basis of their non-academic (physical, interpersonal, communication, psychological, and emotional) abilities to meet the requirements of the curriculum and to graduate as skilled and effective medical practitioners. The faculty and administration bear significant responsibility in ensuring that the technical standards are maintained by all candidates.

Updated 08-24-2010

Updated 06-15-2015

Updated 12-10-2015

APPENDIX N: INSTRUCTIONS FOR LOGGING INTO *NEW INNOVATIONS*[®]

LOGGING PATIENT ENCOUNTERS

The New Innovations[®] software was purchased by the Office of Curricular Affairs and Media Resources 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.

Medical Students

How to Login; Add Patient Encounters (PEC Data)

1. Go to www.new-innov.com
2. Click **Login** (top right of webpage)

3. Enter your **Institution** – *USC*
4. Enter your **Username & Password** – Refer to handout with assigned username and password.
5. You will be prompted to create a new password.
6. Then **Login**
7. Under **Choose Department** – Select *Medical Students*

8. Click **Continue**

Note: Be sure to add New Innovations to your favorites list by clicking **Add to Favorites**.

Logging Patient Encounters (PEC Data)

1. Go to Logger > Log Books.
2. Click **Add New Entry**.

Log Books

Log Books	
Log Book Name	
Patient Encounters	Add New Entry
Vscans	Add New Entry

3. Complete the Patient Encounter information.
4. Click **Save and Clear** when finished.

Procedure 1	<input type="text"/>
	Remaining Characters: 5000
	Save and Retain Save and Clear Cancel and Return

All 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. Further clerkship specific directions and/or requirements regarding submissions may be provided at the clerkship's orientation.

If you have any questions, please feel free to email **Jennifer Jasso** at Jennifer.Jasso@uscmed.sc.edu or call the Office of Curricular Affairs and Media Resources at 803.216.3610.

APPENDIX O:**School of Medicine University of South Carolina
Student Health Policies Manual
USCSOM Student Health Office**

6311 Garners Ferry Rd
Building 3 Room 309
Columbia, SC 29209
(803) 216-3374 -phone
(803) 216-3381 - fax

William D. Anderson, III M.D. M.H.C.M.

Medical Director USC SOM Employee/Student Health Services
Chief Medical Officer, Palmetto Health - USC Medical Group
Associate Dean for Clinical Affairs, University of South Carolina School of Medicine

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, 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, 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 Prevention of HIV, Hepatitis B, or Hepatitis C Transmission to Patients

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

PREAMBLE:

Because it is possible for a Health Care Worker (HCW) to be infected with the HIV or viral hepatitis 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. A medical student who currently performs or in the future may perform exposure prone procedures and has reason to believe he or she is infected with HIV, hepatitis B, or hepatitis C should determine his/her serostatus or act as if that serostatus is positive, and should inform USC Employee/Student Health so that appropriate duty modifications can be arranged (if necessary).
- B. USC SOM affirms that, apart from any necessary practice modifications, students with HIV, hepatitis B, or hepatitis C infection will not be discriminated against in any way.
- C. USC SOM affirms that the HIV, hepatitis B, and hepatitis C status of infected students will remain confidential, with the exception of notifying those medical professionals who must know the student's status to arrange for needed practice modifications.
- D. Any student who has reason to believe a situation has occurred that places a patient at risk of acquiring blood borne pathogen infection from that student must notify the attending physician and the Employee/Student Health Office immediately and follow the specific procedures described below.
- E. It is vital for all students to follow standard precautions and take all reasonable precautions to avoid exposing themselves, patients, or other health care workers to blood or other body fluids (see description of universal precautions below).

Practice Modifications for Students with HIV, Hepatitis B, or Hepatitis C Infection

Students who know they are infected with HIV, hepatitis B, or hepatitis C should inform the Student/Employee Health Office of their status. In some cases, modifications to clinical practice may be required, depending on the clinical circumstances and the types of medical procedures being performed. Specifically, health care workers who are infected with HIV, hepatitis B, or hepatitis C must notify the Employee/Student Health office and undergo appropriate evaluation before performing exposure prone procedures, which are described by the Centers for Disease Control and Prevention as "major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions). Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include:

- Digital palpation of a needle tip in a body cavity and/or
- The simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic side."

<http://www.cdc.gov/mmwr/pdf/rr/rr6103.pdf>

A more complete list of exposure prone procedures can be seen in the 2010 guidelines from the Society for Healthcare Epidemiology of America:

https://www.shea-online.org/images/guidelines/BBPathogen_GL.pdf

The determination about whether a specific student with HIV, hepatitis B, or hepatitis C infection is permitted to perform exposure prone procedures will be made by a panel of experts in the field, convened by the Medical Director of Employee/Student Health. With the exception of necessary consultation with experts about the necessity of practice modifications, the student's infection status will be kept confidential.

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 it is determined that the patient was in fact exposed to the student's blood, he/she will be informed by an appropriate clinical staff member. 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 Students 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 or C infection, or 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 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, hepatitis C, and human immunodeficiency virus. 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 (www.cdc.gov/niosh/topics/bbp/universal.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. use of barrier protection methods when exposure to blood, body fluids, or mucous membranes is possible.
2. use of gloves for handling blood and body fluids.

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

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 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 eyewear (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.

Post Exposure Evaluation and Follow-Up

Following a report of blood/body fluid exposure incident, the USC School of Medicine shall make immediately available to the exposed student a confidential medical evaluation and follow-up that includes the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

- The source individual's blood shall be tested as soon as feasible in order to determine HBV and HIV infectivity. South Carolina law permits testing of source patients to be performed, even without consent, with proper legal authority.
- Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Procedures to Follow After a Potential BBP Exposure

Exposed students should wash the area thoroughly (soap and water if skin, water if eyes) and notify their supervisor of the incident immediately. If a supervisor is not immediately available, they should contact the Employee Health office without delay.

Any student that experiences an exposure incident will be offered an immediate medical evaluation, post-exposure evaluation and follow-up in accordance with the OSHA standard. Post-exposure follow-up will be provided (or in some cases arranged) by the USC School of Medicine Employee Health Service. Management will include counseling regarding risks, evaluation of the medical risk and of reported illnesses, and treatment and follow-up as indicated.

The USC School of Medicine Employee/Student Health office shall be contacted immediately following an exposure to blood and/or body fluids. The contact numbers for the USC School of Medicine Employee/Student Health office, **in order of preference**, are:

- Kayla Spires, LPN: 803-216-3374, 803-296-6031, or cell 803-707-6707
- William Anderson, MD, M.H.C.M.: 843-714-0023
- Deans office USCSOM, office of clinical affairs: 803-545-5005

The exposed student may or may not need to present in person to the Employee/Student Health office, depending on the nature of the exposure and the availability of the 'source patient' for testing. The student will be instructed by Employee/Student Health staff regarding whether a face to face consultation is necessary. The Employee/Student Health office is located on Campus at USCSOM: 6311 Garners Ferry Rd Building 3 Room 309 Columbia, SC 29209.

Students with exposures occurring after 4:00 p.m., on weekends or holidays, or in a facility other than the USC School of Medicine or Palmetto Health, should immediately report the exposure to the supervisor/charge nurse and follow institutional policies for notifying the appropriate employee health, infection control, or clinical administrator of the facility in which the individual is working. The USC School of Medicine Employee Health office should be notified of the exposure as soon as possible.

For students rotating at the Dorn Department of Veterans Affairs Medical Center (DVAMC) or Florence, specific instructions are:

1. Dorn Department of Veterans Affairs Medical Center (DVAMC):

During working hours, the student should immediately report to the Employee Health Clinic (call ext. 6530, Room 21B104 (Bldg. 103) for evaluation and treatment. After working hours, 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 on the next business day, the student should notify Kayla Spires, LPN the employee health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-296-6031; cell 803-707-6707).

2. McLeod Regional Medical Center, Carolinas Hospital System, or Private Offices

During work hours, the student should report immediately to McLeod Occupational Health office at 843-777-5146. If an exposure occurs after hours or on a weekend, the student should report to the McLeod Emergency Department or McLeod Urgent Care (843-777-6870).

As soon as possible on the next business day, the student should notify Kayla Spires, LPN the student health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-296-6031; cell 803-707-6707).

Regardless of the location of care, medical students should identify themselves **specifically as USC SOM medical students** seeking evaluation and treatment for education-related exposures.

Collection and testing of blood from Source Patients for HCV, HBV and HIV

In order to properly evaluate a student following an exposure to potentially infectious blood or body fluid, testing for blood-borne pathogen infection should be conducted on the “source patient,” assuming the source of the exposure is known. Each clinical department should have a protocol to follow that includes testing of the “source patient” for infection with HIV, hepatitis B, and hepatitis C. The student’s supervisor and/or clinical staff in the department should be able to ensure that the proper tests are ordered without delay. The source patient tests to order are:

- Rapid HIV antibody
- Hepatitis B surface antigen
- Hepatitis C antibody

If there are any questions regarding what tests should be ordered or how to order them, or if the student is unable to find a supervisor or clinical employee who can order the needed tests, he/she should call the USC School of Medicine Employee/Student Health nurse right away at 803-434- 2479 or page her at 803-303-0035. To expedite the process, the student should know the patient’s name and medical record number.

Post-Exposure Collection and testing of blood from Student for HCV, HBV and HIV

Testing the student is not necessary unless the source patient tests positive for a blood-borne infection. If the source patient tests positive for one of the above infections, the exposed employee's blood shall be collected as soon as feasible and tested.

Post-exposure prophylaxis, when medically indicated, will be provided as recommended by the U.S. Public Health Service.

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. Students are required to abide by all isolation/infection control policies of the institution where they are rotating.

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. Students should only use the specific model and size of respirator for which they were fitted. Those who have a beard or did not pass fit testing must use a powered air purifying respirator (PAPR)

rather than an N-95 mask and should familiarize themselves ahead of time with the procedures for obtaining a PAPR if needed, in the institution where they are rotating.

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 unless contraindicated:

- A. **Measles (Rubeola), Mumps, Rubella:** Two doses of MMR vaccine or IgG titers documenting immunity to each. A student is considered exempt from this requirement if he/she was born prior to January 1, 1957.
- B. **Tetanus, Diphtheria, Pertussis:** Each student must have received the Tdap vaccine after age 11. This became available in 2006.
- C. **Tuberculosis (TB):** Documentation of TB testing within three months of matriculation is required. Initial TB testing should be a “two-step” procedure with the two TB test being placed within 7-21 days of each other..
 1. 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.
 2. If the student has tested positive previously, repeat skin testing is not indicated. A chest x-ray done in the USA within the previous two years is required. A copy of the X-ray report along with a completed TB symptom survey (available from Student Health Services) must be provided. Documentation of the previous positive TB test is required.
 3. A history of BCG is not a contra-indication to TB testing.
 4. QuantiFERON gold may be submitted in place of TB testing.
- D. **Varicella:** Documentation of two doses of the Varicella vaccine, at least one month apart, or a copy of a positive Varicella IgG titer.
- E. **Hepatitis B:** Students must have received the full Hepatitis B immunization series prior to beginning classes (3 shots at 0, 1-2, and 6 months). They must also provide documentation of immunity (Hepatitis B surface antibody). 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.)
- F. **Information on allergies or other contraindications** to any of the above immunizations should be provided to the Employee/Student Health Office.
- G. **Influenza:** All students are required to receive an annual influenza vaccine, unless it is medically contraindicated. This can be obtained through Thomson Student Health in the Allergy, Immunization and Travel Clinic, or elsewhere, at the student’s discretion. We request that documentation of influenza vaccination be provided to the School of Medicine’s Employee/Student Health office on a yearly basis.
- H. **Drug Testing:** Please refer to the Student Drug Testing policy located within the student handbook.

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 test 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 and Treatment for Workplace Injuries

All USC SOM medical students are covered by Workers Compensation Insurance through CompEndium 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) 777-5674] 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. These individuals will ensure that the forms are forwarded in a timely fashion to the University Benefits Office.

Students who experience a workplace injury while rotating in Columbia should notify the USC SOM Employee/Student Health Office (803-216-3374). Those rotating in Florence or other locations should obtain initial evaluation in the appropriate Employee/Occupational Health department, or the Emergency Department in the event of an emergency.

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 government regulations and other factors, 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 physicians and five certified nurse practitioners. Clinical services include General Medicine, Women's Care, and Psychiatry. Orthopedics and Sports Medicine clinics are also provided weekly by consultant staff physicians during the fall and spring semesters. TSHC offers on-site lab, x-ray, physical therapy, allergy/immunizations, travel consults and prescription refills. Students can request prescription refills on line at http://sc.edu/about/offices_and_divisions/student_health_services/pharmacy/prescriptions/rx-update-sign-up.php or by calling the automated refill number at 803- 777-4890.
- 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. (students can easily make or cancel appointments on line at <http://www.sa.sc.edu/shs/online.shtml>) Please call 803-777-3175 for General Medicine appointments, 803-777-6816 for Women's Care appointments, and 803- 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 outside the student health center. 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). For information on available health and wellness programs and services or for an appointment, please call 777-8248.

- E. The Sexual Assault and Violence Intervention and Prevention (SAVIP) office provides services, support and advocacy for sexual assault, relationship violence and hate crimes. 24-hour crisis assistance is available through the USC Police Department at (803) 777-4215. The dispatcher will refer you to a Sexual Health & Violence Prevention on-call advocate.
- F. 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 seven psychologists, 3 doctorate interns, one post-doctorate intern, two psychiatrists, and 2 clinical social workers. CHDC is located in the Byrnes Building 7th floor on Sumter Street across from the Horseshoe. All students who have paid the University activity fee are seen at no charge for up to 12 visits. Those who have not paid the University activity fee or have greater than 12 visits are must pay a fee-for-service for counseling, 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 803-777-5223.

II. Florence

McLeod Urgent Care, 3015 West Palmetto Street, will provide health care during their hours of operation:

Open seven days a week

Monday-Friday 8:00am-8:00pm

Saturday & Sunday 9:00am-4:00pm

Students needing health care at other times should report to the McLeod Emergency Department, 555 East Cheves Street.

Counseling services are available at The Counseling Center at Francis Marion University, 301 North, East Palmetto Street.

Pharmacy services are available at McLeod Choice Pharmacy located on the west side of the Concourse adjacent to the McLeod Center for Cancer Treatment, front of hospital Main Tower.

Hours: Monday-Friday 7:00am-8:00pm

Saturday 9:00am-1:00pm

McLeod Health & Fitness, 2437 Willwood Drive, is available to students rotating in Florence. You must present your student ID upon arrival.

APPENDIX P:



**'A PROMISE IN PRACTICE'
SCHOOL OF MEDICINE**

M-III ORIENTATION- Class of 2020***Monday, July 2, 2018***

- 8:00 – 8:30 a.m. ***Report to the Auditorium at Palmetto Health Richland to check-in for the PHR Hospital Orientation***
- 8:30 a.m. - 12:15 p.m. ***PHR Hospital Orientation***
- 12:15 - 1:30 p.m. ***Lunch (Provided by PHR), followed by:
Columbia students- PHR hospital tour (with M-IV students as guides)***
- 2:00- 5:00 p.m. ***IT Training (*all Florence students AND all Columbia Family Medicine, Pediatrics, and Surgery students)***

Tuesday, July 3, 2018

***All Columbia students report to the M-II Classroom on the School of Medicine campus!
Videoconferencing to Florence from 1:00-3:00 p.m.***

- 8:00 - 8:30 a.m. ***CHECK-IN FOR ORIENTATION***
- 8:30 a.m. – 12:00 p.m. ***VA Orientation***
- 12:00 – 1: 00 p.m. ***Lunch (Provided by USC SOM)***
- 1:15 – 1:45 p.m. ***PERSONAL and PROFESSIONAL RESPONSIBILITY
Joshua Thornhill, MD, Associate Dean for Medical Education***
- 1:45- 1:55 p.m. ***STUDENT PROGRAMS and ANNOUNCEMENTS
Jerel Arceneaux, Assistant Director for Student Services***
- 1:55 - 2:15 p.m. ***OFFICE of CURRICULAR AFFAIRS OVERVIEW
Nancy Richeson, MD, Assistant Dean for Clinical Curriculum & Assessment***
- 2:15 - 2:25 p.m. ***POLICY for PREVENTION of TRANSMISSION of HUMAN
IMMUNODEFICIENCY VIRUS (HIV) and HEPATITIS B
Kayla Spires, LPN***
- 2:25-2:40 p.m. ***MEDICAL LIBRARY: ELECTRONIC INFORMATION RESOURCES
Roz McConaughy, Assistant Director for Education & Outreach***
- 2:40-3:00 p.m. ***NEW INNOVATIONS PATIENT ENCOUNTER DATA
Nancy Richeson, MD, Assistant Dean for Clinical Curriculum & Assessment***
- 3:00 - 4:00 p.m. ***PARKING CARDS***

Thursday, July 5, 2018

9:00 a.m. – 12:00 p.m.
rotation students)
1:00 - 4:00 pm
rotation students)

Boot Camp (1/2 of Columbia Medicine, ObGyn, Pediatrics, and Psychiatry

Boot Camp (1/2 of Columbia Medicine, ObGyn, Pediatrics, and Psychiatry

Friday, July 6, 2018

9:00 a.m. – 12:00 p.m.
9:00 a.m. – 12:00 p.m.
8:00 a.m. – 5:00 p.m.

*IT Training (*all Columbia Internal Medicine, ObGyn, and Psychiatry students)*

Boot Camp (all Columbia Family and Surgery students)

*Pediatrics rotation students report for clerkship orientation (off on Monday,
July 9)*

APPENDIX Q:

University of South Carolina School of Medicine Conflict of Interest Policy

The University Of South Carolina School Of Medicine (SOM) recognizes its responsibility to provide leadership and share expertise and knowledge with the private sector, government and society in general. It encourages research, teaching, service, and consulting activities by its faculty that are designed to enhance the participant's competence; contribute to and more widely disseminate the store of human knowledge; promote effective and efficient use of society's resources; and help society define ethical standards.

As an important part of its research, education, and public service missions, the SOM actively participates in, and encourages, faculty interactions with the private and public sector. However, the SOM recognizes that in some circumstances, the mission or values of the SOM and University as well as the professional and ethical conduct of its faculty or staff might be compromised or appear to be compromised.

The SOM has an obligation to see that fair and reasonable standards and procedures covering both internal and outside professional activities are developed, disseminated and implemented. This Conflict of Interest Policy is designed to approach these issues in ways that address both individual and institutional conflicts of interest. This policy becomes effective June 8, 2012. It shall be deemed a “work in progress,” open to improvement as we pursue the goal of achieving the highest quality of teaching, research, service and patient care unfettered by Conflicts of Interest (COI).

A. Scope of Policy

This policy applies to all faculty, staff, trainees and students of the SOM, and to all professionals and staff employed and/or contracted by the SOM, and to all facilities owned or controlled by the SOM, including the Educational Trust and related Practice Plan units.

In all cases where this policy is more restrictive than the University of South Carolina’s conflict of interest policies, this policy shall control. This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical devices (Note 1), and hospital equipment supply industry entities and their representatives as well as other business entities that market or sell research related products, equipment or supplies. Industry also includes those individuals whose purpose is to provide information to clinicians, even though such personnel are not classified in their company as “sales or marketing.”

Note 1: For purposes of this Policy, the definition of “medical devices” will follow the definition and any available guidance related thereto of the Federal Safe Medical Device Act of 1990, as amended, (21 CFR 821.1, <http://www.fda.gov/cdrh/comp/guidance/169.html>).

B. Statement of Policy

It is the policy of the SOM that all clinical, education, and research activities and decision-making be free from influence created by financial relationships with, or gifts provided by, Industry or any other entities that might also engage in creating such influence. The following policy principles should guide all potential relationships or

interactions between SOM personnel and Industry representatives. The specific limitations and guidelines presented are directed to certain specific types of interactions. For other circumstances, SOM personnel should consult in advance with the Deans, their department chair or unit head to obtain further guidance and clarification. Charitable gifts provided by Industry in connection with fundraising done by, or on behalf of, the SOM shall be subject to other policies adopted from time to time by the SOM Office of Development.

C. Specific Activities

1. Purchasing

All purchasing and procurement decisions must be made in a manner consistent with State of South Carolina and SOM purchasing and procurement policies and procedures in order to be compliant with state regulations and to promote the best interests of the University and the SOM.

Any SOM personnel, or their spouses, domestic partners, or dependent children (collectively “related parties”) who have any personal financial interest or indirect financial interest as defined by University policy, in companies, activities, or organizations that might substantially benefit from the purchasing decisions made within the scope of their official duties, must refrain from participating in or influencing these purchasing decisions. This includes those who are involved in institutional decisions concerning the purchase of, or approval of, medications or equipment, or the negotiation of other contractual relationships, whether research, education and/or clinically based with industry or other organizations. Individuals and other related parties as previously defined must not have any financial interest (e.g., equity ownership, compensated positions on advisory boards, members of a speakers’ bureau, a paid consultancy or other forms of compensated relationship) in the vendor or other organization (any non-SOM based group, individual or entity) that might benefit from the institutional decision.

To the extent an individual’s expertise is necessary in evaluating any product, that individual’s financial ties to any manufacturer of that or any related product must be disclosed to those charged with the responsibility for making the decision. The COI must be addressed and resolved. A record of the resolution must be kept in an office designated by the Dean of the SOM (Note 2).

Site visits to observe vendor products and/or services are sometimes an appropriate part of a purchasing decision. When such visits are necessary, they must be approved by the department head and/or the Office of the Dean, as applicable. Vendor offers to pay for site visits cannot be accepted because these offers may be designed to influence a purchasing decision or the institution’s relationship with other vendors; the cost of the trip should be paid with departmental funds.

Individuals must disclose their actual and potential conflicts of interest related to any institutional purchasing deliberations to the SOM and generally may not participate in deliberations in which he or she has an actual or potential conflict of interest. The SOM will decide whether the individual must be excused from the purchasing decision. The SOM will maintain a record of all such decisions and will provide the Dean with that information in an annual report.

This provision is not intended to preclude an individual’s indirect ownership, through mutual funds or other investment vehicles, of equities in publicly traded companies. This does not apply to financial interests in investment funds where the individual does not have separate and direct control over the investment in the company.

Note 2: The Dean of the SOM will issue a set of implementation procedures that will establish the appropriate office, position or personnel to carry out the responsibilities set out in this COI Policy

2. Gifts and Provision of Meals

SOM personnel shall neither accept nor use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift. Such gifts do not improve the quality of patient care, have been shown to subtly influence clinical decisions, and add unnecessary costs to the healthcare system. Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a patient-centered educational and healthcare system. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by the SOM. SOM personnel may not accept meals or other gifts or hospitality funded by Industry, whether on-campus or off-campus. The only exceptions to this general rule are off-campus events that are in full compliance with all the provisions of subsection 7 below (Note 3).

Textbooks and other educational-related materials are often gifted by Industry representatives to clinicians and clinicians in training. When these items display Industry logos, they carry the potential to bias prescribing behaviors and clinical practices. If SOM personnel accept such materials, the logos or any other reference which would identify the source of the gift must be rendered unobservable before distribution or use.

Nothing in this policy is intended to diminish the value of charitable contributions. Industry wishing to make charitable contributions to the SOM may do so by contacting the SOM Office of Development.

Note3: We recognize that medical students receive some clinical or other training off-campus under supervision of volunteer faculty who are not USC employees, and who are not bound by this policy. In those situations, students are expected to excuse themselves from activities that violate the provisions of this document (e.g., free Industry-sponsored lunches).

3. Consulting Relationships

The SOM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, industry, labor, and civic organizations, as well as understands the potential value that can accrue to the faculty members and the University. However, consulting arrangements that simply pay SOM personnel without any associated duties (such as participation on scientific advisory boards that do not regularly meet nor provide scientific advice) shall be considered gifts and are consequently prohibited.

Where SOM personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment commensurate with the tasks assigned. All such arrangements between individuals or units and outside commercial interests must be reviewed and approved in advance of acceptance or execution of the responsibilities by the Dean or the Dean's designated representative. Documentation of such approvals shall be submitted to the designated authority, which shall be responsible for maintaining a record of them.

The SOM reserves the right to require faculty and employees to request changes in the terms of their consulting agreements to bring those consulting agreements into compliance with SOM policies.

4. Drug or Device Samples

Industry's willingness to provide samples of prescription drugs or device products is a marketing practice designed to promote the use of these products and to gain access to prescribers to influence their behavior. While samples

may be used responsibly, they also create regulatory and security concerns, pose potential safety risks for patients, and encourage the prescribing of new, high cost medications whose safety and efficacy may not be different from existing treatments.

To ensure that clinical decision making is free from interference and that clinical staffs are not targets of commercial inducements, SOM policy requires that samples of prescription drugs or device products provided by manufacturers be stocked in a common institutional pharmacy or other dispensary separated from sites in which patient healthcare services are provided. The specific procedures by which samples are handled will be determined by the Clinical Advisory Committee in consultation with the Dean and such other personnel the Dean determines should participate.

Records of all such actions shall be maintained by the healthcare provider authorizing the distribution of the sample, by the dispensing unit and a report of each shall be provided annually to the SOM Dean.

5. Site Access

Interaction with representatives of Industry is appropriate for the exchange of scientifically valid information and other data, or when it is designed to enhance continuity of care for specific patients or patient populations, as well as for training intended to advance healthcare and scientific investigation (Note 4). However as an educational and charitable institution with responsibility to advance the public interest, the SOM should not allow use of its facilities or other resources for marketing activities by Industry. The SOM always reserves the right to prohibit Industry representatives from having access to its facilities and to limit the activities of Industry representatives to ensure consistency with the University's non-profit mission. To balance these interests, the USCSOM will develop a registry to assist in the management of site access by Industry representatives for appropriate purposes.

Sales or marketing representatives of Industry may access SOM facilities only: (A) if the company with which they are associated has registered with the SOM or (B) where Industry representatives seek access to the SOM, and they have been specifically invited to meet with an individual healthcare provider or a group of healthcare providers for an authorized purpose. Individual physicians or groups of physicians or other healthcare professionals may request a presentation by, or other information from, a particular company through the SOM designated authority, though these presentations or information exchange should take place in areas not involved in patient care, the conduct of research, or clinician training. (Note 5) The SOM will maintain the names of registered Industry companies and representatives and provide them to the Dean on an annual basis or upon request.

Representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or any other areas of the SOM. Representatives are not allowed to be present during any patient care interaction unless there has been prior disclosure to, and consent by, the patient, and then only to provide in-service training or assistance on devices and equipment.

All Industry personnel seeking sales or vendor relationships must work directly with the SOM designated authority when seeking access to any SOM facility or area.

While in SOM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by the SOM COI Policy Implementation Procedures. All Industry representatives with access to SOM clinical facilities and personnel must also comply with University of South Carolina institutional ethical standards, organizational policies and procedures.

On-campus vendor fairs intended to showcase Industry products may be permitted if approved by the SOM designated authority, but only in campus areas in which no clinical care is delivered, no clinician training occurs, and in which no research is conducted. Such events must comply with all other provisions of this policy. Vendors are not permitted to distribute samples, raffle tickets, or any other gifts to attendees.

Note 4: Training by Industry representatives on safe use of a regulated device may be permitted, provided that the registration and other procedures of this section are followed.

Note 5: In certain cases, training on vendors' equipment may be most desirable in a training setting. Such exceptions to the policy require prior approval of the Department Chair and must be reported to the Dean's designated representative.

6. Support of Line Long Learning in the Health Sciences

Accredited continuing medical education (CME) provides healthcare practitioners with critical educational support across the full range of competencies needed to ensure quality care (Note 6). In order to ensure that the potential for Industry bias is minimized and that CME programs are prevented from serving as a guise for marketing, all CME events must be hosted or sponsored by the USCSOM-PHR CME Organization and must comply with all ACCME accreditation standards as well as other similarly rigorous, applicable standards required by other health professions that are relevant to CME activities. All such agreements for Industry support must be negotiated through and executed by the Office of Continuous Professional Development and Strategic Affairs (OCPDSA), and must comply with all OCPDSA policies for such agreements.

Industry funding for such programming should be used to improve the quality of the education intervention provided and should not be used to support hospitality, such as meals, social activities, except at a modest level. Industry funding may not be accepted solely for social events; nor may it be accepted for activities focused on promotion. Industry funding may not be accepted to support the costs of department, faculty, student or staff meetings or retreats (either on- or off-campus). SOM facilities (clinical or non-clinical) may not be rented by, or used for, Industry funded and/or directed programs, unless there is a Letter of Agreement for Industry support that complies with the policies of the OCPDSA. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

Note6: The specific competencies are Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Systems Based Practice; Professionalism; and Interpersonal Skills and Communication.

7. Industry Sponsored Meetings or Industry Support for Off-Campus Meetings

SOM personnel may participate in or attend Industry-sponsored meetings or other off-campus meetings where Industry support is provided so long as: (A) the activity is designed to enhance the quality of clinical care and/or advance scientific research; (B) the financial support of Industry is prominently disclosed; (C) Industry does not pay attendees' travel or attendance expenses; (D) attendees do not receive gifts or other compensation for attendance; (E) meals provided are modest and consistent with the educational or scientific purpose of the event.

In addition, if a SOM representative is participating as a speaker: (A) all lecture content must be determined by that SOM speaker; (B) the content must reflect a balanced and, to the extent possible, evidence-based assessment of current science and of treatment options; (C) the speaker must also make clear that the views expressed are solely the professional views of the speaker; and (D) compensation is reasonable and limited to reimbursement of travel expenses and a modest honorarium.

For travel or other expenses directly related to a clinical or basic research project, the contractual agreement for that research project, duly executed with approval from the SOM, shall determine the terms of funding.

8. Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees

The SOM, through its Office of Development, may accept Industry support for student scholarships or discretionary funds to support travel or non-research funding support, provided that all of the following conditions are met: (A.1). Industry support for scholarships must comply with all University requirements for such funds, including the execution of an approved gift agreement among the University, donor and USC Educational Foundation. (A.2) Funds will be received, held and managed by the Foundation, and maintained in an appropriate restricted Foundation account. (A.3) Selection of recipients of scholarships will be at the sole discretion of the SOM Scholarship and Loan Committee, based on written eligibility and selection criteria. Written documentation of the selection process will be maintained by the Office of Student and Career Services. (A.4) Fellowship selections will be at the sole discretion of the department where the fellowship is assigned based upon written eligibility and selection criteria. Written documentation of the selection process will also be maintained by the department.

B. Industry support for other student, resident or trainee activities, including lodging, meals and travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a SOM common pool of discretionary funds, which shall be maintained under the direction of the dean or department chair (as specified in the memorandum of understanding or agreement). Industry may not earmark contributions to fund specific recipients, activities or to support specific expenses. Departments may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or others to attend conferences or training that have legitimate educational merit. Attendees will be selected by the department chairman, based upon merit and/or financial need, with documentation of the selection process provided with the request. Approval of particular requests shall be at the discretion of the dean.

9. Frequent Speaker Arrangements (Speakers Bureaus) and Ghostwriting

Speakers Bureaus sponsored by Industry serve as promotional activity and are an extension of the marketing department of the companies that support the programming. Before committing to being a speaker at an Industry-sponsored event, careful consideration must be given to determine whether the event meets the criteria set forth in Section 7 of this policy, relating to Industry Sponsored Meetings. SOM personnel may not participate in, or receive compensation for talks given through a speakers bureau or similar frequent speaker arrangements if: (A) the events do not meet all the criteria of Section 7 **or** (B) the content of the presentation is not based on the best available scientific evidence.

Speaking agreements with company or company event planners are subject to review and must have received prior approval of the participant's Dean and/or other designated authorities as stipulated in the COI Policy Implementation Procedures. Such agreements are subject to review by the SOM's legal counsel.

Under no circumstances may SOM personnel be listed as authors or co-authors on manuscripts wholly or partially ghostwritten or whose content has been altered by Industry representatives. In addition, SOM personnel are always responsible for the entire content of any authored or co-authored papers they circulate or publish or talks that they present, including the content of slides or other materials or handouts.

10. Other Industry Support for Research

The University has established policies and procedures to permit Industry support of basic and clinical research in a manner consistent with the educational and non-profit mission of the University. True philanthropic gifts from Industry may be accepted through the SOM Office of Development

In accordance with University policy, all SOM employees involved in sponsored research activities are required to disclose in writing any significant financial interests on the part of the principal investigator, co-investigator, or any other person, (e.g., post-doctoral fellow) responsible for the design, conduct or reporting of research or scholarly activities which are funded or proposed for funding by an external sponsor. This is done to ensure the integrity and objectivity of research and other scholarly activities. If at any time there is a change in the facts reported in the initial disclosure the form must be updated.

Upon disclosure of a significant financial interest, the employee's COI shall be subject to the COI resolution process as designated in relevant University policies. . Alternatives for resolution of conflicts of interest may include: public disclosure, monitoring, modification of the research plan, disqualification of the researcher from participation, and divestiture of any financial interest. Failing to comply with this policy could include disciplinary action. Additionally, if any federal funds are involved, federal regulations may apply which carry penalties including financial penalties, a ban of the investigator from applying for future grants and significant penalties against USC.

D. Reporting and Enforcement

SOM personnel shall report their outside relationships with Industry at least annually and more often as needed to disclose new relationships. Alleged or suspected violations of this policy within the SOM shall be referred to the Dean, department chair or immediate supervisor, who shall determine what actions, if any, shall be taken. Violations of this policy by SOM personnel may result in actions ranging from counseling to termination for cause.

Any disciplinary action taken hereunder shall follow the established procedures of the University.

Industry representatives who violate this policy may be subject to penalties outlined below, as well as other actions or sanctions imposed at the discretion of the Dean of the SOM or imposed due to other applicable University policies. Such penalties may include, but shall not be limited to, verbal and written warnings to the representative, notification to the district manager or representative's supervisor, or suspension from the SOM of that representative and all other sales/marketing representatives from that company.

Representatives found trespassing as defined in this policy will be escorted from the premises and their companies notified as appropriate.

E. Definitions:

1. "University" means the University of South Carolina as an entity and acting through its authorized agents.
2. "School of Medicine" (SOM) personnel means all faculty, staff, students, trainees, Fellows, including the Educational Trust and related Practice Plan units as well as any other persons who are employed by the SOM, whether full or part time, regardless of their geographic location or work situation.
3. "Faculty" includes all administrators holding academic appointments and all professors, associate professors, assistant professors, full-time academic instructors and full-time lecturers who are not

degree candidates at the University of South Carolina. The definition includes faculty holding clinical and research appointments as well.

4. "Industry" means pharmaceutical companies; biotechnology companies; medical device companies; and hospital equipment and supplies companies, as well as the representatives of any of these companies. In addition, it includes other business entities that market or sell research related products, equipment or supplies.
5. "Significant financial interest" means anything of monetary value including salary, equity interest, (e.g., stock or stock options) and intellectual property rights (e.g., patents or copyrights).
6. "Modest meal" means the value is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service.

Adopted by the USC School of Medicine Executive Committee, February 1, 2011

Reviewed by the USC Conflict of Interest Committee and forwarded to the Provost, April 23, 2012

Approved by the Senior Vice Provost and director of Strategic Planning, June 8, 2012