



UNIVERSITY OF
SOUTH CAROLINA
School of Medicine

Student Handbook To Clinical Rotations 2023-2024

(June 2023)

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 USC SOM third and fourth year students. Changes may be made periodically, based on the dynamic nature of both medical education and health care. Please note that further explanation of some policies may be found in the [Policies for Curriculum Administration](#) (on the SOM website).

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INTRODUCTION

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

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

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

The student should recognize the following general principles:

1. USC SOM students are responsible to the clerkship director and the department chair of their respective rotations.
2. Students are expected to comply with all established policies and procedures of each affiliated institution.
3. Evaluation of personal and professional conduct, clinical skills, attitudes, behaviors, and knowledge factors are included in the grading procedures of each clerkship. The “Policy on Evaluation of Personal and Professional Conduct” is presented in this handbook
4. Students are responsible for both didactic and experiential aspects of the learning process.

M-III Clerkships Contact Information

Family Medicine

Columbia		Florence
Chair:	Jamee Steen, M.D.	
Email:	jamee.steen@prismahealth.org	
Academic Vice Chair:	Chuck Carter, M.D.	
Email:	Chuck.carter@prismahealth.org	
Director:	Andrew Vaughan, M.D.	Frank Moskos, M.D.
Email:	andrew.vaughan@uscmed.sc.edu	frank.moskos@mcleodhealth.org
Assistant Clerkship Director:		
Email:		
Coordinator:	Rajita Chauhan	Amy Morgan
Email:	rajita.chauhan@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	

Internal Medicine

Columbia		Florence
Chair:	Sharon Weissman, M.D.	843.992.1140
Email:	Sharon.weissman@uscmed.sc.edu	
Director:Co-Director:	Andrew Sides, MD.	Paul Demarco, M.D.
Email:	andrew.sides@uscmed.sc.edu	pdemarco@fmarion.edu
M4 Director:Co-Director:	Sean Battle, M.D.	
Email:	Sean.battle@uscmed.sc.edu	
Coordinator:	Faith Anderson	Amy Morgan
Email:	faith.anderson@uscmed.sc.edu	Amy.morgan@uscmed.sc.edu
Address:	Dept. of Medicine 2 MP, Suite 402 Columbia, SC 29203	
Phone:	803.545.53176	
Fax:	803.540.1050	

Columbia **Neurology**

Director: Souvik Sen,
 MD

Email: Souvik.sen@uscmed.sc.edu

Coordinator: Bacara Duckett

Email: Bacara.Duckett@uscmed.sc.edu

Address: Dept. of Neurology
 Medical Park, Suite 420
 Columbia, SC 29203

Phone: 803.545.6054

Amy Morgan

Amy.Morgan@uscmed.sc.edu

Fax: 803.545.6064

OB/GYN

Columbia

Florence

Chair: Berry Campbell, M.D.
Email: berry.campbell@uscmed.sc.edu
Director: Kate Fisher, M.D.
Email: katelyn.fisher@prismahealth.org
Coordinator: Helen Mowery
Email: helen.mowery@uscmed.sc.edu
Address: Dept. of
OB/GYN
2 MP, Suite 208
Columbia, SC 29203
Phone: 803.545.5703 Fax: 803.434.4699

Eric Coughlin, M.D.
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Amy Morgan

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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.
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

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Amy Morgan
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McLeod Pediatric Associates-
West
3013 W. Palmetto St, Suite A
Florence, SC 29501
843.665.3156 Fax: 843.665.3149

Psychiatry

Columbia

Florence

Chair: Meera Narasimhan, M.D.
Email: Meera.narasimhan@uscmed.sc.edu
Director: Kaustubh Joshi, M.D.
kaustubh.joshi@uscmed.sc.edu
Coordinator: Felicia Hunter
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Address: Dept. of Neuropsychiatry
CEB (15 MP), Suite 141
Columbia, SC 29203

Phone: 803.434.4240 Fax: 803.434.4277

Nik Modi, M.D.
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Amy Morgan
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Surgery

Columbia

Florence

Chair: Amy Hildreth, MD
Email: Amy.hildreth@prismahealth.org
Director: Phillip Prest, D.O.
Email: phillip.prest@prismahealth.org
Coordinator: Natalie Hawkins
Email: natalie.hawkins@prismahealth.org
Address: Dept. of Surgery
2 MP, Suite 306
Columbia, SC 29203

Phone: 803.434.2769 Fax: 803.434.6104

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M-IV Acting Internships Contact Information

Internal Medicine/ MICU

Columbia

Chair: Sharon Weissman, M.D.
Email: sharon.weissman@uscmed.sc.edu
Director: Sean Battle, M.D.
Email: Sean.battle@uscmed.sc.edu
Co-Director: Andrew Sides
Email: andrew.sides@uscmed.sc.edu
Coordinator: Faith Anderson
Email: faith.anderson@uscmed.sc.edu
Address: Dept. of Medicine
2 MP, Suite 402
Columbia, SC 29203
Phone: 803.540.5316 Fax: 803.540.1050

OB/GYN

Columbia

Chair: Berry Campbell, M.D.
Email: berry.campbell@uscmed.sc.edu
Director: Kerry Sims, M.D.
Email: kerry.sims@prismahealth.org
Coordinator: Helen Mowery
Email: Helen.mowery@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
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Psychiatry

Columbia

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Director/ AI
Co-Director:
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AI Attending
Co-Director: Dr. Jimmy Pacheco
Email: Jimmy.pacheco@scdmh.org
Coordinator: Sherina Maye
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CEB (15 MP), Suite 141
Columbia, SC 29203
Phone: 803.434.4240 Fax: 803.434.4277

Surgery

Columbia

Chair: Amy Hildreth, M.D.
Email: Amy.Hildreth@prismahealth.org
Director: Phillip Prest, D.O.
Email: Phillip.Prest@prismahealth.org
Coordinator: Natalie Hawkins
Email: Natalie.Hawkins@prismahealth.org
Address: Dept. of Surgery
2 MP, Suite 306
Columbia, SC 29203
Phone: 803-545-5824

STICU

Columbia

Chair: Amy Hildreth, MD
Email: Amy.Hildreth@prismahealth.org
Director: Christopher Watson, M.D.
Email: Christopher.watson@prismahealth.org
Coordinator: Natalie Hawkins
Email: Natalie.hawkins@prismahealth.org
Address: Dept. of Surgery
2 MP, Suite 306
Columbia, SC 29203

Additional Contact Information – Clerkship Administration

Columbia

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Florence

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

M3 and M4 2023-2024 Academic Calendar

M-III

2023

M-III Orientation..... June 26 – June 30

Fall Semester

Internal Medicine/Neurology Block 1 twelve weeks July 3 - September 22

Internal Medicine/Neurology Block 2 twelve weeks September 25 – December 15

OB/Gynecology or Psychiatry Block 1 six weeks July 3 – August 11

OB/Gynecology or Psychiatry Block 2 six weeks August 14 – September 22

OB/Gynecology or Psychiatry Block 3 six weeks September 25 – November 3

OB/Gynecology or Psychiatry Block 4 six weeks November 6 – December 15

Surgery/Family (E)/Pediatrics Block 1 eight weeks July 3 – August 25

Family Medicine: July 3 – August 12..... Two 1 week electives: August 14 & August 21

Surgery/Family (E)/Pediatrics Block 2 eight weeks..... August 28 – October 20

Family Medicine: August 28 – October 6 Two 1 week electives: October 9 & October 16

Surgery/Family (E)/Pediatrics Block 3 eight weeks October 23 – December 15

Family Medicine: October 23 – December 1 Two 1 week electives: December 4 & December 11

Thanksgiving Day November 23

Winter Break December 18, 2023 – January 1, 2024

2024

Makeup day for M-III subject exams (if needed)..... January 5 (Fall Semester Blocks)

Spring Semester

Internal Medicine/Neurology Block 1 twelve weeks January 2 (Tu) – March 22

Internal Medicine/Neurology Block 2 twelve weeks April 1 – June 21

OB/Gynecology or Psychiatry Block 1 six weeks January 2 (Tu) – February 9

OB/Gynecology or Psychiatry Block 2 six weeks February 12 – March 22

OB/Gynecology or Psychiatry Block 3 six weeks April 1 – May 10

OB/Gynecology or Psychiatry Block 4 six weeks May 13 – June 21

Surgery/Family (E)/Pediatrics Block 1 eight weeks January 2 (Tu) – February 23

Two 1 week electives: January 2 (Tu) & January 8..... Family Medicine: January 16 (Tu) - February 23

Surgery/Family (E)/Pediatrics Block 2 eight weeks March 4 – April 26

Two 1 week electives: March 6 & March 13 Family Medicine: March 18 – April 26

Surgery/Family (E)/Pediatrics Block 3 eight weeks April 29 – June 21

Two 1 week electives: April 30 & May 7 Family Medicine: May 13 – June 21

Martin Luther King Jr. Service Day..... January 15

Intersession 1 (*students finishing Surgery, Pediatrics, & Family Medicine*) February 26 – March 1

Intersession 2 (*students finishing Internal Medicine/Neuro, OB/GYN, & Psychiatry*) March 25 – March 29

Makeup day for M-III subject exams (if needed)..... July 5 (Spring Semester Blocks)

MIV

2023

Rotation 1 July 3 – July 28
Rotation 2 July 31 – August 25
Rotation 3 August 28 – September 22
Rotation 4 September 25 – October 20
Rotation 5 October 23 – November 17
Rotation 6 November 20 – December 15
Thanksgiving Day November 23
Deadline for Taking the Step 2 CK Examination December 15

Winter Break December 18, 2023– January 1, 2024

2024

Rotation 7 January 2 (Tu) – January 26
Martin Luther King Jr. Service Day January 15
Rotation 8 January 29 – February 23
Rotation 9 February 26 – March 22
Match Day March 15
Rotation 10 (Capstone) March 25 – April 19
Commencement May 3

2023-2024 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 9:00 am in the computer testing lab of the Health Science Building.

Academic Year 2023-2024 M3 NBME Exam Schedule

DATE (all testing dates are Fridays)	TIME	CLERKSHIP EXAMS	PROCTORING DEPARTMENTS
July 7, 2022	8:00 – 11:00 AM	Remediated exams from Spring 2023	
August 11, 2023	1:00 – 4:00 PM	Family Medicine OB/Gyn Psychiatry	
August 25, 2023	1:00 – 4:00 PM	Pediatrics Surgery	
September 22, 2023	1:00 – 4:00 PM	Internal Medicine OB/Gyn Psychiatry	
October 6, 2023	1:00 – 4:00 PM	Family Medicine	
October 20, 2023	1:00 – 4:00 PM	Pediatrics Surgery	
November 3, 2023	1:00 – 4:00 PM	OB/Gyn Psychiatry	
December 1, 2023	1:00 – 4:00 PM	Family Medicine	
December 15, 2023	9:00 AM – 12:00 PM	Internal Medicine OB/Gyn Psychiatry	
December 15, 2023	1:00 – 4:00 PM	Pediatrics Surgery	
January 5, 2024	1:00 – 4:00 PM	Remediated exams from Fall 2020	
February 9, 2024	1:00 – 4:00 PM	OB/Gyn Psychiatry	
February 23, 2024	1:00 – 4:00 PM	Family Medicine Pediatrics Surgery	
March 22, 2024	1:00 – 4:00 PM	Internal Medicine OB/Gyn Psychiatry	
April 26, 2024	1:00 – 4:00 PM	Family Medicine Pediatrics Surgery	

May 10, 2024	1:00 – 4:00 PM	OB/Gyn Psychiatry	
June 21, 2024	9:00 AM – 12:00 PM	Internal Medicine OB/Gyn Psychiatry	
June 21, 2024	1:00 – 4:00 PM	Family Medicine Pediatrics Surgery	
July 12, 2024	1:00 – 4:00 PM	Remediated exams from Spring 2024	

Definitions

Attending Physician

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

Consulting Physician

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

House Staff

The residents and fellows in a hospital.

Fellow

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

Resident

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

Call

Duty hours beyond the normal work day, when medical students are required to be immediately available in the assigned institution.

After hours or evening call

Call taken until designated time (e.g., "9:00 pm")

Home or "pager" call

Call taken from home or elsewhere outside the hospital; student may be required to return to the hospital during the designated call period

Overnight call

Call requiring the student to spend the entire night in the hospital yet still engage in patient care activities the day before and the day after the call night, but within the duty hours policy guidelines

Night float or night call

Call beginning at a designated evening hour and ending at a designated morning hour, with no patient care activities scheduled during the day before and the day after the call period

Rounds

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

Attending Rounds

Team rounds with attending physician to discuss patient management on the service.

Teaching Rounds

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

Work Rounds

Team rounds under the direction of a senior resident to carry out the "work" of the team in regard to patient care.

University of South Carolina School of Medicine 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 Life 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.

Note 6: 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

**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

The “Ideal” Graduate of the USC School of Medicine Columbia

Our learners will be competent and caring professionals who are...

- ❖ **Lifelong learners**
- ❖ **Technologically facile**
- ❖ **Innovative, forward thinking, pioneers**
- ❖ **Open-minded, adaptable communicators**
- ❖ **Collaborative**
- ❖ **Community minded (locally and globally)**

... so that our graduates will be sought after for their excellence.

The University of South Carolina School of Medicine Columbia utilizes the overall program objectives to optimize the personal and professional development of our medical students as they develop their professional identity as future physicians. We see the program objectives as a framing for assessment and a tool for students to develop ownership of their learning and confidence in professional activities.

University of South Carolina Program Objectives

Graduates from the University of South Carolina School of Medicine Columbia meet the following core competencies.

1. Diversity, Equity, and Inclusion

Primary Objective: Demonstrate awareness & commitment to ensuring equitable access to high-quality care for patients, fostering a diverse and inclusive workplace for colleagues, and cultivating and sustaining

relationships with suppliers and community partners to enhance a physician's understanding of the communities they serve.	
Competencies	
	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in age, culture, disabilities, gender, race, religion, and sexual orientation.
	Show evidence of self-reflection on how personal identities, implicit & explicit biases, and lived experience may influence one's perspectives, clinical decision-making, and practice.
	Practice cultural humility and, when appropriate, provide culturally relevant recommendations and care to patients.
	Explain the role of the health care system in identifying and meeting the needs of the local community (e.g., the role of the community health needs assessment or the community health improvement plan).
	Differentiate between inclusive and exclusive policies and practices within local health care systems to help ensure people from a variety of backgrounds and abilities have equitable access to services and resources.

2. Interpersonal and Communication Skills

Primary Objective: Demonstrate verbal and nonverbal communication skills that promote effective exchange of information and collaboration with patients, their families, and other healthcare professionals.

Competencies	
	Demonstrate effective communication verbally, technologically, and in writing with patients, their caretakers, colleagues, and others to exchange information for academic and clinical responsibilities.
	Recognize barriers to effective communication and implement strategies to build rapport and employ active listening to overcome these barriers (e.g. – limited health literacy or utility with English language, vision or hearing impairment, other disability, or special patient characteristics such as pediatric or geriatric patients).
	Provide clear, concise, oral presentation and written documentation of a history and physical exam, with basic elements of assessment and plan, that addresses the psychosocial and biomedical needs of a patient for a focused and complete patient encounter. (EPA 5, 6)
	Present written and oral clinical and scientific data, analyses, and results clearly and concisely for the purpose of knowledge sharing with professional colleagues.
	Demonstrate sensitivity, honesty, and compassion in difficult conversations.

3. Medical Knowledge

Primary Objective: Master a foundation of scientific and clinical knowledge and apply that knowledge to clinical practice.

Competencies

	Demonstrate knowledge of clinically relevant normal and abnormal structure and function of the human body and its component organ systems at the macroscopic, microscopic, and molecular levels.
	Identify the pathology and pathophysiology of acute and chronic diseases and correlate them with clinical signs and symptoms.
	Apply preventive medicine and currently available evidence-based guidelines for health promotion and disease screening.
	Across the lifespan, differentiate between typical and atypical development and age-related changes.
	Demonstrate comprehension of risks and benefits of clinical interventions and agents, including but not limited to pharmaceutical, surgical, genetic, complementary, nutritional, and rehabilitative therapies.

4. Patient Care

Primary Objective: Provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health problems.

Competencies

	Obtain other pertinent and accurate information about patients and their conditions through thorough history-taking, physical examination, laboratory data, imaging, and other tests.
	Identify patient health issues and formulate differential diagnoses from evidence gathered, including current literature and recommended practice.
	Incorporate individual patients' or designated decisionmakers' perspectives into plans for diagnosis and treatment to provide patient-centered care.
	Prioritize responsibilities to provide care that is safe, timely, effective, and efficient.

5. Practice-Based Learning and Improvement

Primary Objective: Investigate and evaluate the care of patients, appraise, and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

Competencies

	Seek out and incorporate feedback into personal and professional development.
	Engage in continuous self-assessment to identify deficiencies in core professional attributes, knowledge, or skills.
	Perform learning activities to address gaps in competence.

6. Professionalism

Primary Objective: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	
Competencies	
	Demonstrate a commitment to ethical principles regarding care and practice, including adherence to patient confidentiality and autonomy. (EPA 11)
	Demonstrate integrity, respect, and timeliness in professional interactions in clinical and learner settings.
	Identify threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for medical practice.
	Exhibit an ethical and professional standard worthy of a future physician when using social media and other forms of technology in one's personal and professional life.

7. Systems Based Practice

Primary Objective: **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.**

Competencies	
	Work effectively in various health care delivery settings, systems, and teams.
	Coordinate patient care within the health care system.
	Incorporate considerations of cost awareness and risk/benefit analysis in patient care.
	Identify opportunities to advocate for quality patient care and optimal patient care systems.
	Work in interprofessional teams to enhance patient safety and quality of patient care. (A 9)
	Participate in system improvement (i.e., identifying errors, assessing causes, and implementing solutions).

Physician Competencies

1. **Patient Care** – ability to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
2. **Medical Knowledge** – demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to the patient
3. **Practice Based Learning and Improvement** – investigate and evaluate the care of patients, appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

4. **Systems Based Practice** – demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optional health care
5. **Professionalism** – demonstrate a commitment to carry out professional responsibilities and an adherence to ethical principles
6. **Interpersonal Skills and Communication** – possess skills that are effective in the exchange of information and collaboration with patients, their families, and health professionals

Educational Objectives and Competencies for Graduates

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

1. Knowledge:
 - a. knowledge of the normal structure and function of the body and its major organ systems; Medical Knowledge, Patient Care
 - b. knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis; Medical Knowledge, Patient Care
 - c. knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, psychosocial, and traumatic) of maladies and of the pathogenesis of maladies; Medical Knowledge, Patient Care
 - d. knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems seen in various diseases and conditions; Medical Knowledge, Patient Care
 - e. knowledge of the frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies; Medical Knowledge, Patient Care
 - f. knowledge of the important non-biological determinants of health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies; Medical Knowledge, Patient Care, Systems Based Practice
 - g. knowledge of the epidemiology of common maladies within a defined population and systematic approaches to reduce the incidence and prevalence of those maladies; Medical Knowledge, Patient Care, Systems Based Practice

- h. knowledge of various approaches to, and implications of, the organization, financing, and delivery of health care; Patient Care, Systems Based Practice
- i. knowledge of the theories and principles that govern ethical decision-making and of the major ethical dilemmas encountered in medical practice, particularly at the beginning and end of life and resulting from the rapid expansion of knowledge in genetics; 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

Approved: Curriculum Committee (Updated Fall 2013)

Student Responsibilities

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.

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.

II. 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.

III. 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 of 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.

IV. 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.

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

- *Dress and Personal Appearance*

At all affiliated hospitals, medical students are expected to exhibit professionalism in attitudes and behavior in their interactions with patients, staff, peers and teachers. Professionalism in dress and personal appearance is part of this behavior and connotes respect for those with whom the student may come in contact.

In accordance with USC SOM directive, medical students are expected to wear short white coats. Students should clearly display their USC SOM name badge and the hospital ID tag, and they should carry their USC ID card. The ID tag will include the student's name and status. Additional identification may be required by the facility in which the medical student is rotating. When talking with patients, the student should clearly indicate his/her student status in the introduction: "I am the medical student working with Dr. and/or the team involved in your care."

Clerkship specific information about appropriate attire should be addressed at the clerkship's orientation. Some general guidelines regarding attire and personal appearance, adapted from the dress codes of the three teaching hospitals, are as follows:

- All clothing should be business-like, clean, and neatly pressed.
- For both male and female students, modesty in attire is expected. Appropriate undergarment should be worn, and clothes that inappropriately expose body parts (e.g., midriff portions) or underclothing should not be worn. Skirt length should be no shorter than 2 inches above the knee.
- Jeans, tee shirts, headwear, and exercise clothing are considered inappropriate attire.
- Footwear should be conducive to health and safety, and thus open-toed or excessively high-heeled shoes should not be worn in the hospital or other patient care areas. Shoes should be clean and polished. Hosiery or socks should be worn, as appropriate.
- Likewise, jewelry and clothing should be conducive to health and safety. For example, dangling earrings and necklaces or clothing that drags the floor might be considered hazardous.
- Clothing and jewelry that display profanity, suggestive phrases, advertisements, or other inappropriate phrases or symbols should be avoided.
- Any visible piercing should be limited to the earlobes.
- Any visible tattoos must be covered.
- Students are cautioned not to wear "scrub attire" outside of an operating room or procedure room area unless authorized by the clerkship director. Those items of clothing are generally the property of the clinical facility and must not be removed from the grounds of the institution.
- Fingernails should not be excessively long (less than ¼ inch), and artificial nails and extenders are prohibited in clinical areas.
- The length, cleanliness, color and styling of hair (including facial hair) should conform to generally accepted professional standards. When involved in direct patient care, it is recommended that hair should be worn off the shoulders, pulled back from the face, and secured.
- Make-up should be worn conservatively.
- Good judgement regarding visible tattoos should be used.
- Fragrances, such as perfumes, colognes, and aftershaves, should not be worn while on duty as they may cause potentially harmful allergic reactions in patients or co-workers.

Hospital-specific policies for [Prisma Health Richland, Dorn Veterans Hospital](#) and [McLeod Medical Center](#) regarding dress and personal appearance are included as appendices and should be reviewed before participating in

clinical activities in these institutions. Please note that there will be no discrimination as to ethnic, religious, or cultural preference.

- ***Chaperone Policy***

The presence of a chaperone during a physical examination not only protects the patient but the provider as well. All students are required to have a chaperone during sensitive examinations, but consideration should be given to having a chaperone during other encounters as well. The information below is derived primarily from a report by the Council on Ethical and Judicial Affairs (CEJA Report 10-A98) of the American Medical Association (AMA) and can be used as an aid on professional behavior during physical examinations.

To evaluate the need for a chaperone, weigh the following considerations:

- The perceived intimate nature of the exam
 - “a sense of invasiveness towards different features of the physical exam can vary among individual patients. There is a general consensus that an examination of reproductive organs (i.e., a pelvic, testicular, or breast exam) or an examination of the rectum heightens the importance of a chaperone.” However, with some religions or cultures, it is important to remember that other issues should be taken into consideration.
- The nature of the physician/patient relationship
 - “for a new visit or first-time examination, patients should be apprised of the availability of chaperones. Custom has dictated that chaperones are most commonly offered to patients of the opposite sex, and more frequently to female patients of male physicians. Whatever the social custom, it is important that patients from all demographic categories feel comfortable requesting a chaperone.” It is recommended that all patients should at least be offered a chaperone.
- The preferred type of chaperone
 - “whenever possible, authorized health professionals should serve as chaperones rather than office clerks or family members. Unless specifically requested by the patient, family members should not be used as chaperones. Health professionals are held to standards for safeguarding patient privacy and confidentiality. Furthermore, their status affirms the formal nature of the examination.”
- If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should also be arranged. The physician should keep inquiries and history taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

Special mention should be made of the pediatric population. The physical examination of an infant, toddler, or child should always be performed in the presence of a parent or guardian. If a parent or guardian is unavailable or the parent’s presence will interfere with the physical examination, such as in a possible case of abuse or parental mental health issues, a chaperone should be present during the physical examination. The above requirement for a chaperone to be present for intimate examinations holds for the adolescent patient population as it does for the adult patient population. (Reference: 2011 American Academy of Pediatrics Policy Statement “Use of Chaperones during the Physical Examination of the Pediatric Patient”).

- ***Confidential Material and Release of Information***

The following information pertains to all affiliated hospitals:

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

Special care should be taken in discussing patients (with or without identification of the patient) in public areas (elevators, hallways, cafeterias, canteens, etc.) since patients, friends and families may overhear. Such discussions may result in disclosure of privileged information or may produce unnecessary anxiety on the part of the patient, family or friends. During formal case presentations (e.g. teaching conferences and grand rounds), the patient should be identified only by initials. Students will not photograph or create any identifiable likeness of a patient without the specific permission of the institution and written permission of the patient involved. Students should also take care to not electronically transmit identifiable patient information or to post patient-related information on social media sites. [See AMA Policy: Professionalism in the Use of Social Media.](#)

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

- ***Medical Records***

Regulations governing written entry by M-III students in official patient record charts vary with the individual affiliated hospital. At the beginning of the student's rotation at each affiliated institution, the student will receive policy instructions governing entry of material in the official patient record. All entries must be signed by a faculty member or attending physician. Students are urged to maintain complete and legible records, since the condition of these records may be a consideration in the student's grade. **NO PRESCRIPTION ORDERS ARE TO BE SIGNED USING A PHYSICIAN'S NAME.**

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

At PRISMA Health affiliated institutions, a medical student's electronic entries in the medical record are considered delinquent if they are "saved" and not forwarded for the appropriate signature. The Health Information Management Department periodically submits delinquent record reports to the Office of Curricular Affairs, and repeated delinquencies may result in a student being placed on administrative leave.

Medical scribing is prohibited per SOM policy.

Computer Use

Students are expected to become familiar with each affiliated institution's patient data computerized record system and policies for its use. As such information is also considered confidential, it is treated in exactly the same as written records. Students should be diligent in logging off any computer terminal in which they have accessed patient information. Students are NOT authorized to access information on patients in whose clinical care they are not involved. Furthermore, students are not authorized to access information regarding themselves or family members. Unauthorized access is a HIPAA violation and could lead to both academic and legal consequences. Logging in under another person's name is also considered unauthorized access.

Errors Made in the Medical Record

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

- ***Personal and Professional Conduct***

The "Policy on Evaluation of Personal and Professional Conduct," adopted by the USC SOM 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 USC SOM 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
 - d. discussions with professional colleagues; and
 - e. 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.

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 USC SOM 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 USC SOM [Bulletin](#).

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

- *Attendance policy*

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).

- **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.

- **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 on Thanksgiving Day, during the scheduled Winter Break and on the MLK Service Day. 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 administration. M-IV students are **STRONGLY ENCOURAGED** to schedule the USMLE Step 2 examination at the end of their Step 2 preparation block. 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 and MLK Service Day**. On Thanksgiving Day and MLK Service 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 holidays such as, but not limited to, Independence Day, Labor Day, Thanksgiving Day (and, when applicable, the Friday after Thanksgiving Day), and MLK 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.

- *Student evaluation of the clerkships*

Clerkship evaluations for all M-III clerkships and select M-IV rotations (Acting Internship, Critical Care rotation) will be posted in Blackboard on the final day of the rotation and **must be completed** within 2 weeks. **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 USC SOM Curriculum Committee in making recommendations about potential modifications of the USC SOM curriculum, in assessing individual clinical rotations, in correcting any problems identified, and in improving the overall medical student learning experience.

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

- **Logging Patient Encounters**

The New Innovations® software was purchased by 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	
	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 **Amorita McClam** at amorita.mcclam@uscmed.sc.edu or call the Office of Curricular Affairs and Media Resources at 803.216.3610.

- ***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.

OVERVIEW OF AFFILIATED HOSPITALS

PRISMA HEALTH RICHLAND

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

MUSC HEALTH FLORENCE MEDICAL CENTER

MUSC Health Florence Medical Center is a regional acute care facility comprised of 396 beds, more than 1,500 employees and nearly 250 physicians representing all major specialties dedicated to serving the healthcare needs of the citizens of Northeastern South Carolina.

We offer acute care, diagnostic services, women's health, orthopedic services, cancer care, cardiac services, general and laparoscopic surgery, rehabilitation, emergency/trauma care, community health services and more. The hospital's Chest Pain Center is first in the region to be accredited and one of only 15 in the state to achieve this distinction.

McLeod Regional Medical Center

McLeod Health, founded in 1906, is a locally owned, not-for-profit institution with 650 physicians and 6,000 employees. McLeod offers a seven hospital campus in the north eastern portion of South Carolina with over 873 acute licensed beds, 88 licensed skilled nursing beds (McLeod Regional Medical Center (MRMC) with 461 beds and 40 NICU beds, McLeod Dillon with 79 beds, McLeod Loris with 120 beds, McLeod Seacoast with 50 beds, McLeod Clarendon with 81 beds, McLeod Cheraw with 59 beds).

McLeod Darlington provides 23 inpatient psychiatric beds. McLeod provides in-patient and out-patient Hospice care, a Home health agency, a full-service Cancer Center and two Urgent Care Centers.

WILLIAM JENNINGS BRYAN DORN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

The William Jennings Bryan Dorn VA Medical Center (WJBD) opened in 1932 at its current location and has since expanded to include seven community-based outpatient clinics (CBOCs) located throughout South Carolina. The seven CBOCs located in Anderson, Florence, Greenville, Orangeburg, Rock Hill, Spartanburg and Sumter counties serve eight sub-markets and 32 counties. In 2018, WJBD area of responsibility was officially renamed the Columbia VA Health Care System. In Fiscal Year 2019, Dorn VAMC had a total of 84,300 unique patients, including 9,360 female veterans. That same year, there were 1,159,081 outpatient visits. The medical center is a level 1C teaching hospital delivering a full range of patient care services utilizing state-of-the-art technology, education, and research. There are 34 residency positions provided from three Graduate Medical Education affiliates. Other affiliations are robust for training of nurses and allied health professions. Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, cardiology, neurology, oncology, dentistry, geriatrics and extended care. The facility is accredited by the American College of Surgeons, the Commission on Accreditation for Rehabilitation Facilities in the Health Care for Homeless Veteran Program, the Psychosocial Rehabilitation and Recovery Care, the Outpatient Interdisciplinary Pain Program, the Mental Health Intensive Case Management program, and the Commission on Laboratory Accreditation of the College of American Pathologists. Since its affiliation with the University Of South Carolina School Of Medicine in 1975, the VA Medical Center has built a replacement facility that opened in 1979, a nursing home that opened in 1980, and a state of the art psychiatry facility that opened in 1993.

**COLUMBIA VA HEALTH CARE SYSTEM
DEPARTMENT OF VETERANS AFFAIRS
COLUMBIA, SOUTH CAROLINA**

MEDICAL CENTER MEMORANDUM NO. 544-141-8

December 1, 2018

DUTIES AND RESPONSIBILITIES OF 3RD AND 4TH YEAR MEDICAL STUDENTS

1. **PURPOSE:** To establish policy and procedures for the professional educational activities of 3rd and 4th year medical students.
2. **SCOPE:** This policy applies to Columbia VA Health Care System (VAHCS).
3. **POLICY:**
 - a. Assignment to a clinical rotation is done through an annual coordination of the appropriate affiliate's program office and Columbia VAHCS Education Service. This coordination is done to ensure we do not exceed our student capacity related to our staffing.
 - b. Students may participate in all clinical services that have established rotations and educational objectives as determined by the department chair and does not exceed our previously coordinated capacity limits.
 - c. The primary responsibility for the patient is always vested with a VA staff physician and may not be delegated to a student.
 - d. Students are encouraged to assume increasing professional responsibilities, but always under the supervision of a VA staff physician, in order to attain the stated educational objectives.
 - e. All notes, orders, and lists must be countersigned. Any orders not countersigned are invalid and will not be carried out. Verbal orders from students are not valid and WILL NOT be used.
 - f. Residents or fellows may participate in overseeing the educational process, but like any supervising physician must have appropriate credentials, privileges, and authorization in order to supervise each clinical activity or procedure.
 - g. All medical students are required to comply with the background screening requirements of VHA Directive 0710, Personnel Suitability and Security Program, which requires, at a minimum, that all trainees receive a fingerprint check.
 - h. Students will report to Education Service prior to beginning rotations in order to in-process and complete the required paperwork needed to obtain computer access and a facility identification card.
 - i. Students are required to attend orientation prior to beginning clinical rotations. They must complete all required VA/VHA mandatory training as well as service-specific training.

j. Students must be clearly identified as such. When being introduced, the phrases “student doctor” or “medical student” are required in accordance with the “Lewis Blackman Hospital Patient Safety Act” (SECTION 1. Chapter 7, Title 44 of the 1976 Code, State of South Carolina). A VA ID Badge with the student designation will be worn at all times.

k. Rotation at this facility is dependent upon following the procedures and guidelines as outlined in this memorandum.

4. **PROCEDURES:**

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

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

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

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

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

d. Students may not sign as witnesses to authorizations or consents for procedures or surgery on patients for whom they or their team provide care.

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

5. **RESPONSIBILITIES:**

a. Human Resources will ensure that:

(1) all medical students are appointed in accordance with current HR directives.

(2) background checks are conducted in accordance with VHA Directive 0710, Personnel Suitability and Security Program.

b. Education Service will ensure that medical students:

(1) complete all required registration requirements.

- (2) receive a general orientation to VA, and that all training is documented and retrievable upon request.
 - (3) are provided with the forms needed to obtain VA Student Identification Card and computer access.
 - (4) complete mandatory annual training courses.
- c. The service directors are responsible for the supervision of the medical students assigned to their service and will ensure that:
- (1) all medical students contact Education Service at the beginning of each rotation, to ensure registration and training requirements are current.
 - (2) all medical students receive site-specific orientation for each new rotation.
- d. Staff physicians, consultants, attendings, fellows and residents are responsible for proper and continuing supervision of students assigned to their patients.
- e. Students are responsible for maintaining their own logs of required educational experiences
6. **REFERENCES:**
- a. VHA Manual M-8, Part II, Chapter 6.
 - b. VHA Directive 0710, Personal Suitability and Security Program dated October 11, 2018.
7. **RESCISSION:** Medical Center Memorandum 544-141-8 dated December 1, 2015.
8. **FOLLOW-UP RESPONSIBILITY:** Associate Chief of Staff for Education. This memorandum will be updated as program requirements change, but no later than 3 years from date of issue.

/s/
David L. Omura, DPT, MHA, MS
Director/CEO

SERVICES

Insurance

Professional Liability Insurance

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

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

Telephones

No long-distance calls may be made using affiliated hospitals' phone lines. Pay phones are available at all affiliated hospitals for personal use by students. The following hospitals define telephone access further:

1. **Prisma Health Richland**

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

2. **Dorn Veterans Affairs Medical Center**

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

Parking and Security

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

1. Prisma Health Richland (PHR)

Students assigned to rotations at Prisma Health Richland may use the parking lot adjacent to Four Richland Medical Park. Students may obtain a CARTAC Card from the Office of Student Services to allow them to park in this area. In the event a student loses their parking card and a new one has to be issued, a \$25.00 fee will be required for the new card. In the event that the 4 Med Park parking lot is full, students can use spots in the lower level of the 2 Med Park parking lot in the spaces furthest away from the clinical building. Parking services should not ticket any vehicles displaying the “pink” sticker described in item #2.

2. Dorn Veterans Affairs Medical Center (DVAMC)

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

3. 15 RMP/ Clinical Education Building

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

4. McLeod Health

Students may park in the Employee parking lot of the Medical Center (rear campus), the North Parking Deck, staff lot across the street from the McLeod Child Development Center, the Family Medicine Residency Center Staff lot, and the McLeod Medical Park East rear parking lot.

5. MUSC Health-Florence

There is no designated student or employee parking at MUSC Health-Florence; students are asked to be mindful, however, of the need for patient parking in proximity to the facility and should leave front parking spaces open for that purpose.

Meals

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

1. Prisma Health Richland

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

2. Dorn Veterans Affairs Medical Center

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

3. MUSC Health-Florence: Breakfast and lunch are served in the Physician's Lounge however you must be accompanied by your attending to go into the Physician's Lounge.

4. McLeod Regional Medical Center: All meals in the main cafeteria may be purchased at employee discount price with presentation of McLeod name badge. Breakfast and lunch are served in the Physician's Lounge however you must be accompanied by your attending to go into the Physician's Lounge.

Paging

During some clinical clerkships, students may be required, at times, to carry department pagers in order to be accessible to residents, attending physicians, and other personnel. Furthermore, paging procedures for medical students vary with the respective affiliated institution.

1. Prisma Health Richland

Hospital pagers are not available for use by students. To reach the hospital pager of a resident or attending, dial "215" then the four-digit pager number. After the beep tone, enter your phone extension.

2. Dorn Veterans Affairs Medical Center

Paging is generally not available. Hospital pagers are not available for use by students. Residents of the rotating service carry pagers for the teams of which the students are a part. The VA paging system is accessed from VA telephones by dialing 30 through the pager number.

Codes

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

1. Prisma Health Richland

CODE RED

Used in case of actual fire or fire drill. The hospital operator uses the public address system to alert appropriate personnel to immediate response.

CODE BLUE

Summons the Code Blue team which provides basic CPR and ACLS.

CODE BLUE JR

Summons the Code Blue Jr team which provides basic CPR and ACLS to pediatric patients.

CODE PURPLE

Violence or Threat of Violence

CODE PINK

Used in case of infant/child abduction. The hospital operator uses the public address system to alert appropriate personnel for an immediate response.

CODE GRAY

Severe Weather Warning

CODE BLACK

External Disaster, Incoming Patients

CODE GREEN

Internal Disaster, Evacuate

CODE ORANGE

Radiological Accident. Contact Security at 434-7351 which, in turn, summons Environmental Services.

CODE YELLOW

Hazardous Spill or leak

CODE BROWN

Bomb threat

CODE SILVER

Helicopter Operations

CODE WHITE

Nursing Assistance Required

CODE ZERO

Active shooter

2. Dorn Veterans Affairs Medical Center

PHONE 6555

Telephone operator directs all emergency calls (MayDay Team, Fire Dept., etc.)

FIRE ALERT

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

On-Call Lounges and Lockers

Policy regarding on-call lounges and locker availability varies with individual hospitals.

1. Prisma Health Richland

There is a student lounge facility on the 6th floor of PHR. Included in the student lounge are a limited number of beds that are available for students on overnight call.

2. Dorn Veterans Affairs Medical Center

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

3. McLeod Regional Medical Center

There is a student lounge on the second floor of Main Tower that includes comfortable seating, flat screen TV, and computers with printers.

4. MUSC Health-Florence

5. The student lounge is located on the first floor pass the Food Court. The passcode is 2125. There are lockers, a tv, 5 computers, a printer, comfortable seating.

Library Services

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

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

The libraries at USC SOM and affiliated hospitals will be open and staffed by library personnel during posted hours. Students have 24/7 access by swiping their hospital identification badges.

School of Medicine University of South Carolina

**Student Health Policies Manual
USCSOM Student Health Office**

6311 Garners Ferry Rd
Building 3 Room 126
Columbia, SC 29209
(803) 216-3616 -phone
(803) 216-3640 - fax
Eric R. Williams M.D.

Assistant Dean for Student 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 site.”
(<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 needle sticks. 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:

- Jennifer Evans, LPN: 803-216-3374 or cell 618-559-0419
- Eric R. Williams, MD, : 803-216-3616
- 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 Prisma 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 Jennifer Evans, LPN the employee health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-618-559-0419 cell).

2. McLeod Regional Medical Center, MUSC Health-Florence, 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 Jennifer Evans, LPN the student health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-296-6031; cell 618-559-0419).

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 Prisma 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 emergent health care should report to the McLeod Emergency Department, 555 East Cheves Street. Students needing routine health care or sick visits are to schedule an appointment with Dr. Stephanie Strickland, McLeod Family Medicine South, 611 Second Loop Road, Florence, SC 29505 (office) 843-777-9460. You must identify yourself as a USC SOM student when making your appointment.

Counseling services are available at The Counseling Center at Francis Marion University, 301 North, East Palmetto Street. You must identify yourself as a USC SOM student when making your appointment.

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.

Clerkship Evaluations

Clerkship and elective directors are required to submit final student clerkship grades to the USC SOM 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. USC SOM 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 rotations (other than the AI) are Pass/Fail.

Grade Changes: According to the USC SOM Grade Change Policy, a final grade in a course or clinical clerkship can be changed after it is submitted to the USC SOM Director of Enrollment Services/Registrar only when an error in

computation or transcription of the original grade has been made. The request for a grade change must be made by the clerkship director in writing to the USC SOM 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.
 - c. The department chair may choose to designate this appeal process to the department's academic vice-chair as long as this individual is not also the clerkship director.
- 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

Information for Required M-III and M-IV Clerkships

FAMILY MEDICINE **FPMD D605**

Chair:	Jamee Steen, M.D.	803.434.2054
Columbia Clerkship Director:	Andrew Vaughan, M.D.	803.434.2547 803.730-4385 (cell)
Columbia Clerkship Coordinator:	Rajita Chauhan	803.434.6152
Florence Site Director:	Frank Moskos, M.D.	843.777.2976
Florence Clerkship Coordinator:	Amy Morgan	843.665.3156

First Day of Service (Columbia); Florence students report as directed by Dr. Moskos.

Time: 8:00 A.M.
Place: Family Medicine Center Conference Room
3209 Colonial Drive
Contact: Rajita Chauhan

Night Call/Night Float Required: No
Weekends Required: Yes – on inpatient service

Overview

This clerkship is designed to be a clinical experience in which the concepts taught in the first two years are applied in actual practice. During the six-week rotation, students will spend time in the Family Medicine Center, with the Family Medicine inpatient team at Prisma Health and, as available, in community practices.

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

Students will be assigned to a community practice during the clerkship. The majority of these practices are located in the Greater Columbia/Lexington are, but there are options for students wishing to have a self-directed or a rural health care experience.

For students in Florence, the format will be very similar with time spent in a variety of clinical settings including the McLeod Family Medicine center and the McLeod residency inpatient service. The Florence campus places a particular emphasis on rotating with a strong group of outpatient Family Medicine physicians.

Our department has a strong emphasis on Quality Improvement, as such students will have the opportunity to participate in an ongoing quality improvement project during the clerkship.

Clerkship Objectives

Course Objective #	Course Objective
1	Demonstrate proper techniques for interviewing a patient to obtain pertinent medical history.
2	Evaluate medical practice in an urban/suburban or rural setting by spending four-weeks in the office of a community family practitioner.
3	Assess the patient and the family in the context of the bio-psychosocial model.
4	Collaborate with peers, faculty and preceptors from other health related fields including Pharmacy, Social Work, Public Health and Nursing in providing care for individual patients as well as families.
5	Retrieve biomedical information using various available resources, including internet for solving problems and making decisions relevant to the care of individuals and populations.
6	Perform both diagnostic and directed physical examinations in the office and hospital settings.
7	Document physical examinations in standardized format.
8	Formulate differential diagnoses based on patient history and physical exams in both office and hospital settings.
9	Formulate cost effective treatment plans for encountered patients with input from faculty and residents.
10	Perform diagnostic and screening procedures utilized by family physicians in comprehensive patient care (i.e., urine, vaginal wet prep, hematocrit, strep test, pregnancy, etc.).
11	Interpret results from commonly used laboratory tests.
12	Discuss the Clinical Laboratory Improvement Act (CLIA).
13	Apply knowledge of pathophysiology and pharmacology to the diagnosis and management of common patient conditions.
14	Discuss age specific pediatric developmental milestones with faculty or residency preceptors.
15	Participate in obtaining a focused history and performing a physical examination on an elderly patient (nursing home, etc.), adapting it to possible conditions of frailty, immobility, hearing loss, memory loss, and/or other impairments. Include demonstrating respect by making efforts to preserve the patient's dignity.
16	Perform an age appropriate gynecologic health screening examination. Include the following: a. Breast examination b. Pap smear.
17	Participate in a family-centered prenatal visit.
18	Evaluate the nature of the physician-patient relationship and its impact upon the management of the patient's illness.

19	Perform a nutritional assessment of a patient with assistance from a nutritionist. Compile nutrition cases via on-line computer.
20	Demonstrate familiarity with common outpatient procedures performed in Family Medical Practices. Example include the following: a. Observe and perform outpatient dermatologic procedures. b. Observe a colposcopy/endometrial biopsy. c. Observe exercise stress testing. d. Observe a nasopharyngoscopy. e. Observe a flexible sigmoidoscopy.
21	Identify challenges and rewards of urban/suburban and rural primary care practices in South Carolina.
22	Participate in directed discussions on assigned core clinical topics related to commonly encountered diagnoses in family medicine, including but not limited to: hypertension, diabetes, urogenital infections, ophthalmic complaints, diseases of the thyroid, diseases of childhood, cardiovascular disease, and pulmonary diseases.
23	Identify the principles of community- oriented primary care.
24	Identify local economic, social, and political issues that impact the health care of a community.
25	Evaluate patient problems in a community and family context.
26	Identify how interpersonal relationships, social characteristics and cultural norms can alter the presentation and management of an illness.
27	Demonstrate effective and professional interpersonal and communication skills, including interviewing patients from diverse cultural and socioeconomic backgrounds.
28	Identify health beliefs that differ from the traditional biomedical model.
29	Refer patients to other health professionals and agencies as appropriate.
30	Develop long term plans and management goals for patients with chronic disease.
31	Identify the basic principles of preventive medicine and its clinical implementation.
32	Manage biomedical information for solving problems and making decisions relevant to the care of individuals and populations.
33	Identify strategies for life-long learning.
34	Describe different personnel roles and functions, and their interrelationships.
35	Identify coding systems and payment types.

Core Clinical Care Concepts

ACUTE CARE

Upper respiratory symptoms
Joint pain and injury
Pregnancy (initial presentation)
Abdominal pain
Common skin lesions
Common skin rashes
Abnormal vaginal bleeding
Low back pain

CHRONIC CARE

Multiple chronic illnesses
Hypertension
Type 2 diabetes mellitus
Asthma/COPD
Hyperlipidemia
Anxiety
Arthritis
Chronic back pain

Cough	Coronary artery disease
Chest pain	Obesity
Headache	Heart failure
Vaginal discharge	Depression (previously diagnosed)
Dysuria	Osteoporosis/Osteopenia
Dizziness	Substance use, dependence, and abuse
Shortness of breath/wheezing	Type 2 diabetes mellitus
Depression (initial presentation)	Fever
Male urinary symptoms/prostate	Dementia
Leg swelling	

Core Health Promotion Conditions

ADULTS

Breast cancer
 Cervical cancer
 Colon cancer
 Coronary artery disease
 Depression
 Fall risk in elderly patients
 Intimate partner and family violence
 Obesity
 Osteoporosis
 Prostate cancer
 Sexually transmitted infection
 Substance use/abuse

CHILDREN/ADOLESCENTS

Diet/exercise
 Family/social support
 Growth and development
 Hearing
 Lead exposure
 Nutritional deficiency
 Potential for injury
 Sexual activity
 Substance use
 Tuberculosis
 Vision

Methods of Evaluating Students

Student performance is evaluated through these weighted components.

- 25% National Board Subject Examination
(must obtain a minimum score of 5th percentile to pass the clerkship)
- 10% fmCASES multiple choice exam (see below)
- 15% OSCE (Observed Standardized Patient Exam)
- 50% Subjective evaluations obtained throughout all portions of the rotation

All students have a mid-rotation formative feeding meeting with the clerkship director to assess strengths and weaknesses and to receive interim feedback. Recommendations for remediation occur at this meeting and are documented.

A web-based curriculum, Aquifer, will be utilized during the clerkship. This consists of modules designed to be a complementary component for teaching the core concepts of Family Medicine in an evidence-based fashion.

Completion of the required modules will be necessary for finishing the rotation. A multiple-choice exam covering the material in these cases will be administered at the end of the rotation and will count towards the final grade. In addition, there will be an OSCE at the end of the rotation. This will involve scenarios utilizing standardized patients to evaluate the clinical skills learned during the rotation.

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

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

Numerical Grading System

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

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

M-III Family Medicine Skills

REQUIRED:

- Participate in a formative feedback session
- Complete an observed History and Physical
- Present a patient on inpatient rounds
- Participate in the care of an adult with special needs
- Assess a Dermatologic complaint
- Assess an MSK complaint – acute or overuse
- Assess a nursing home patient
- Perform a monofilament diabetic foot examination
- Counsel a patient about goals of care
- Counsel a patient about weight management
- Counsel a patient about smoking cessation

STRONGLY RECOMMENDED:

- Observe or participate in a Diabetes Education course
- Observe or participate in a microscopic examination
- Perform an aortic ultrasound for AAA screening
- Participate in a Home Visit

INTERNAL MEDICINE / NEUROLOGY

MEDI D611

Chair:	Sharon Weissman, M.D.	803.540.1026
IM Columbia Clerkship Director:	Andrew Sides, M.D.	803.545.5326
IM Columbia Clerkship Co-Director:	Sean Battle, M.D.	803.545.5328
IM Columbia Clerkship Coordinator:	Faith Anderson	803.545.5317
Neurology Columbia Clerkship Director:	Souvik Sen, M.D.	803.545.6075
Neurology Columbia Clerkship Coordinator:	Bacara Duckett	803.545.6075
Florence Site Director:	Paul DeMarco, M.D.	843.665.3156
Florence Clerkship Coordinator:	Amy Morgan	843.665.3156

First Day of Service:

Time: 8:30 A.M.

Place: (Florence students will join virtually from Florence, same date/time.) Location is TBD/contingent upon date.

Contact: Faith Anderson

Overnight Call Required: No (Evening call required; Night shifts for some portions of rotation required)

Weekends Required: Yes (For some portions of rotation required)

Overview:

This is a twelve-week, twelve-credit-hour required clerkship in the third year consisting of 2 weeks of Neurology inpatient consults and ambulatory clinics, 4 weeks of inpatient general medicine, 1 week of general medicine clinic, and 5 weeks of general medicine / subspecialty electives. During the inpatient portions of the rotation, students perform as active members of the student / resident / fellow / attending physician team. Students are assigned patients, obtain medical histories, perform physical examinations, evaluate laboratory data, and analyze the information in order to define patients' problems and formulate a diagnostic and therapeutic care plan. Performance is reviewed both during specific preceptor-student contacts and during student presentations on rounds with the team.

During the ambulatory portion of the rotation, students work closely with resident, fellow and attending preceptors, discussing each patient encounter in depth and participating in didactic sessions. Students become familiar with concepts of time management and performance of focused patient assessments.

Throughout this clerkship, emphasis is placed on the interpretation of clinical findings in terms of the pathophysiologic mechanisms of disease and the subsequent translation of this information into rational decisions about management. The clerkship provides students, through their active participation, with opportunities to observe the diagnostic process as it unfolds and to develop competence in evaluating broad clinical problems. For Neurology in particular, the focus will be to broaden students' basic neuroscience knowledge and learn to apply this knowledge clinically. Students will also develop skills in taking a focused neurological history and conducting a thorough neurological examination.

Primary methods of instruction include case-based self-study and discussion, clinical preceptorship, educational conferences, standardized/simulated patients, small-group discussion, and teaching rounds.

Modes of assessment include the Internal Medicine NBME subject examination, Neurology departmental exam, an Objective Structured Clinical Examination (OSCE), clinical evaluations, topic presentations, and demonstration of ultrasound skills.

Demonstration of mastery of a prescribed set of clinical skills, included on the Clinical Skills Attainment Document, is required for successful completion of this clerkship.

Assignment	Days/Week	Call	Arrival Time
4 weeks General Medicine Ward	6	Admit new patients approximately every 5 th day; evening call on admission days	6:30 a.m.
2 weeks Neurology	6	Admit new patients/ Perform consults on new patients daily; evening call	8:00 a.m.
5 weeks General Medicine/ Subspecialty Elective	5	No call	8:00 a.m.
1 weeks Outpatient General Medicine	5	No call	8:00 a.m.

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

Overview of Clerkship Objectives:

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

3	<p>Conduct a thorough physical examination. Include the following:</p> <ul style="list-style-type: none"> a. Describe the four methods of physical examination (inspection, palpation, percussion, and auscultation), including where and when to use them, their purposes, and the findings that they elicit. b. Position the patient properly for each part of the physical examination. c. Perform the physical examination for a patient in a logical, organized, respectful, and through manner, giving attention to the patient's general appearance, vital signs, and pertinent body regions.
4	<p>Use information gathered from the patient's history and physical to complete the following:</p> <ul style="list-style-type: none"> a. Describe physiologic mechanisms that explain key findings in the history and physical. Include a discussion of the diagnostic value of the history and physical examination information. b. Formulate a differential diagnosis (problem list) based on the findings from the history and physical examination. c. Formulate a plan of patient evaluation and management, including diagnostic studies and consultations, therapeutic efforts, education of patient, and follow-up plans.
5	<p>Participate in the selection of diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost.</p>
6	<p>Demonstrate familiarity with basic clinical procedures of internal medicine.</p>
7	<p>Prepare written, comprehensive, and focused new patient workups. Include the following features when clinically appropriate:</p> <ul style="list-style-type: none"> a. Provide a history of the present illness accurately, objectively, chronologically, without repetition, omission, or extraneous information. b. Provide comprehensive physical exam information with detail pertinent to the patient's problem. c. Provide a succinct and unified list of all problems identified in the history and physical examination. d. Provide a differential diagnosis for each problem. e. Provide a diagnosis/treatment plan for each problem.
8	<p>Present orally, clearly, and concisely the plan of problem evaluation and patient management.</p>
9	<p>Participate in discussion with the patient care team (faculty, staff, etc.) during teaching sessions.</p>
10	<p>Communicate positive interpersonal skills with patients and staff. Include the following:</p> <ul style="list-style-type: none"> a. Demonstrate respect and appropriate listening skills, including both verbal and nonverbal techniques. b. Demonstrate effective verbal skills, including appropriate use of open- and closed-ended questions, repetition, facilitation, explanation, and interpretation. c. Describe how patients' and physicians' perceptions, preferences, and actions are affected by cultural and psychosocial factors, including how these factors affect the doctor-patient relationship.
11	<p>Relate successfully to patients, families, and professionals. Include the following:</p> <ul style="list-style-type: none"> a. Demonstrate appropriate listening skills, including both verbal and nonverbal techniques. b. Demonstrate interest and responsibility in patient care and patients' needs.
12	<p>Display professional attitudes to learning. Include the following:</p> <ul style="list-style-type: none"> a. Demonstrate good, consistent work habits. b. Demonstrate inquisitiveness. c. Demonstrate evidence of a desire to learn and improve by reading, studying, and discussing. d. Demonstrate an ability to respond positively to constructive criticism.
13	<p>Recognize, evaluate, and treat common adult medical problems in both inpatient and outpatient settings. Include the following:</p> <ul style="list-style-type: none"> a. Cardiovascular Diseases <ul style="list-style-type: none"> 1) Valvular heart disease 2) Congestive heart failure 3) Ischemic heart disease 4) Pericardial disease

- 5) Peripheral vascular disease

- b. Respiratory Diseases
 - 1) COPD/asthma
 - 2) Pulmonary vascular disease
 - 3) ARDS and pulmonary critical care
 - 4) Lung cancer

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

- d. Gastrointestinal Disease
 - 1) Neoplasms of the GI tract
 - 2) The pancreas

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

- f. Hematology
 - 1) Anemia
 - 2) Leukocyte disorders
 - 3) Hemostasis
 - 4) Coagulation disorders

- g. Oncology
 - 1) Oncologic emergencies

- h. Metabolic Diseases
 - 1) Principles of nutritional support
 - 2) Hyperuricemia and gout
 - 3) Lipids

- i. Endocrine Diseases
 - 1) Thyroid
 - 2) Cancer of the breast
 - 3) Cancer of the prostate
 - 4) Diabetes

- j. Diseases of Bone and Bone Mineral Metabolism
 - 1) Hypercalcemia

- k. Musculoskeletal and Connective Tissue Diseases
 - 1) Rheumatoid arthritis
 - 2) SLE
 - 3) Osteoarthritis

	<p>4) Crystal-induced arthropathies 5) Infections of joint spaces</p> <p>l. Infectious Diseases 1) Host defenses 2) Fever and febrile syndromes 3) Bacteremia and septicemia 4) Meningitis 5) Pneumonia (includes tuberculosis) 6) Urinary tract infections 7) Immunocompromised host 8) Management of/approach to the HIV+ Patient</p> <p>m. Neurologic Diseases 1) Disorders of consciousness and higher brain function 2) Drug and alcohol abuse 3) Autonomic dysfunction 4) Sensory dysfunction 5) Cerebrovascular disease 6) Epilepsy n. The Aging Patient 1) Biology of Aging 2) Comprehensive Assessment 3) Appropriate Prescribing</p>
14	Identify preventive standards for the various adult age groups, to include counseling and guidance.
15	Evaluate the effects of illness on the adult and his family.
16	<p>To teach or reinforce the following procedural skills:</p> <p>a. The ability to obtain a complete and reliable history b. The ability to perform a focused and reliable neurologic examination c. The ability to examine patients with altered level of consciousness or abnormal mental status d. The ability to deliver a clear, concise, and thorough oral presentation of a patient's history and examination e. The ability to prepare a clear, concise, and thorough written presentation of a patient's history and examination.</p>
17	<p>To teach or reinforce the following analytic skills:</p> <p>a. The ability to recognize symptoms that may signify neurologic disease b. The ability to distinguish normal from abnormal findings on a neurological examination c. The ability to localize the likely site or sites in the nervous system where a lesion could produce a patient's symptoms and signs d. The ability to formulate a differential diagnosis based on lesion localization, time course, and relevant historical and demographic features e. An awareness of the use and interpretation of common tests used in diagnosing neurologic disease. f. An awareness of the principles underlying a systematic approach to the management of common neurologic disease g. An awareness of situations in which it is appropriate to request neurologic consultation h. The ability to review and interpret the medical literature (including electronic databases) pertinent to specific issues of patient care.</p>

Methods of Evaluation:

10%	Neurology Clinical Evaluations
10%	Neurology Departmental Exam (on paper)
30%	Internal Medicine Clinical Evaluations
20%	Internal Medicine NBME
20%	Internal Medicine OSCE
10%	Article Presentations, Physiology Quizzes and Ultrasound

A minimum score of the fifth percentile is required to pass the NBME Subject Examination.

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

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Below 65	= F

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

M-III 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

**OBSTETRICS AND GYNECOLOGY
OBGY D605**

Chair:	Berry Campbell	803.545.5700
Columbia Clerkship Director:	Kate Fisher, M.D.	803.545.5700
Columbia Clerkship Coordinator:	Helen Mowery	803.545.5703
Florence Site Director:	Eric Coughlin, M.D.	843.669.1264
Clerkship Coordinator:	Amy Morgan	843.665.3156

First Day of Service: All students report to Columbia (Florence and Columbia).

Time: 8:00 A.M.
Place: Two Medical Park, Suite 208
Contact: Helen Mowery

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

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

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

Assignment	Days/Week	Call	Arrival Time
3 Week Obstetrics	5	One week of night float. This week will include Sunday, Monday, Tuesday, Wednesday, & Thursday nights.	Varies during rotation
3 Weeks Gynecology	5		

Clerkship Objectives

Course Objective #	Course Objective
1	Assess the basic primary care of the female patient from adolescence to the menopausal age.
2	Discuss the major disease processes of the subspecialty fields of maternal-fetal medicine, benign gynecology, reproductive endocrinology, and gynecologic oncology.

3	Describe the anatomic and physiologic changes that occur from puberty through the reproductive and menopausal years.
4	Discuss the anatomic and physiologic changes associated with pregnancy.
5	Interpret clinical information from histories and physicals.
6	Formulate differential diagnoses for common obstetric and gynecologic problems.
7	Recommend effective patient management plans. Include the following: a. Generate a problem list from history and physical. b. Form a differential diagnosis for common obstetric and gynecologic problems. c. Develop a management plan that includes the following: 1) Laboratory and diagnostic studies 2) Treatment 3) Patient education 4) Continuing care plans.
8	Interact and respond positively with patients, faculty, residents and medical staff during clinical rounds and teaching conferences. Demonstrate professional operating room behavior.
9	Discuss the risks, benefits, and indications of the following diagnostic and therapeutic surgical procedures: a. Colposcopy and cervical biopsy b. Cone biopsy c. Cryotherapy d. Dilatation and curettage e. Electrosurgical excision of cervix f. Endometrial biopsy g. Hysterectomy h. Hysterosalpingography i. Hysteroscopy j. Laparoscopy k. Laser vaporization l. Mammography m. Needle aspiration of breast mass n. Pelvic ultrasonography o. Pregnancy termination p. Vulvar biopsy
10	Demonstrate basic history taking skills. Include the following: a. Chief complaint b. Present illness c. Family history d. Social history e. Gynecologic history

	<ul style="list-style-type: none"> f. Menstrual history g. Obstetric history h. Contraceptive history. i. *Sexual history
11	<p>Perform a basic obstetric-gynecologic examination as part of a female's basic medical physical. Include the following:</p> <ul style="list-style-type: none"> a. *Breast exam b. Abdominal exam c. *Pelvic exam with Pap smear d. Recto-vaginal exam. e. *Wet-Mount (Vaginitis)
12	<p>Provide pharmacologic and nonpharmacologic contraceptive counseling to patients including the efficacy, risks, and benefits, contraindications, and financial considerations. Sterilization procedures for men and women and of abortion should include basic techniques available, benefits, short-and long-term risks, including medical complications, and factors contributing to regret.</p>
13	<p>Demonstrate knowledge of Breast Disease. Include the following:</p> <ul style="list-style-type: none"> a. Teach a patient to perform breast self-examination. b. Discuss current standard for surveillance of an adult woman, including self-examination, physical examination, and mammography. c. Discuss diagnostic approach to common breast complaints including mass, pain, and nipple discharge. d. Describe the signs and symptoms of the following: <ul style="list-style-type: none"> 1) Fibroadenoma 2) Carcinoma 3) Intraductal papilloma 4) Fibrocystic changes 5) Mastitis
14	<p>Perform a basic obstetric examination on a patient. Include the following:</p> <ul style="list-style-type: none"> a. Assess patient on an initial visit. <ul style="list-style-type: none"> 1) Discuss methods used to diagnose pregnancy. 2) Determine gestational age. 3) Distinguish an at-risk pregnancy. b. Assess normal pregnancy throughout gestation. <ul style="list-style-type: none"> 1) Assess fetal growth throughout pregnancy. 2) Describe the nutritional and educational needs of the pregnant female. 3) Answer questions concerning pregnancy and delivery. c. Define normal prenatal laboratory tests. d. Describe the basic physiologic changes that occur during gestation.
15	<p>Manage a normal laboring patient at term. Include the following:</p> <ul style="list-style-type: none"> a. Describe the characteristics of true and false labor. b. Discuss the initial assessment of the laboring patient.

	<ul style="list-style-type: none"> c. Discuss the stage and mechanism of normal labor and delivery. d. Demonstrate techniques to evaluate the progress of labor. e. Provide information on techniques of pain management during labor. f. Discuss methods of monitoring the mother and fetus. g. Manage a normal delivery. h. Discuss methods of vaginal repair. i. *Perform a normal vaginal delivery, including episiotomy /repair.
16	<p>Manage the care of postpartum patients. Include the following:</p> <ul style="list-style-type: none"> a. Describe normal maternal physiologic changes of the postpartum period. b. Describe normal postpartum care. c. Provide appropriate patient postpartum counseling, including contraception and breast feeding-if appropriate.
17	<p>Explain the presentation, differential diagnosis, and diagnostic work-up of ectopic pregnancy. Include the following:</p> <ul style="list-style-type: none"> a. Provide a differential diagnosis of first-trimester bleeding. b. List risk factors predisposing patients to ectopic pregnancy. c. Describe the symptoms and physical findings suggestive of ectopic pregnancy. d. Describe methods and tests used to confirm the diagnosis of ectopic pregnancy. e. Explain treatment options.
18	<p>Describe the basic presentation, work-up and treatment options for the common sexually transmitted diseases. Examples of the diseases include the following:</p> <ul style="list-style-type: none"> a. Gonorrhea b. Chlamydia c. Herpes simplex virus d. Syphilis e. Human papillomavirus infection f. Human immunodeficiency virus (HIV) infection g. Hepatitis B virus infection h. CMV.
19	<p>Describe how to approach patients about sexual and /or physical violence. Include counseling approaches for patient short-term safety as well as a discussion of local support agencies for long-term support.</p>
20	<p>Identify illicit drugs and medications that are teratogenic. Include a description of the effects of medication on pregnancy. Examples of teratogenic agents include the following:</p> <ul style="list-style-type: none"> a. Drugs and chemicals <ul style="list-style-type: none"> 1) Alcohol 2) Androgens and testosterone derivatives (e.g., danazol) 3) Angiotensin-converting enzyme (ACE) inhibitors (e.g., enalapril, captopril) 4) Coumarin derivatives (e.g., warfarin) 5) Carbamazepine 6) Folic acid antagonists (methotrexate and aminopterin)

	<ul style="list-style-type: none"> 7) Cocaine 8) Diethylstilbestral 9) Lead 10) Lithium 11) Organic mercury 12) Phenytoin 13) Streptomycin and kanamycin 14) Tetracycline 15) Thalidomide 16) Trimethadione and paramethadione 17) Valproic acid 18) Vitamin A and its derivatives (e.g., isotretinoin, etretinate, and retinoids). <ul style="list-style-type: none"> b. Infections <ul style="list-style-type: none"> 1) Cytomegalovirus 2) Rubella 3) Syphilis 4) Toxoplasmosis Varicella c. Radiation
21	<p>Demonstrate basic surgical and obstetric skills, including the following:</p> <ul style="list-style-type: none"> a. Knot tying b. Episiotomy c. Spontaneous vaginal delivery.
22	<p>Observe surgical and obstetric procedures basic to the management and counseling of patients. Examples include the following:</p> <ul style="list-style-type: none"> a. Ultrasound b. Amniocenteses or Chorionic Villous Sampling (CVS) c. Antepartum fetal assessment d. Intrapartum fetal surveillance e. Vacuum-assisted delivery or Forceps delivery f. Cesarean delivery g. Vaginal birth after cesarean section h. Newborn circumcision.
23	<p>Describe difficult ethical dilemmas as related to obstetrics. Include beneficence and autonomy as applies to both mother and fetus.</p>
24	<p>Counsel patients regarding possible consequences of the following medical and surgical conditions:</p> <ul style="list-style-type: none"> a. Anemia b. Diabetes mellitus c. Urinary tract disorders d. Infectious diseases, including <ul style="list-style-type: none"> 1) Herpes 2) Rubella 3) Group B Streptococcus

	<p>4) Hepatitis</p> <p>5) Human immunodeficiency virus (HIV), human papillomavirus (HPV), et.al.</p> <p>6) Cytomegalovirus</p> <p>7) Toxoplasmosis</p> <p>8) Varicella and parvovirus</p> <p>e. Cardiac disease</p> <p>f. Asthma</p> <p>g. Alcohol, tobacco and other substance abuse</p> <p>h. Surgical abdomen.</p>
25	<p>Describe preeclampsia-eclampsia syndrome that accounts for significant morbidity and mortality in both the mother and newborn. Include the following:</p> <p>a. Define and classify hypertension in pregnancy.</p> <p>b. Explain pathophysiology of preeclampsia-eclampsia syndrome.</p> <p>c. Describe symptoms, physical findings and diagnostic methods.</p> <p>d. Discuss a management approach.</p> <p>e. Describe maternal and fetal complications.</p>
26	<p>Discuss red cell antigen-antibody (Rh) system. Include the following:</p> <p>a. Discuss red blood cell antigens.</p> <p>b. Describe the use of immunoglobulin prophylaxis during pregnancy.</p> <p>c. Describe clinical circumstances under which D isoimmunization is likely to occur.</p> <p>d. Describe methods used to determine maternal isoimmunization and severity of fetal involvement.</p>
27	<p>Discuss multifetal gestation. Include the following:</p> <p>a. Describe the etiology of monozygotic, dizygotic and multizygotic gestation.</p> <p>b. Describe altered physiologic state with multifetal gestation.</p> <p>c. Describe symptoms, physical findings, and diagnostic methods.</p> <p>d. Discuss an approach to antepartum, intrapartum, and postpartum management.</p> <p>e. Discuss risk factors.</p>
28	<p>Define five labor dysfunction patterns with management strategies.</p>
29	<p>Discuss the third trimester bleeding. Include the following:</p> <p>a. Describe the approach to the patient with third-trimester bleeding.</p> <p>b. Compare and contrast symptoms, physical findings, and diagnostic methods that differentiate patients with placenta previa, abruptio placenta and other causes of third-trimester bleeding.</p> <p>c. Describe complications of placenta previa and abruptio placenta.</p> <p>d. Describe immediate management of shock secondary to third-trimester bleeding.</p> <p>e. Describe components of the various blood products and indications for their use.</p>
30	<p>Discuss the premature rupture of membranes. Include the following:</p> <p>a. Discuss the history, physical findings, and diagnostic methods to confirm membrane rupture.</p> <p>b. Describe the factors predisposing to premature rupture.</p>

	<ul style="list-style-type: none"> c. Cite the risks and benefits of expectant management versus immediate delivery. d. List methods to monitor maternal and fetal status.
31	<p>Describe intrapartum fetal surveillance techniques and interpretation. Include the following:</p> <ul style="list-style-type: none"> a. Auscultation b. Electronic fetal monitoring c. Fetal scalp sampling d. Amniotic fluid assessment.
32	<p>Discuss postpartum hemorrhage as a major cause of maternal morbidity and mortality. Include the following:</p> <ul style="list-style-type: none"> a. List the risk factors for postpartum hemorrhage. b. Describe a differential diagnosis of postpartum hemorrhage. c. Describe the immediate management of the patient with postpartum hemorrhage, including <ul style="list-style-type: none"> 1) Inspection of laceration 2) Use of uterine contractile agents 3) Management of volume loss 4) Management of coagulopathy.
33	<p>Discuss the potential impact of acute or chronic salpingitis and how the early recognition and optimal management may help prevent the long-term sequelae of tubal disease. Include the following:</p> <ul style="list-style-type: none"> a. Pathogenesis b. Common organisms c. Signs and symptoms d. Methods of diagnosis e. Treatment f. Sequelae, including <ul style="list-style-type: none"> 1) Tuboovarian abscess 2) Chronic salpingitis 3) Ectopic pregnancy 4) Infertility.
34	<p>Describe pelvic relaxation and urinary incontinence and the approach to management of these patients. Include the following:</p> <ul style="list-style-type: none"> a. Describe the predisposing risk factors for pelvic organ prolapse and incontinence. b. Describe anatomic changes, fascial defects and neuromuscular pathophysiology. c. Describe the signs and symptoms of pelvic organ prolapse. d. Demonstrate a physical exam, including Cystocele, Rectocele, Enterocele, Vaginal vault or uterine prolapse. e. Discuss methods of diagnosis, including Urine culture, Post-void residual, Cystoscopy, Urodynamic testing. f. Discuss nonsurgical as well as surgical treatments, including Pessary, Medications, Reconstructive surgery.

35	<p>Discuss a systematic approach to the evaluation of amenorrhea, or the absence of normal menstrual bleeding, so as to aid in the diagnosis and treatment of its cause. Include the following:</p> <ol style="list-style-type: none"> Define primary amenorrhea, secondary amenorrhea, and oligo menorrhoea. Describe the causes of amenorrhea. Discuss evaluation methods. Provide an overview of treatment options.
36	<p>Discuss climacteric or the physical and emotional changes caused by estrogen depletion in the postmenopausal years. Include the following:</p> <ol style="list-style-type: none"> Describe the physiologic changes in the hypothalamic-pituitary-ovarian axis. Cite the symptoms and physical findings associated with hypoestrogenism. Describe the long-term changes associated with hypoestrogenism. Describe management, including Hormone therapy, Nutrition and exercise, and Non-hormonal therapeutic options. Describe the risks and benefits of hormone replacement therapy.
37	<p>Describe gestational trophoblastic neoplasia and the importance of its malignant potential. Include the following:</p> <ol style="list-style-type: none"> Describe the symptoms and physical findings. List diagnostic methods. Describe management and follow-up.
38	<p>Describe the detection and treatment of preinvasive lesion as associated with, carcinoma of the cervix. Include the following:</p> <ol style="list-style-type: none"> Describe the risk factors of cervical disease and neoplasia. Cite indications for screening. List the symptoms and physical findings of cervicitis and neoplasia. Describe the evaluation and management of the patient with an abnormal pap smear. Describe the impact of staging on management and prognosis. Discuss Colposcopy, Laparoscopy, and Hysterectomy
39	<p>Discuss endometrial carcinoma. Include the following:</p> <ol style="list-style-type: none"> List the risk factors for endometrial carcinoma. Describe the symptoms and physical findings. Discuss the management of the patient with postmenopausal bleeding. Discuss methods used to diagnose endometrial carcinoma. Describe the impact of staging on management and prognosis. Describe the management of the patient with endometrial cancer.
40	<p>Observe Gynecological procedures, including the following:</p> <ol style="list-style-type: none"> Colposcopy Laparoscopy Hysterectomy
41	<p>Discuss the anatomic and physiological changes associated with pregnancy.</p>

Required Textbook:

Obstetrics and Gynecology, Eighth edition. Edited by: Charles R.B. Beckmann MD, MHPE, Frank W. Ling MD, Roger P. Smith MD, Barbara M. Barzansky PhD, MHPE, William N.P. Herbert MD, Douglas W. Laube MD, Med

Methods of Evaluating Students

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

40%	Clinical Evaluations
40%	National Board Subject Examination (minimum score of 5th percentile is required for the “subject” exam)
20%	Objective Structured Clinical Evaluation (OSCE)

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

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

1. If a student does not pass the written exam, he/she will take a make-up written exam.
2. If a student does not pass the OSCE exam, he/she will take a make-up OSCE exam.
3. If a student does not pass the clinical portion of the rotation, he/she will repeat the six-week rotation.

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

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

Numerical Grading System

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

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

M-III Obstetrics and Gynecology Skills Required

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, PPRM, 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

PEDIATRICS
PEDI D605

Chair:	Caughman, Taylor, M.D.	803.434.2069
Columbia Clerkship Director:	James Stallworth, M.D.	803.434.7945
Columbia Clerkship Coordinator:	Patty Freytag	803.434.7945
Florence Site Director: Clerkship Coordinator:	Ben Elder, M.D. Amy Morgan	843.245.3558 843.665.3156

First Day of Service (Columbia); Florence students report as directed by Dr. Elder

Time: 8:00 A.M.
Place: 9 Medical Park, Suite 130 Classroom
Contact: Patty Freytag

Night Call

Required:
Float Weekends
Required:
Yes

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

The clerkship is divided into two four-week blocks, one inpatient and one outpatient. The outpatient block is divided into two weeks in Pediatric Clinic, one week in nursery/developmental pediatrics, and one week in community/sub-specialty pediatrics. Generally, four students will spend 2 weeks each on the Florence campus either on the inpatient or outpatient service.

ASSIGNMENT	DAYS/WE EK	CALL	DAY BEGI NS AT OR
4 Weeks Inpatient	6-7	1 week night float	6:00 a.m.
4 One-week assignments in Nursery, Private Offices, Developmental Peds, Peds Clinics, Sub-specialty Peds	5	2 Peds ER calls (5-11pm on weekda ys) (7am- 3pm or 3pm- 11pm on	8:00 a.m.

weeken
ds)

Clerkship Objectives

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

- F. Developmental
 - G. Nutritional
 - H. Allergy
 - I. Family and social etc.
2. Define appropriate immunizations for infants, children, and adolescents, including their side effects.
 3. Record, perform, and interpret physical examinations, in both inpatient and outpatient setting, for the sick and well, infant, child, and adolescent. Include (but not limited to) the following:
 - A. Perform a ASQ (Ages and Stages Questionnaire)
 - B. Assess childhood growth patterns, such as
 - 1) Height
 - 2) Weight
 - 3) Head circumferences.
 - C. Obtain pediatric blood pressure.
 - D. Plot growth curve of pediatric patient.
 - E. Explain how to perform the Sexual Maturity Rating. (Tanner)
 - F. Gather data from physical/history exam and consider useful laboratory tests when evaluating a child with a possible common genetic disorder or a congenital malformation.
 - G. Interpret tympanograms to check the possible abnormalities of the eardrum.
 4. Record and interpret lab data such as the following:
 - A. Liver function test (LFTs), Complete blood count (CBC), Urinalysis (U/A), etc.
 - B. X-ray reports, EKG
 - C. Culture results
 5. Obtain historical information to assess patient's state of hydration.
 6. Recognize the physical exam findings of dehydration.
 7. Calculate and write IV orders for initial fluid replacement and maintenance fluids for a patient with dehydration from gastroenteritis or diabetic ketoacidosis.
 8. Explain the clinical consequences of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and hypokalemia. Include a discussion of the effect of pH on the serum potassium level.
 9. Explain to parents how to use oral rehydration therapy for mild/moderate dehydration.
 10. Describe appropriate schedules for preventive screening and health maintenance activities for the infant and child.
 11. Use and interpret screening tests for the infant and child. Include (but not limited to) the following:
 - A. Neonatal
 - B. Developmental
 - C. Hearing and vision
 - D. Lead.
 12. Discuss the nutritional advice to provide families. Include the following:
 - A. Discuss infant breast-feeding vs. formula feeding.
 - B. Explain why solids are added to an infant diet.
 - C. Explain the use of cow's milk.

13. Discuss how to advise families about the dietary prevention and treatment of common pediatric mineral (iron, fluoride, and calcium) and vitamin deficiencies.
14. Obtain a routine diet history on an infant that includes the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given (vitamins, fluoride, iron)
15. Determine whether a formula-fed infant is receiving adequate calories.
16. Recognize when nutritional assessment is necessary beyond infancy, and demonstrate how to obtain a daily diet diary with the assistance of a nutritionist.
17. Discuss with peers the physical findings of an abused child. Include the following:
 - A. Recognize patterns of and how to elicit information on which to diagnose non-accidental injuries and abuse.
 - B. Discuss ethical and legal responsibilities of physicians in identifying and reporting suspected abuse.
18. Deliver comprehensive care to patients in both inpatient and outpatient setting.
 - A. Compile and discuss problem list and differential diagnosis.
 - B. Formulate a plan of therapy.
 - C. Discuss management options.
 - D. Calculate a drug dose for infants and prepubertal children.
19. Outline the initial evaluation of a child with failure to thrive.
20. Discuss selected patients as well as topics of interest on both inpatient and outpatient pediatrics during informal conferences. Include (but not limited to) the following:
 - A. Disease process
 - B. Differential diagnoses of complaint
 - C. Ethical issues germane to condition.
21. Discuss principles of counseling and guidance for problems for infant, child, and adolescent lifestyles. Include the following:
 - A. Life style choices
 - B. Age appropriate behavior
 - C. Puberty and peripubertal adolescents
 - D. Injury prevention
 - E. Home safety
 - F. Immunization
 - G. Sexuality
 - H. Substance use and abuse.
22. Work cooperatively with assigned physicians with pediatric specialty training.
23. Generate prescriptions accurately, and check for interactions using drug database programs.
24. Demonstrate professional conduct that will contribute to positive physician, patient, and family relationships.
25. Demonstrate positive interpersonal skills that will enhance communication between the physician and the patient and his/her family.
26. Demonstrate intellectual curiosity, initiative, responsibility, and reliability by identifying a variety of key information sources and methods for accessing them. Include (but not limited to) the following:
 - A. Conducting online literature searches

- B. Utilizing drug, other database and decision support sources
 - C. Reading independently about disease processes of assigned patients.
27. Identify ways that practicing physicians can advocate for children.
 28. Describe the types of problems that benefit more from a community approach rather than an individual patient approach.
 29. Demonstrate familiarity with procedures common to pediatrics. Include, but not limited to, the following:
 - A. Venipuncture
 - B. Peripheral IV line placement
 - C. Lumbar puncture
 - D. Bladder catheterization.
 30. Have an understanding of health care value as it relates to patient care.

Developmental Pediatrics

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

PICU & HEM/ONC

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

Recommended Textbook: Blue Prints in Pediatrics, Marino, Sneak, & McMillan, Seventh Edition

Methods of Evaluating Students

20%	In-house written test/ Objective Structured Clinical Evaluation (OSCE)
50%	Clinical Evaluations (from faculty, attendings, and residents)
30%	National Board Subject Examination (must obtain a minimum score of 5th percentile to pass the clerkship)

Students must successfully complete and pass the NBME subject examination and clinical evaluations to receive a final grade. Failure to complete or pass either of these clerkship components will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated. Remediated components will NOT be averaged with the original grade. An unsuccessful second attempt for either component will result in an overall grade of “F” for the clerkship.

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

Numerical Grading System

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

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

M-III 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

PSYCHIATRY
NPSY D605

Chairman:	Meera Narasimhan, M.D.	803.434.4250
Columbia Clerkship Director:	Kaustubh Joshi, M.D.	803.434.4300
Columbia Clerkship Coordinator:	Felicia Hunter	803.434.4240
Florence Site Director:	Nik Modi, M.D.	918.860.0383
Clerkship Coordinator:	Amy Morgan	843.665.3156

First Day of Service

Time: 8:30 A.M. (Columbia; Videoconferencing to Florence)

Place: Clinical Education Building/ 15 MP

Contact: Felicia Hunter

Evening Call Required: Yes

Weekends Required: Possibly for Evening On-call

Description: The 6-week Psychiatry Clerkship consists of two consecutive three-week clinical assignments to inpatient psychiatric units, consultation-liaison services, emergency room, and/or outpatient/subspecialty psychiatric settings. During the clerkship, the students will be exposed to various patient populations, interact with patient with various psychopathologies, and attend didactics on various aspects of clinical psychiatry. Topics for these didactics include but are not limited to: psychiatric interview and mental status exam, the biopsychosocial formulation, drug and alcohol abuse, antipsychotics and mood stabilizers, antidepressants, personality disorders, psychotherapy, emergency psychiatry, forensic psychiatry, and geriatric psychiatry. Each student in Columbia will be required to meet with a resident tutor, who is assigned, during the length of the rotation to complete clinical vignette assignments; Florence students will meet with their attending psychiatrist to complete clinical vignettes. Although there is no one specific textbook used during the clerkship, students could gain information from Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 12th Edition by Kaplan & Sadock. Additional clinical case conferences are scheduled depending on the student's rotation site. In addition, attendance at an AA meeting with completion of a written reflection assignment is a requirement for all students, and completion of the nutritional assignment is also required of all students.

Diverse clinical rotation sites are available during the rotation including: Prisma Health USC Medical Group Outpatient Psychiatry Clinic, G. Werber Bryan Psychiatric Hospital (both adult and forensics campuses), and Prisma Health hospitals (Richland and Baptist).

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

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

ASSIGNMENT	DAYS/WEEK	CALL	DAY BEGINS AT OR
Two 3-Week Psychiatry Clinical Assignments*	5	2 evenings (5pm until 11pm, any day of the week, including Saturdays, Sundays, and holidays)	Usually between 8:00 and 8:30 a.m., but this will depend on the clinical site; some sites are start earlier

* Unexcused absences WILL require make-up time to be determined by the clerkship director.

Clerkship Objectives

Course Objective #	Course Objective
1	Recognize major psychiatric illnesses. Differentiate mental illness from normal emotional responses.
2	Assess general treatment concepts and medications for psychiatric illnesses.
3	Relate psychiatry as a medical discipline to the practice of general medicine.
4	Formulate differential diagnosis for patients.
5	Evaluate the psychiatric manifestations of pathophysiology.
6	Explain the concepts of personality traits and personality disorders as they relate to physical and mental illness.
7	Evaluate, and manage patients with psychoses associated with primary psychotic disorders, mood disorders, general medical conditions, and/or substance use.
8	Evaluate, and manage patients with mood disorders, psychotic disorders, anxiety disorders, and/or anxiety-related disorders.
9	Evaluate, and explain the management of patients with alcohol and other substance use disorders.
10	Explain the management of patients with the following: a. Acute reactions to stress, b. Adjustment disorders, c. Somatoform, d. Eating, and/or e. Psychosexual disorders.
11	Present to faculty a diagnostic formulation and undertake a differential diagnosis.
12	Explain the management of childhood psychiatric disorders.
13	Differentiate organic/medical problems from other psychiatric disorders.
14	Use psychotropic medications to treat psychiatric conditions.
15	Explain the indications, dosages, contraindications, major side effects, interactions, toxic and other adverse effects of psychotropic medications.
16	Discuss the general nature and purpose of psychotherapy and simple counseling techniques.
17	Discuss basic-prescribing skills for psychiatric disorders commonly encountered by non-psychiatrists.
18	Assess the difference between the adverse side effects of a treatment and the symptoms of the illness.
19	Develop psychiatric treatment plans, paying attention to the biopsychosocial aspects of illness.

20	Perform a Mental Status Exam (MSE) and a Mini-Mental Status Exam (MMSE), where appropriate, while utilizing good interviewing techniques and history taking.
21	Utilize laboratory tests and data in the evaluation and treatment phase of patient care, including special procedures such as follows when clinically indicated: a. EKG, b. EEG, c. CT, d. MRI.
22	Perform patient education and family education scenarios referring to the following: a. Pathological findings, b. Etiology, c. Epidemiology, d. Principles of treatment, e. Natural course of illness and prognosis.
23	Assess the functioning of the patient's family as part of the development of a patient's treatment plan.
24	Answer patient and family questions concerning all aspects of their medications.
25	Demonstrate avoidance of the following mistakes in interview technique: a. Interrupting the patient unnecessarily b. Asking long, complex questions c. Using jargon d. Asking questions in a manner suggesting the desired answer e. Asking questions in an interrogatory manner f. Ignoring patient verbal or non-verbal cues g. Making sudden inappropriate changes in topic h. Indicating patronizing or judgmental attitudes by verbal or non-verbal cues i. Incomplete questioning about important topics j. Asking questions in a check-list format
26	Explain psychiatric care in relation to the resources available in the community.
27	Evaluate the risk and discuss the management of potentially suicidal and/or violent patients.
28	Discuss informed consent, legal requirements for commitment to inpatient or outpatient mental health treatment, and confidentiality of patient information.
29	Formulate a plan of patient management, including when to refer to a specialist.
30	Explain the implications of a diagnosis to a patient.
31	Inform patients about the beneficial and potentially adverse effects of treatment.
32	Communicate medical information effectively, both verbally and in writing.
33	Promote compliance with prescribed treatment through patient education.
34	Discuss with patients the aspects of good mental health and how to reduce the risks of a psychiatric disorder.
35	Write admission and discharge orders (depending on clinical assignment) for all aspects of patients with various psychiatric disorders.
36	Demonstrate respect, empathy, responsiveness, and concern, regardless of the patients' problems or personality characteristics.

37	<p>Demonstrate sensitivity to and respect for patient similarities and differences in the following:</p> <ul style="list-style-type: none">a. Gender and gender identityb. Sexual orientation/identificationc. Cultural backgroundd. Racial/ethnic backgrounde. Agef. Socio-economic statusg. Educational levelh. Political viewsi. Personality traits
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38	Demonstrate cooperation with other members of the health care team.
39	Show capacity for critical thinking and constructive self-criticism.
40	Explain the necessity of good doctor-patient relationships.
41	Demonstrate taking a complete psychiatric history. Include the following: a. Identifying data, b. Referral source, c. Sources of information, d. Chief complaint, e. Present Illness, f. Past psychiatric history, g. Substance use history, h. Family history, i. Personal/social history, j. Medical history, k. Mental Status Exam.
42	Identify verbal and non-verbal expressions of mood in a patient's responses. Apply this information in assessing and treating the patient.
43	Conduct a patient interview in a manner that facilitates information gathering and formation of a therapeutic alliance.
44	Demonstrate the following interview skills: a. Appropriate initiation of the interview; b. Establishing rapport; c. Appropriate use of open-ended and closed questions; d. Techniques for asking "difficult" questions; e. Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, and summary statements; f. Soliciting and acknowledging expression of the patients' ideas, concerns, questions, and feelings about the illness and its treatment; g. Communicating information to patients in a clear fashion; h. Appropriate closure of the interview.
45	Use basic strategies for interviewing patients who present in the following manner: a. Disorganized thought process; b. Cognitively-impaired; c. Hostile/resistant; d. Mistrustful; e. Circumstantial/hypervocal; f. Unspontaneous/hypovocal; g. Potentially assaultive.

Treatment Concepts

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

General Medicine

1. Relate psychiatry as a medical discipline to the practice of general medicine.
2. Discuss informed consent, legal requirements for commitment for inpatient and outpatient mental health treatment, and confidentiality of patient information.
3. Formulate a plan of patient management, including when to refer to a specialist.
4. Explain the implications of a diagnosis to a patient.
5. Inform patients about the beneficial and potentially adverse effects of treatment. Communicate medical information effectively, both verbally and in writing.
6. Promote compliance with prescribed treatment through patient education.
7. Discuss with patients the aspects of good mental health and how to reduce the risks of a psychiatric disorder.
8. Write admission and discharge orders for all aspects of patients with various psychiatric disorders.
9. Demonstrate respect, empathy, responsiveness, and concern, regardless of the patients' problems or personality characteristics.
10. Discuss emotional responses to patients.
11. Demonstrate sensitivity to and respect for patient similarities and differences in the following: gender, ethnic background, sexual orientation, socio-economic status, education, political views, and personality traits.
12. Demonstrate cooperation with other members of the health care team.
13. Show capacity for critical thinking and constructive self-criticism.
14. Explain the necessity of good doctor-patient relationships.
15. Demonstrate taking a complete psychiatric history. Include the following: Identifying data, Referral source, Sources of information, Chief complaint, Present Illness, Past psychiatric history, Substance Use History, Family history, Personal/Social history, Medical history, Mental Status Exam.

16. Identify verbal and non-verbal expressions of mood in a patient's responses, and apply this information in assessing and treating the patient.
17. Conduct a patient interview in a manner that facilitates information gathering and formation of a therapeutic alliance.
18. Use basic strategies for interviewing who present in the following manner: Disorganized thought process; Cognitively- impaired; Hostile/resistant; Mistrustful; Circumstantial/hyperverbal; Non-spontaneous/hypoverbal; Potentially assaultive.
19. Demonstrate the following interview skills: Appropriate initiation of the interview; Establishing rapport; Appropriate use of open-ended and closed questions; Techniques for asking "difficult" questions; Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, and summary statements; Soliciting and acknowledging expression of the patients' ideas, concerns, questions, and feelings about the illness and its treatment; Communicating information to patients in a clear fashion; Appropriate closure of the interview.
20. Demonstrate avoidance of the following mistakes in interview technique: interrupting the patient unnecessarily; asking long, complex questions; using jargon; asking questions in a manner suggesting the desired answer; asking questions in an interrogatory manner; ignoring patient verbal or non-verbal cues; making sudden inappropriate changes in topic; indicating patronizing or judgmental attitudes by verbal or non-verbal cues; incomplete questioning about important topics; asking questions in a check-list format.
21. Analyze strengths and weaknesses of interviewing skills.

Methods of Evaluating Students

- | | |
|-----|---|
| 25% | 3-Week Psychiatry Rotation Clinical Evaluation for first clinical assignment (evaluations by attendings) |
| 25% | 3-Week Psychiatry Rotation Clinical Evaluation for second clinical assignment (evaluations by attendings) |
| 25% | NBME Psychiatry Subject Examination
(must obtain a minimum score of 5 th percentile to pass the clerkship; there is no adjusted score, i.e., the score you earn is the score you get) |
| 25% | OSCE (Observed Standardized Clinical Exam) [must obtain minimum score of 65 to pass clerkship] |

Pass/Fail Clerkship Requirements: Psychiatry ER after-hours call (two evening calls during the six-week rotation), Completion of all Tutorial Sessions, Attendance of AA Meeting with AA Written Reflective Assignment, Nutrition Case Study, Maintaining up to date PEC data, and Attendance at Grand Rounds and Case Conference Presentations.

25% of the clinical grades derived from direct observation of the student by each attending Psychiatrist, evaluation of the student's written material: recorded history and physical examinations and progress notes. Items assessed by this method include depth of general medical knowledge, depth of knowledge of basic neurosciences, and the application of basic neurosciences to the clinical circumstance, the ability of the student to garner a focused psychiatric history and ability to perform a complete psychiatric evaluation including the mental status examination.

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

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

Numerical Grading System (according to USC SOM policies)

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

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

Psychiatry CSAD card as of July 1, 2023

Required Curricular Activity	Date	Certification
Participate in Mid-Rotation Feedback Session		
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		
Participate in Tutoring Sessions		
Complete On-line Nutrition Assessment Case Study		
Complete Alcoholics Anonymous Reflection Assignment		

SURGERY
SURG D605

Chair: Amy Hildreth, M.D. 803.434-8820 ext 21211
Columbia Clerkship Director: Phillip Prest, D.O. 803.434-8800

Columbia Clerkship Coordinator: Natalie Hawkins 803.434-2769

Florence Site Director: Howard Farrell, 843.665.2900
Clerkship Coordinator: M.D. Amy Morgan 843.665.3156

First Day of Service (Columbia); Florence students report as directed by Dr. Farrell

Time: 8:00 A.M.
Place: Two Medical Park, Suite 306
Contact: Natalie Hawkins

Duty hours are twelve (12 hours) after start and can begin as early as 5:30 a.m. and no later than 11:00 p.m. depending on the service.

Evening Call Required: Yes

1. All (Columbia) call will be required at Prisma Health Richland (PHR)
2. Requirements for morning rounds and call at Florence will be outlined at the service orientation.

ASSIGNMENT	DAYS/WEEK	CALL	DAY BEGINS AT OR
Week 1	Average 5	Didactics and Skills Stations	8:00 a.m.
4 weeks (PHR)	Average 6	4 weekdays (M-Th) 1 Friday	6:00 a.m. ROUNDS
2 weeks (VA)	Average 5	or Sunday and 1 Saturday,	
1 week (Florence)	Average 5	PHR	

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

The surgical third-year clerkship is eight weeks in duration and is divided into four two-week blocks, including general surgery (two separate blocks), trauma surgery, and vascular surgery. Students will be assigned to evaluate and follow both in-patients and outpatients; students are considered an integral part of the treatment team for each surgical

service. Although they will not have sole responsibility for ward duties, they will be expected to become familiar with ward procedures and to participate in patient care activities. The required on-call schedule is once weekly.

Student teaching on the wards is provided by direct interaction with all levels of the staff, including junior and senior house staff and faculty. In addition to this hands-on learning experience on the surgical wards and in the clinics, the students will be presented a series of case-based modules by the surgical faculty. Students are also expected to attend the weekly vascular clinic, breast clinic, surgery clinic, Morbidity and Mortality conference, and Grand Rounds, as appropriate.

All students will take two written exams at weeks 4 and 6. At the end of the rotation, each student will take the NBME subject exam in Surgery and will also participate in the departmental Objective Structured Clinical Examination (OSCE).

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

Methods of Evaluating Students

- 25% Clinical Evaluations (from faculty and residents)
- 3% NBME Subject Examination (**SHELF exam**)
- 10% One Written Examination, One oral exam (5% each)
- 5% Defined Task List (2.5% each):
 1. Submission of 4 H&Ps to clerkship coordinator
 2. Confirmation that PEC data has been entered (50 minimum)
 3. Completion of all MED-U modules
 4. Completion of on-line nutrition module
 5. Completion of basic laparoscopic training skills
- 15% OSCE Exam
- 15% Case presentation

Students must successfully complete and pass all components to receive a final grade. Failure to complete or pass any clerkship component will result in a grade of Incomplete (I) until such time as the component(s) has been successfully completed and/or remediated. Remediated components will NOT be averaged with the original grade. An unsuccessful second attempt will result in an overall grade of “F” for the clerkship.

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

Numerical Grading System

90-100	= A
85-89	= B+
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Any final grade in a course or clerkship whose first decimal place is calculated to be 0.5 to 0.9 shall be rounded up to the next whole number, while grades whose first decimal place is calculated to be 0.1 to 0.4 should be rounded down to the lower number.

CLERKSHIP OBJECTIVES

Course Objective #	Course Objective
1	Demonstrate skill in history taking and physical examination, including assessment of peri-operative risk. Perform a minimum of two (2) history and physical examinations per week for eight weeks: <ol style="list-style-type: none"> Chief complaint History of present illness Past medical history Past surgical history Medications Allergies Family history Social history COMPLETE review of systems COMPLETE physical examination Labs X-rays Assessment and treatment plan for each surgical patient Brief discussion of patient's most likely diagnoses and treatment Brief discussion of one of the patient's problems
2	Explain the effects of illness, injury, and operation on the economic and psychosocial aspects of a patient's life.
3	Demonstrate the use of aseptic technique in patient care, for example, surgical scrub, preparation of op site and operating theatre protocol.
4	Draw a blood specimen, including both venous blood specimen and arterial blood specimen.
5	Assess patients with acute abdominal pain. Discuss the following questions: <ol style="list-style-type: none"> What is an acute abdomen? What causes an acute abdomen? How do I identify the cause? What skills do I need? When should I refer the patient?
6	Discuss the problem of hernia including the symptoms, physical findings, and examination techniques. Examine a patient to identify a groin hernia.

7	Describe the evaluation of the patient with a lump(s) in the neck to include thyroid, parathyroid, salivary glands, congenital lesions, and lymphadenopathy, including the pertinent history, physical, laboratory and other studies.
8	Describe a patient with a thyroid nodule(s) which is functional (or not), painful (or not) or interferes with swallowing and/or breathing.
9	Discuss the indications for operation on a patient with a lump in the neck.
10	Describe the complications specific to operations on the neck.
11	Describe the evaluation of the patient with hypercalcemia.
12	Perform surgical procedures that are basic to the expertise of all practicing physicians. Relate each procedure to the indications, contraindications and complications of various techniques. Include the following: a. Provide wound care (dressing changes). b. Perform suture techniques, including removing sutures and staples. c. Demonstrate knot tying. d. Place an intravenous line. e. Place a nasogastric tube. f. Place a Foley catheter (man and woman). g. Observe or place a central venous catheter. h. Excise or biopsy small skin, non-facial lesions
13	Demonstrate the ability to perform basic record keeping on a surgical service. Include the following: a. Pre and post-operative orders b. Operative note c. Daily progress note d. Discharge instructions. Include postoperative follow-up evaluations.
14	Explain the risk factors for atherosclerotic vascular disease.
15	Evaluate a patient for vascular disease including recognition of skin changes, pulses, ankle/brachial index, t-coms, and aneurysms.
16	Explain important laboratory and x-ray testing used in the assessment of atherosclerotic vascular disease.
17	Differentiate arterial, venous, and diabetic ulcers. Discuss prevention.
18	Describe patients who would benefit from evaluation by a vascular surgeon.
19	Discuss the pathophysiology and treatment of the various types of shock. Include the following: hypovolemic, septic, cardiogenic, neurogenic, and anaphylactic.
20	Assess the pathophysiology of the various processes that impair oxygenation and ventilation.
21	Identify the physiologic principles employed to improve oxygenation and ventilation.
22	Discuss the indications for intubation, mechanical ventilation.
23	Indicate the criteria for extubation of uncomplicated patients.
24	Differentiate between respiratory and metabolic acid-base disturbances.
25	Observe an upper gastrointestinal endoscopy to include informed consent, conscious sedation, indications, and risks to the patient (complications and diagnostic return).
26	Describe evaluation of the causes of upper gastrointestinal hemorrhage, acute or chronic.
27	Describe preoperative risk assessment of the heart, lungs, kidneys and endocrine (diabetes mellitus and adrenal), central nervous system and the differences in the elderly patient. Consider laboratory studies, imaging studies, etc. Include the following: a. Pulmonary (examples include: exercise tolerance, pulmonary function testing), b. Cardiovascular (ASA classification, Goldman criteria, echocardiography, nuclear imaging studies, Doppler)

	c. Renal (Bun/Cr, dialysis history) and medicinal effects on the kidney. d. Metabolic (nutritional assessment, thyroid and adrenal function, serum electrolytes)
28	Assess fluid and electrolyte balance, including hypervolemia, hypovolemia, and abnormalities of sodium, potassium and chloride.
29	Perform a preoperative history and physical examination. Include the following: a. Recognize known diseases, risk factors, urgency of operation, and medications etc. b. Write orders to evaluate the patient.
30	Perform a postoperative evaluation. Include the following components: a. Vital signs b. Fluid balance c. Wound d. Gastrointestinal function e. Respiratory function f. Deep venous thrombosis prevention g. Occult hemorrhage h. Nutritional aspects.
31	Discuss the pharmacological action, benefits, risks, and side effects of various pain control agents. a. Compare and contrast: parenteral vs. enteral agents. b. Describe the role of epidural and nerve blocks in pain management.
32	Describe the expected outcome of surgical procedures. Include the normal post-operative course for various common operations. Examples to include are as follows: a. Time to recovery, order of recovery of digestive function (stomach, small bowel, colon, etc.) b. Characteristics of a healing surgical wound c. Nutritional and fluid needs and options for replacement. d. Potential complications: prevention strategies. e. Discharge planning including when, where, and what activities, i.e. motor vehicle operation, time for return to work, exercise, diet, wound care, other medications, and follow-up accessibility.
33	Complete surgical nutrition computer module.
34	Discuss the clinical criteria of brain death.
35	Discuss the identification of a potential donor and what organs and tissues can be harvested.
36	Discuss the evaluation of medical suitability of the potential cadaver donor.
37	Describe organ sharing networks and how they work?
38	Discuss the indications, benefits and risks of blood transfusion and the issues related to blood donation.
39	Perform a comprehensive history and physical examination pertinent to a patient with breast disease including congenital malformations.
40	Discuss the evaluation and management of a patient with: Mastodynia, abscess, nipple discharge and rashes, and breast lumps.
41	Differentiate screening and diagnostic mammograms and discuss the indications for each.
42	Discuss risk assessment including hormone replacement therapy and the indications for genetic counseling. Identify patients who require consultation with a breast caretaker.
43	Discuss plastic surgical options including augmentation, reduction and reconstruction.
44	Demonstrate respect for the impact of breast disease on the psychosocial and physical well-being of the patient.
45	Observe a lower gastrointestinal endoscopy to include informed consent, conscious sedation, indications and risks (complications and diagnostic return).
46	Discuss "classic" history and physical exam findings for the following: a. Fissure b. Perianal abscess/fistula-in-ano

	c. Thrombosed hemorrhoid d. Hemorrhoids e. Pilonidal disease
47	Describe the evaluation of a patient with rectal bleeding.
48	Discuss indications for referring to a surgeon for inflammatory bowel disease, colon cancer, and diverticular disease.
49	Observe the following: a. Placement of a chest tube, to include indications, informed consent, conscious sedation, antibiotic use, and complications. b. Bronchoscopy to include differentiation between diagnostic and therapeutic indications, informed consent, conscious sedation, complications, and cost.
50	Demonstrate skill in history taking and physical examination of a patient with pulmonary or esophageal pathology including risk factors.
51	Discuss a pulmonary “coin lesion” and the indications for referral to a lung surgeon.
52	Identify the indications for a chest x-ray or CT scan of the chest and evaluate common findings on chest e-rays.
53	Demonstrate universal precautions in caring for surgical patients.
54	Describe the indications for urgent incision, drainage and/or debridement of soft tissue infections.
55	Discuss the clinical presentation of conditions which present as obstructions of the gastrointestinal tract, including hypertrophic pyloric stenosis, duodenal atresia, small bowel atresia, and intestinal volvulus.
56	Identify the correct sequence of priorities used in assessing the multiply injured patient.
57	Describe guidelines and techniques used in the initial resuscitation and including primary and secondary surveys and adjuncts to resuscitation and diagnosis when treating the multiply injured patient.
58	1. Describe the signs, symptoms, etiology and differential diagnosis of acute pancreatitis. 2. Discuss the long-term complications associated with acute pancreatitis and the indications for surgical consultation.
59	Describe the evaluation of a patient with right upper quadrant pain, acute and chronic.
60	Discuss the differential diagnosis of right upper quadrant abdominal pain with respect to the hepatobiliary system.
61	Describe the diagnostic evaluation of the jaundiced adult patient.
62	Discuss the aspects of heredity, screening, and the biologic progression from benign to malignant disease (polyp to cancer, inflammatory bowel disease to cancer.)
63	Discuss the indications and care of ostomies (colostomy and ileostomy). Discuss the potential for reestablishing intestinal continuity.
64	Describe the classic presentation of bowel obstruction (small and large), etiology, and initial resuscitation.
65	Differentiate mechanical bowel obstruction from “paralytic” ileus.
66	Describe the characteristics of malignant skin lesions including melanoma, basal and squamous cell cancers including etiology of all and the ABCDE’s of melanoma.
67	Biopsy skin lesions by incisional and excisional techniques.

Required Curricular Activity

Participate in Mid-Rotation Feedback Session

Complete Nutrition Assessment Case Study (on-line)

Complete4 History and Physical Examinations

Draw Arterial Blood Gas
Place Foley Catheter (Female)
Place Foley Catheter (Male)
Place Intravenous Line
Place Naso- or Orogastric Tube
Observe OR Place Central Venous Catheter
Perform Wound Management Techniques (dressing changes)
Observe or Place Chest Tube
Perform F.A.S.T.
Perform Postoperative Evaluation (Post-Op Check with notes)

Course Description and Goal

In February 2001, the Curriculum Committee endorsed a new requirement to the fourth-year medical student curriculum to begin in July 2003. Fourth year students will complete a four-week Acting Internship (AI) in one of the following disciplines: Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, or Surgery. This Acting Internship for senior students preferably emphasizes basic generalist competencies, but consideration will be given on an individual basis for the experience to occur in a subspecialty of one of the above disciplines. The student has primary and direct responsibility for the continuing care of patients in the community or in one of the University of South Carolina School of Medicine programs at Prisma Health Richland, Dorn Veterans Affairs Medical Center, Grand Strand Hospital, Carolinas Hospital System, or McLeod Regional Medical Center. The rotation can also be done as an away experience.

The objectives of this program are as follows:

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

Inpatient plus or minus ambulatory clinical learning experiences are used to achieve mastery of these competencies, but all experiences must provide the student with a substantial inpatient experience. Acting Interns are essential members of the ward teams, although students' patient loads can be adjusted according to their aptitude.

**WM. JENNINGS BRYAN DORN
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
COLUMBIA, SOUTH CAROLINA**

MEDICAL CENTER MEMORANDUM NO. 544-118SR-6

December 9, 2015

DRESS CODE GUIDELINES

1. **PURPOSE:** To provide medical center standard guidelines for the dress and appearance of employees in order to present a professional image to patients, visitors, and staff. These guidelines are applicable to all employees who have *patient or public contact during the course of their work*. This policy does not apply to employees who are subject to a uniform requirement.
2. **SCOPE:** This policy applies to this medical center and community-based outpatient clinics.
3. **POLICY:** Employees are expected to wear clothes suitable for business and to present themselves in a manner that brings credit to the medical center. All employees are expected to present a clean and neat appearance. Veteran Affairs-issued identification badges will be worn with picture/name side visible by all employees while in the performance of their duties. In job areas where personal protective equipment and clothing policies require a particular type of clothing, footwear, etc., or have jewelry restrictions, employees will comply with those policies, procedures, and/or needs.
4. **RESPONSIBILITIES:**
 - a. Service directors/service chiefs, and supervisors:
 1. Carry out the provisions of this policy within their service and respective sections.
 2. Allow short-term deviations from this policy to allow for services' "dress-down" days, such as "dress-down Fridays," special activity days, or for moving or special cleaning, etc.
 3. Brief and furnish a copy of this policy during their service orientation to new employees.
 4. May approve appropriately justified written requests for deviations to this policy.
 5. Ensure these standards of personal appearance are observed by employees in the work environment and provide information to employees in response to questions about this policy.
 6. Ensure any service-specific guidelines are in accordance with this policy and completed in conjunction with labor management obligation.
 - b. Employees:
 1. Adhere to the dress code guidelines in this policy and seek information from their supervisor as necessary.
 2. Provide a medical statement to their service director/service chief when a medical condition may cause a deviation from this policy.
 3. Those or employees who do not comply with this policy will be considered inappropriately dressed. This may require the employee to be sent home by his/her supervisor with a charge to the employee's own leave. The supervisor and labor partners may jointly determine the appropriateness of the attire/personal appearance. Employees who fail to comply with this policy will be subject to administrative action.

5. **PROCEDURES:** The following are medical center dress code guidelines:

a. **Accessories:**

1. Identification badges will be worn at least midway above the waist at all times. The employee's name and photograph must be clearly visible. No pins or other items are to be placed on the badges because of the intricate internal wiring. Damaged or lost badges will be replaced immediately.
2. Footwear will be conducive to a quiet and safe hospital environment. Shoes will be clean, safe, and compatible with the medical center environment and assigned duties. Flip flops are prohibited. Footwear with cleats or which is otherwise inappropriate for the hospital environment will not be worn.
3. Caps or hats may be worn by designated employees as required in the performance of their duties.
4. Sunglasses or dark eyeglasses will not be worn inside the medical center unless prescribed by a physician for indoor wear.

b. **Clothing:** All clothing is to be neat, clean, wrinkle free, in good repair, and appropriate to the position the employee holds. Articles of clothing that are inappropriate are not limited to the following:

1. Jean pants are not appropriate dress in the medical center. The Director may make exceptions for special events and duties.
2. Dresses or skirts with extremely short hemlines. (An appropriate hemline is 2 (two) inches above the knee.)
3. Jogging suits, sweat suits, warm-ups, shorts, form fitting stretch pants, and tee-shirts are not appropriate dress in the medical center.
4. Backless, strapless or cropped tops which are exposed are inappropriate.
5. Clothing with "slogans" is prohibited; these may give the appearance of product or theme endorsement. This does not include t-shirts which depict the AFGE logo.

c. **Business Casual Fridays:** Each Friday is designated as "Business Casual Friday." Employees may wear business casual attire which is neat and appropriate. Avoid tight or baggy clothing; business casual is professional attire.

d. **Infection Control/Safety:**

1. **Fingernails:** Acrylic nails for all direct health care workers, pharmacists, and food production staff, are prohibited. Nails will not be longer than 1/4 to 1/8 inch above the nail bed for all direct health care workers, pharmacists, and food production staff. All nails will be clean and of a length that does not pose potential injury to patients or otherwise create a safety or infection hazard.
2. Dangling earrings and beads/necklaces will not be worn in patient care areas or around machinery. Facial jewelry other than earrings is prohibited.
3. Perfumes/fragrances may cause a reaction for employees with allergies and/or who are sensitive to odor. Employees will be sensitive and responsive to concerns by others who are allergic and/or sensitive to perfumes/fragrances.

4. Items such as radios/cassettes/CDs which require the use of earphones will not be worn while on duty. This does not preclude the use of these devices during breaks and lunch periods.

e. Religious Accommodation: There will be no discrimination as to ethnic, religious, or cultural preference.

6. REFERENCES:

- a. Nursing Practice Policy 610, Nursing Dress Code Policy.
- b. CDC Hand Hygiene Guidelines, 2004.
- c.

7. RESCISSION: Medical Center Memorandum 544-941 dated December 27, 2012.

8. FOLLOW-UP RESPONSIBILITY: Chief, Stakeholder Relations Service Line. This memorandum is due for reissue annually and will be updated as program requirements change, but no later than 3 years from the date of issue.

/s/

Timothy B. McMurry
Medical Center Director

APPENDICES

McLeod Health

The Choice for Medical Excellence

HUMAN RESOURCES

DRESS CODE

THIS POLICY DOES NOT CREATE AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. ALL EMPLOYEES OF MCLEOD HEALTH ARE EMPLOYED "AT WILL", EXCEPT FOR THOSE EMPLOYEES WHO ARE EMPLOYED PURSUANT TO A WRITTEN CONTRACT OF EMPLOYMENT SIGNED BY THE EMPLOYEE AND AN APPROPRIATE OFFICIAL OF MCLEOD HEALTH. THIS MEANS THAT AN EMPLOYEE IS FREE TO END HIS/HER RELATIONSHIP WITH MCLEOD HEALTH AT ANY TIME FOR ANY REASON, AND THAT MCLEOD HEALTH IS ALSO FREE TO END THE RELATIONSHIP AT ANY TIME. MCLEOD HEALTH RESERVES THE RIGHT TO CHANGE, REPLACE OR WITHDRAW THIS POLICY AT ANY TIME.

I. Purpose Statement

McLeod Health prides itself in presenting a professional and progressive image. Our public, including patients, physician staff, and the Pee Dee community form impressions very quickly of McLeod Health based on the appearance of the buildings, interiors, personnel and equipment. The image of McLeod Health is readily reflected in the appearance of its employees. This policy will establish general rules and guidelines with which all employees, both uniformed and non-uniformed, including management, volunteers and employed or contract physicians are required to comply.

NOTE: Vice Presidents and Dress Code Committee meet annually in September to review policy and any requests of changes to the policy. Requests for changes must be presented in writing with the explanation for the request. Initial approvals will be made by the Vice President then the Dress Code Committee, which consists of representatives from the Public Information Office, Human Resources, Nursing, Clinical/Non-Clinical areas, and Administration.

II. Policy

McLeod Health requires all staff to present a clean, tasteful, well-groomed appearance during all work and training time. Extremes in dress, jewelry, cosmetics or hairstyles will not be acceptable. All employees and non-employee providers/students are required to wear id badges issued by McLeod Health only on the exterior left side of the approved apparel, either attached to the left breast pocket or the left chest area of an outer garment. (Non-employed providers/students include clinical trainees, medical staff, medical students, interns, resident physicians, contract staff, volunteers, clergy and active Board Members.) Only two authorized pins may be worn on the id badge holders. (See HR Policy Employee Identification.) The wearing of buttons, pins or badges that do not relate to better health-care delivery is prohibited. Only McLeod Health reel pulls may be worn as part of the id badges.

Each department requiring uniforms is responsible for developing and maintaining specific rules for that department in accordance with the code outlined in this policy. Uniform colors will comply with those colors approved for McLeod Health attire. Should a department need exceptions to these dress codes, they must be approved by McLeod Health Leadership Council.

III. Procedure

The following are minimum acceptable standards for male and female employees:

A. Male Employees

1. Hair - No longer than collar level. No extreme styles, i.e. punk, Mohawk, etc. No extreme dyed colors.

2. Beards/Mustaches/Sideburns - Allowed as long as they are kept neatly trimmed and do not present a bushy or unkempt appearance. Mustaches must not extend onto or over the upper lip and must extend to the corners of the mouth, but not beyond or below the corners. Goatees are acceptable if trimmed and combed and not of an excessive length. Employees who are expected as a part of their job responsibilities to be in patient rooms and/or those giving direct patient care, must be able to wear respiratory protection that requires fit-testing. These employees cannot have facial hair that would interfere with the maintenance of a proper seal. Employees who are unable to shave facial hair due to medical reasons or facial anatomical reasons should review these reasons with their Director and be prepared to provide medical documentation to support their request for accommodation.
3. Fingernails - Must be neatly trimmed with no dirt showing.
4. Jewelry - Minimum. Jewelry may not constitute a safety hazard. The wearing of rings should be minimized. The wearing of earrings and other visible body piercing jewelry is not acceptable.
5. Personal Hygiene - Personal hygiene must be maintained at all time. Use of anti-perspirant or deodorant is required. For the same reasons, the use of strong, heavy scents and fragrances is not permitted. If you choose to wear a scent or fragrance product, please be considerate of others and select a light, mild scent.
6. Cosmetics/Makeup - Use of makeup to cover facial blemishes is acceptable. Use of makeup for other parts of the body, i.e. hands, legs, etc. is not permitted.
7. Clothing - Employees are expected to conform to neatness and good taste in their dress. As a general rule, conservative attire and attire that is specific to the male gender is required. Departure from conventional business dress is not acceptable. To meet this standard, where possible, male employees should wear coats and ties, i.e. suits, sport jackets, slacks and ties, or conservative slacks, dress shirts and ties. An open collar with a slackened tie is not acceptable. Dress shirts and polo shirts must be tucked into pants. All clothing must be of proper length and knickers are not acceptable. Casual outfits such as jeans, denim clothes, or athletic attire are not acceptable, except for those employees who change into scrub outfits or other professional attire immediately upon entering into the building. Employees will not be permitted to come to work, annual training, any educational training, or any outside McLeod-sponsored event, dressed in shorts, unauthorized t-shirts, tank tops, belts with large buckles, and items that are not sufficiently opaque to conceal undergarments. Shorts are not acceptable unless designated as part of the departmental uniform. Employees of direct patient care areas should refer to department standards.
8. Socks - Conservative socks in solid colors that match conservative business attire should be worn at all times.
9. Shoes - Shoes should be clean and polished. Safety, comfort and appearance are the main considerations for acceptable footwear. All shoes must conform to the standard of conservative but professional looking business attire. Safety concerns prohibit wearing sandals. Casual footwear is not acceptable (i.e. tennis, deck shoes, sandals). Athletic shoes are acceptable as long as they are clean and conform to safety and appearance.
10. Jeans - Jeans of any description, including denim or clothes cut in jean styles, are not acceptable. One exception to this is for employees who change into scrub outfits immediately upon arrival at the hospital. In this case, jeans may be worn to work. An employee wearing jeans to work must change into scrub outfits before going to any other area of the hospital.
11. Undergarments - Appropriate undergarments are to be worn under all clothing and colors and prints are not to be visible through the outer pants of uniforms.
12. Tattoos - Employees with tattoos should have them covered with clothing during all working and training hours. They must not be visible. For tattoos unable to be concealed with clothing, the use of a flesh colored, clean covering is appropriate. Employees should consult their directors to ensure the covering method chosen meets infection control procedures for their work area.

B. Female Employees

1. 1. Hair - Must be clean and well-groomed conservative and professional at all times. Extreme hairstyles are not acceptable, i.e. punk, Mohawk, etc. Extreme colored dyes are unacceptable. Hair clips or hair bands that closely match hair color are acceptable for uniformed employees. Those individuals in business attire may wear conservative hair clips that match other jewelry accessories (gold, silver or pearls). No scarves or beads are

allowed to be worn in the hair. Employees involved in direct patient care, or wearing uniform denoting that role, must keep hair above or at shoulder length or secure/style hair in a manner to keep it behind the shoulders, or otherwise pulled back.

2. 2. Fingernails - Fingernails should not extend beyond the tip of the finger, appropriate to the job duties. If the role blends into clinical responsibility, clinical nail requirements apply. Nail polishes are acceptable as long as they blend with moderate makeup and fit the professional image that McLeod Health portrays. Any extreme nail length which interferes with a person's work or safety is unacceptable. In following the Center for Disease Control guidelines for hand hygiene, employees with patient contact may not wear artificial fingernails, nail wraps, nail extensions, or other artificial nail lengthening devices while at work.
3. 3. Jewelry - Jewelry should be tastefully minimized and appropriate for all business and professional attire. For employees in direct patient care, necklaces (longer than 22"), bracelets, long earrings, hoop earrings beyond the bottom of the lobe, etc. are not acceptable as they present a safety hazard. Visible body piercing jewelry is not acceptable (example: tongue piercings). Earrings should be limited to the ears only with no greater than two acceptable earrings per ear in the lobe only. Earrings may be clip-on, pierced, hoop or dangle, and they must be worn on the bottom of the earlobe. Earrings may not exceed the size of a quarter.
4. 4. Personal Hygiene - Personal hygiene must be maintained at all time. Use of anti-perspirant or deodorant is required. For the same reasons, the use of strong, heavy scents and fragrances is not permitted. If you choose to wear a scent or fragrance product, please be considerate of others and select a light, mild scent.
5. 5. Cosmetics/Makeup - Moderate use of makeup best serves the purpose of a conservative business operation. Use of makeup to cover facial blemishes is acceptable. Heavy use of makeup for other parts of the body, i.e. hands, legs, etc. is not acceptable. Application of dramatic colored eye shadows, rouges, blushes or lipsticks is unacceptable.
6. Clothing - Uniforms, dresses, suits or coordinated blouse/slack outfits, specific to the female gender, and suitable for a business/medical environment are acceptable. Departure from conventional business attire is not acceptable i.e., hemlines must not exceed to two inches above the knee; slacks must be of proper length to touch the ankles, tight cuffed, stirrup pants, capri pants, peddle pushers, or gathered pants legs are unacceptable; bell-bottom pants are also unacceptable. Casual outfits such as jeans, denim clothes or athletic attire are not acceptable except for those employees who change into scrub outfits or other professional attire immediately upon entering into the building. Employees will not be permitted to come to work, annual training, any educational training, or any outside McLeod-sponsored event, dressed in shorts, unauthorized t-shirts, tank tops, belts with large buckles, halter-tops, bare midriff shirts and blouses, sundresses and items that are not sufficiently opaque to conceal undergarments. Shorts are not acceptable unless designated as part of the departmental uniform. When the uniform allows for polo shirts, the shirt must be tucked into the pants/skirt. Employees of direct patient care areas should refer to departmental standards.
8. 7. Hose - Hose are not required unless part of the employee's departmental dress code/uniform. If worn, hose should be an appropriate color to blend with the outfit. Patterned hose are unacceptable to wear in a conservative business environment. Hose of an appropriate color will always be worn in an area that requires uniforms and with a dress or skirt in all other areas. Hose are not required with pants.
9. 8. Shoes - Shoes should be clean and polished. Safety, comfort and appearance are the main considerations for acceptable footwear. All shoes must conform to the standard of conservative but professional looking business attire. In non-clinical areas, shoes can have a peep toes and must have a heel strap. Safety concerns prohibit wearing sandals. Deck shoes, sandals and other similar casual footwear are not acceptable. Athletic shoes are acceptable as long as they are clean and conform to safety and appearance.
10. Undergarments - Appropriate undergarments are to be worn under all clothing and colors and prints are not visible through the outer pants of uniforms.
11. 10. Tattoos - Employees with tattoos should have them covered during all working and training hours. They must not be visible. For tattoos unable to be concealed with clothing, the use of a flesh colored, clean covering is appropriate. Employees should consult their directors to ensure the covering method chosen meets infection control procedures for their work area.

C. Uniforms

1. All departments that require uniforms will establish and maintain separate rules and guidelines for those departments, and they shall be presented to the Dress Code Committee for review and presentation to Administration for final approval. The following are the approved colors for uniforms, scrubs suits, scrub jackets worn in clinical areas:
2. a. Teal (under brand name Landau), aka RETW Teal (under brand name Cherokee) - this is a continuation of a previously approved color;
3. Caribbean Blue (under brand name Landau and Grey's Anatomy), aka CARW Blue (under brand name Cherokee) - this is a continuation of a previously approved color;
4. c. Wine (under brand name Landau and Grey's Anatomy), aka WINW Wine (under brand name Cherokee), aka WINL Wine (under brand name Life Uniform).
5. White Accessories:
6. Wrap - White lab coat, cardigan style sweater, approved warm-up jackets. Matching turtleneck may be worn under scrubs.
7. Pants - May have wide banded cuffs
8. Shoes - White duty shoes or approved athletic shoes
9. Hose - White (non-textured)
10. Socks - Solid white (above ankles) with slacks only NO DENIM - NO PULL OVER VESTS OR SWEATERS - NO SHORTS OR CULOTTES - NO OTHER COLORS - NO CORDUROY - NO JEAN STYLE PANTS - NO NON-UNIFORM TYPE MATERIAL (i.e., T-shirts, sweatshirt, sheer, sweater knit).
11. 2. The general guidelines for conservative and professional looking business attire will apply to all employees required to wear uniforms. Uniforms must consist of no more than 2 colors with white being one color. Any of the other approved colors may be worn with white. Jackets and pants must match in color. Long-sleeve shirts are permitted under uniforms provided they are white.
12. 3. New employees are required to purchase uniforms. For information on purchase of uniforms, refer to Uniform Purchase Policy.
13. Sleeve patches denoting the employee's professional affiliation may be worn subject to the Department Director's and Administration's approval.
14. 5. Service Award pins, Guest Relations pins, professional school pins, professional organization pins are appropriate for uniforms if neatly displayed. Employees are prohibited from wearing buttons, pins or badges that do not relate to better health-care delivery.
15. 6. Shoes and hosiery/socks are considered a part of the uniform. Individual departments may designate special requirements for footwear as part of the prescribed uniform or if necessary to conform to safety or sanitation standards. For personal safety, uniform shoes, mules, and clogs must have a heel lip or strap.
16. 7. All employees are required to keep uniforms in a satisfactory condition of cleanliness and appearance at all times.
17. 8. Employees working for a second employer may not wear that employer's uniform on the job at McLeod Health. Hospital uniforms or scrub suits may not be taken out of the hospital.
18. Assignment of Responsibility
19. 1. Department Directors are responsible for the appropriateness of dress and appearance of those employees under their supervision. Department Directors and supervisors shall observe the appearance and dress of their employees on a daily basis and ensure compliance with the provisions of this policy.
20. 2. Department Directors will advise all employees of the provisions of this policy and of any special departmental requirements established due to the nature and work conditions within the department. 3. Any employee found to be in violation of this policy will be required to take measures to comply. In addition, such employee may be subject to corrective action per McLeod Health policy.

IV. Equipment Needed Not Applicable

V. Addendums McLeod Loris/Seacoast Hospital | All clinical areas: May wear black and brown shoes; all other shoe requirements must be met.

| Respiratory Therapy: A jacket/vest to match uniform color may be worn.

| Pharmacy: Pharmacists can wear business attire, technicians must wear scrubs.

| Food and Nutrition: | Cooks, Dietary Aides, Supervisors: White uniform top, black pants or skirt and solid black slip resistant shoes. | Hostess: Black pants or skirt, white button down shirt and black vest with black slip resistant shoes. | Cafeteria Aide and Cashiers: Black pants or skirt, white uniform top and black apron with black slip resistant shoes. | Center for Health and Fitness: Khaki shorts for outpatient rehab and aquatics. Aquatics approved attire include male: swim trunks and t-shirt; female: one-piece swimwear and t-shirt; flip-flops or water shoes are acceptable.

McLeod Health Cheraw All clinical areas may wear black, brown, or white shoes; all other shoe requirements must be met.

VI. Attachments [DRESS CODE GRID 1-2016.pdf](#)

6 VII. Related Links Not Applicable Reference Information Policy Number: MHIC-18322-6 Initial Date: 06/88

Effective Date: 01/16 Revision Date: 01/16 Revision History:

11/89,10/99,9/02,7/04,9/04,7/06,1/07,7/09,9/09,10/09,6/10,2/11,8/11,2/12,10/12,11/12,12/13,12/13,0

4/14,09/14,03/15,12/15,01/16 Review History: Supersedes: This Policy Has Been Reviewed and Approved For: Center for Health & Fitness McLeod Behavioral Health McLeod Family Medicine Center McLeod Health & Fitness Center McLeod Health Cheraw McLeod Loris McLeod Medical Center Darlington McLeod Medical Center Dillon McLeod Physician Associates McLeod Regional Medical Center of the Pee Dee, Inc. McLeod Regional Medical Center of the Pee Dee, Inc. d/b/a Hospice of the Pee Dee McLeod Regional Medical Center of the Pee Dee, Inc. d/b/a McLeod Ambulatory Surgery Center McLeod Regional Medical Center of the Pee Dee, Inc. d/b/a McLeod Home Health McLeod Regional Medical Center of the Pee Dee, Inc. McLeod RSV Clinic McLeod Seacoast McLeod Urgent Care Center McLeod Urgent Care Darlington Owning Department: Human Resources Owner: SHANNON CARR Person in Charge of Policy Maintenance: SUSAN BRAUSS



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

Dress Code

Approved Date: 09/25/2019)	Effective Date: 10/1/2019	Review Date: 09/25/2020)
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Scope:

Prisma Health-Midlands		Prisma Health-Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement:

Team Members are representatives of Prisma Health and are expected to maintain an overall professional appearance to support patient care and a safe environment.

Associated Policies and Procedures:

- [Prisma Health-Midlands Approved Uniform List](#)
- [Prisma Health-Upstate Departmental Approved Uniform List \(S-104-06\) Human Resources - Identification Badges](#)

Associated Lippincott Procedures: (as applicable)

N/A

Definition:

N/A

Responsible Positions:

N/A

Equipment Needed:

N/A

Procedural Steps:

1. Fragrances (perfumes, colognes, after-shaves, etc.) will not be worn while on duty as it may cause potentially harmful allergic reactions to patients or coworkers. Team members must not smell of tobacco or tobacco smoke while on duty.
2. Jewelry should be worn conservatively and appropriately.
3. Fingernails should be kept clean. In clinical care areas as determined by each campus: Natural fingernails are to be kept less than ¼ inch in length, and nail polish must not be chipped or cracked. Artificial fingernails and extensions, including nail wraps, overlays, and nail jewelry, are also not to be worn in those clinical areas.
4. Hair length, cleanliness and styling of team member's hair, including facial hair, shall conform to generally accepted business and professional standards. Team members involved in patient care must wear their hair pulled back and secured.
5. Only appropriate and professional jewelry may be worn including piercings. Tongue and dental jewelry is not permitted. Nose piercings are limited to a single, simple non-protruding stud. All other body piercings (gauged ears, lips, eyebrows, etc.) should be plugged with non-detectable coverings. Leadership also has the discretion to require that a team member cover/remove any piercings that could be considered offensive and potentially harmful (e.g. impedes job performance or presents an infection control risk).
6. Any visible tattoos of a violent or inappropriate nature should be covered (e.g. long sleeve shirt, pants, gloves, or other approved clothing styles, makeup can be used-if complete and undetectable coverage of tattoo.) Prisma Health also has the discretion to require that a team member cover any tattoo(s).
7. The team member ID badge is part of each team member's official attire and must be worn at all times. The ID badge should be clearly visible and worn above the waist. The ID badge must remain in the forward

facing position at all times.

8. All apparel must be worn conservatively (e.g., no bare midriffs or low-cut shirts/blouses, no sweat pants, no tight pants) and be appropriate for business needs and settings. Dress and skirt must be maintained at an appropriate length. Shorts, denim jeans and T-shirts are not allowed, however Directors and Vice Presidents may make limited exceptions to this rule.
For example, a Vice President or equivalent may allow his/her team members to wear jeans as they deem appropriate. Team members that do not have interactions with patients, families, and other customers can dress business casual or smart casual.
 - 8.1 Business casual – style of dress for a professional work environment, without the suit and tie.
 - 8.2 Smart casual – a combination of professional and informal attire, usually accented by a blazer and dress shoes.
9. Shoes must be appropriate for a standard business setting. In clinical areas, open toe shoes are not permitted.
10. Lab Coats. Lab coats may be worn when authorized by departmental leadership.
11. Team Members Required to Wear Uniforms
 - 11.1. All team members who are required to wear uniforms are responsible for the purchase and maintenance of such uniforms. An exception to this rule is made for team members working in areas deemed as "scrub specialty areas" in which hospital owned and laundered scrubs are required.
 - 11.2. Uniforms should be clean, neatly pressed, in good condition and appropriate for the patient care setting.
 - 11.3. Team members providing inpatient and outpatient care on our hospital campuses and in our freestanding facilities, including support services must abide by the color- coded standardized clinical attire that is organized by role, as noted below at each affiliate or associated physician practice. Leaders have a complete chart with uniform requirements by area, including details for support services team members.
12. Team members who are found in violation of this policy may be sent home and/or may receive corrective action up to and including termination.

References:

N/A

Appendixes:

Dress Code – Appendix A: Prisma Health-Midlands Approved Uniform List
Dress Code – Appendix B: Prisma Health-Upstate Departmental Approved Uniform List

UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE

Appendices

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 of 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: 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. 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. 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. 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. 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