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The Table of Contents above is hyperlinked so that clicking a topic navigates to that location in the document.
On behalf of the Office of Student Affairs and Admissions, welcome to the University of South Carolina School of Medicine Greenville. Our office staff have relevant training and experience to capably assist you throughout the various stages of medical education, from application and admission, through registration, financial aid, advisement, medical career selection, and the residency match process. This Student Handbook describes the resources and services that have been developed to nurture an engaging and stimulating learning environment.

We are fortunate to have two well established institutions as our partners in this medical school endeavor, the University of South Carolina and the Greenville Health System. Part of the mission of the Student Affairs and Admissions Office is to help these institutional partners mesh their resources to most productively serve medical education. As a new school, we do appreciate and encourage the responsibility that our early medical student classes will have to engage our faculty and staff in cooperatively creating the culture of our medical school.

Medical school is a challenging journey and the Office of Student Affairs and Admissions is committed to constructively guiding students along the way. Your success is important to us, and we pledge to support your personal and professional development. We appreciate the abilities and sincere motivation of our students and are honored to assist you in your education so you attain the goal of becoming medical doctors, the physicians of tomorrow who will nobly serve our people and communities.

**THE MISSION, VISION, GOALS AND GUIDING PRINCIPLES OF THE SCHOOL OF MEDICINE**

**MISSION**

Educate health professionals to care compassionately, teach innovatively, and improve constantly through health services research.

**VISION**

Educate and advance knowledge to transform health care for the benefit of the people and diverse communities we serve.

**GOALS**

In order to fulfill its mission and vision, USC School of Medicine Greenville has adopted the following goals:

a. To educate physicians competent in medical knowledge, patient care and technical skill, who are champions of collaborative interpersonal communication, professional responsibility and ethical behavior.
b. To educate physicians who take responsibility for the health care needs of their communities, are responsive to transformation that improves patient-centered care and who understand the interdependent relationship of the physician, the hospital and all other health care providers.

c. To create a School of Medicine capable of meeting the changing societal health care needs.

d. To educate physicians committed to evidence-based, cost-effective care standardization, quality, patient safety, and ongoing comparative effectiveness research.

GUIDING PRINCIPLES

1. USCSOM Greenville will be responsive to the changing health care needs of our society.
2. USCSOM Greenville will strive to consider the needs of the students, faculty, and administration in a manner which enhances the stature of both USC and GHS.
3. USCSOM Greenville understands that health care delivery is constantly evolving and that its physician graduates should facilitate and advocate transformation that improves care provision.
4. USCSOM Greenville will be integrated with all aspects of the GHS delivery system.
5. USCSOM Greenville will graduate physicians who understand and participate in research that compares the relative clinical effectiveness and outcomes of various treatments.
6. USCSOM Greenville supports development of a health care workforce that reflects future societal needs and the diversity of the communities served.
7. USCSOM Greenville will educate physicians to be champions for patient safety, standardization, evidence based care, and quality; responsive to the medical needs of their community; sensitive to the societal cost of medicine; activists for the education of the future health care workforce; and practitioners that care for all patients regardless of race, social stature, or ability to pay.
8. USCSOM Greenville students will practice patient centered care that values the interdependent roles of health care providers and facilities in service to their patients.
9. USCSOM Greenville will produce physicians competent not only in medical knowledge, technical skill, and patient care, but also in compassion, collaborative interpersonal communication, professional responsibility and ethical behavior.
10. USCSOM Greenville believes that candidates for medical school who value professionalism and possess exceptional interpersonal communication skills can be prepared, identified, and selected to become successful practicing physicians.
11. USCSOM Greenville will establish a learning environment that emphasizes the relationship between undergraduate medical education and the real world of patient care.
12. USCSOM Greenville strives to alleviate the cost of medical education as a significant barrier to student matriculation and graduation, or as a factor in the selection of a career specialty.
13. USCSOM Greenville utilizes policies and procedures that synergistically combine the academic virtues of USC with the operational efficiencies of the GHS health system to the benefit of its students, faculty and staff.
14. USCSOM Greenville faculty will emphasize and demonstrate the clinical import of the materials that they teach.
15. USCSOM Greenville faculty selection, development, and promotion processes will favor those committed to their profession as a calling; who view their teaching ability as a gift and privilege.

16. USCSOM Greenville graduates will be fully prepared and highly competitive to enter graduate medical education.

17. USCSOM Greenville appreciates that access to medical information is constantly changing and that educational focus must continually emphasize methods to optimally acquire the most current knowledge.

18. USCSOM Greenville will utilize educational resources, infrastructure and technology in a fiscally responsible manner, incorporating external resources in the education of health care students when advantageous.

**EXPENSES AND FINANCIAL AID**

**Tuition, Fees & Estimated Expenses**

Tuition is typically set in June, and then posted online by July 1st of each year, and bills are usually posted to Self Service Carolina (SSC) around July 15th of each year. Updated tuition and fees are available at the Bursar’s office website: [www.sc.edu/bursar](http://www.sc.edu/bursar)

Living Expenses Estimates for living expenses will be updated each year, and can be found on our website: [http://www.greenvillemed.sc.edu/financial_tuition.shtml](http://www.greenvillemed.sc.edu/financial_tuition.shtml)

Be mindful that your fees and expenses will change as you progress through medical school (eg. You only pay the Gross Anatomy fee in the Fall of your M-I year).

**Tuition Refund Policy**

Should a student seek to withdraw or change their enrollment status, USC School of Medicine Greenville tuition refund policy is consistent with the university policy providing pro-rated refund amounts based on the percentage of the parts of term / enrollment period that has been completed (see [USC policy FINA 4.06 - Refund of Academic Fees](http://www.sc.edu/bursar)). Since the medical school curriculum does not follow a standard semester based course format, the refund schedules for the medical school will not be posted on a course by course basis at the USC Registrar’s website; rather refund calculations will be determined by the Office of Student Affairs and Admissions in cooperation with the university Registrar and Bursar. Students seeking to withdraw should contact Casey Wiley in the School of Medicine Office of Student Affairs and Admissions to determine if federal aid money will need to be returned to the Department of Education, creating a bill to be paid to USC.
Financial Aid and Scholarships

Financial Aid Office
Casey Wiley, M.Ed.
Location: Health Sciences Education Building, Student Affairs and Admissions Suite
Email: cwiley@ghs.org
Phone: 864-455-8204
Website: http://greenvillemed.sc.edu/financial.shtml

Financial Aid is available to all full-time medical students who meet certain requirements set forth by the aid providers, and comes primarily in two forms: Loans and Scholarships.

Loans are available through the Department of Education’s FAFSA website: http://www.fafsa.ed.gov (recommended) and through private banks and lenders as well. All students should begin by borrowing the Federal Direct Unsubsidized loan as this loan offers more protections and lower interest rates than the typical private loan. To apply for this loan, a student must complete a FAFSA. Once these funds are expended, we recommend that you consider a Grad PLUS loan to cover any remaining expenses as the same federal repayment and protection options apply to this loan as well. At the USC School of Medicine Greenville, we highly recommend to every student that they complete the FAFSA prior to USC’s April 1st priority deadline regardless of their intention of accepting loans or aid in any form. This is recommended so that a student may have faster access to funds should an emergency arise. Private loans are considered a loan of last resort, and should be used when all other options have been considered.

Please visit www.sc.edu/financialaid for more information concerning all loan options. You can also visit the financial aid page (above) for links and calculation tools to help you decide on your loan amounts.

All incoming students are encouraged to apply for scholarships at the USC School of Medicine Greenville by completing both the FAFSA and the Scholarship Application. A Scholarship Committee composed of faculty, staff and community representatives evaluates the applications and makes decisions on scholarship awards.

Students are also encouraged to research and apply for scholarships from outside providers. More information, including the scholarship application form, is available on the Financial Aid website. Note that a scholarship award may decrease a previously posted loan since total scholarship and loan awards cannot exceed the approved cost of attendance.

The Financial Aid website offers many resources that students will find useful. They include all necessary forms, budget tools and spreadsheets, helpful links and checklists with appropriate deadlines for applying for aid.
Maps of the Health Sciences Education Building as well as the Greenville Memorial Medical Campus are located at this [link](#).

**Health Sciences Education Building**

The Health Sciences Education Building, a three-story building located on the Greenville Memorial Campus, is the primary classroom and teaching facility of the School. The building provides ample instructional and study space for the anticipated full complement of students. Instructional space includes one 180-person lecture hall, one flexible learning studio/multi-purpose room accommodating 160 students, 14 small group rooms to accommodate between 15 and 20 students each, an Information Commons that contains individual cubicles and group study space, one multi-disciplinary lab accommodating 150 students, an anatomy laboratory, a Clinical Skills and Simulation Center, and lockers for all students. The Clinical Skills and Simulation Center have 14 dedicated simulation rooms, 14 standardized patient exam rooms, and 4 conference/debriefing rooms. In addition, the adjacent Health Sciences Administration building provides offices for faculty and administration.

USCSOM Greenville maintains an environment of safety and security conducive to the accomplishment and fulfillment of the students’ educational and social goals. The card reader/identification badge system allows students 24 hours, seven days a week access to the Health Sciences Education Building; a security guard staffs and monitors the Health Sciences Education Building in the evenings after business hours. The Campus is patrolled by 18 security personnel each night. Cameras and emergency call boxes are located at entrances to the School and to the student parking garage directly below the building.

The Greenville Memorial Campus is patrolled 24 hours a day by members of the GHS Police Force. All students, faculty, employees, contractors, and late-night visitors are required to wear a School of Medicine/GHS Identification Badge on Campus. Identification Badges can be programmed to allow access through one of over 700 access points controlled by a card reader. After normal business hours, all but the main entrances are locked and can only be entered with an Identification Badge. The main entrances are constantly monitored by greeters with immediate access to security personnel and a facility-wide situation-specific coded alarm system.

Emergency call boxes are located along all major pedestrian walkways, in parking decks, and in open parking lots. These call boxes can be activated to notify security dispatch of situations from car trouble to criminal activity and are all connected to immediate camera call up for situation assessment. The Campus also has a comprehensive Campus Alert Notification Network for communication in the event of an emergency. In addition, the GHS Security Department provides an escort service that is available to assist students on campus at any time, day or night. The Campus has over 900 cameras that are deployed in support of the Campus Security Department. The cameras are recorded and randomly monitored for suspicious activity.
The security system utilizes dozens of panic alarms at a variety of reception and waiting areas, with cameras for immediate visual assessment.

Libraries

Students have access to two libraries on the Greenville campus as well as the library services of the University of South Carolina in Columbia. The libraries are open to all users 24 hours a day, year-round, via card access. The library staff provides additional on-call support for after-hours questions.

Information Commons

Health Sciences Education Building, 1st and 2nd Floor Rotunda

Staffed Hours:
- Monday – Friday: 8am – 9pm
- Saturday: 9am – 6pm
- Sunday: 1pm – 6pm
*Evening and weekend hours will not begin until September

Greenville Memorial Hospital Library

First floor of Greenville Memorial Hospital, located adjacent to the main lobby behind the gift shop.

Staffed Hours:
- Monday – Thursday: 8am – 6pm
- Friday: 8am – 5pm
*Students have 24 hour access with ID Badge

Computing Facilities

The Health Sciences Education Building is equipped with wireless access throughout the entire building.

Information Technology staff will support the hardware and software (e.g., wireless technology, learning management system) required for effective delivery of the curriculum and support the development, delivery, assessment, and management of the educational program. They will also provide technical assistance for students, faculty and staff encountering difficulties in accessing information resources. In addition, Information Technology staff will facilitate and support appropriate access to clinical systems.

There will be public workstations in the Information Commons.

Clinical Skills and Simulation Center

The Clinical Skills Center and the Greenville Healthcare Simulation Center, located on the 2nd floor of the Health Sciences Education Building, are important venues for medical student education. They were designed with extensive input from John J. Schaefer, III, M.D., an internationally known expert in the delivery of simulation education and research and simulation laboratory design. Combined square footage for the centers is approximately 30,000 ft² and includes facilities for a variety of simulations, part-task trainers, and Objective Structured Clinical Exams (OSCEs). Rooms are equipped with a virtual electronic health records system (EHR) and technology that allows for capture, playback, and analysis of digital video, audio, and evaluation data.
The Clinical Skills and Simulation Centers have 14 dedicated simulation rooms, 14 standardized patient exam rooms, multiple classrooms and debriefing rooms, and a standardized patient training area.

More information about the Greenville Health Care Simulation Center can be found at this link.

**STUDENT AFFAIRS**

**Student Affairs Staff**

James Buggy, PhD  
Associate Dean of Student Affairs and Admissions  
864-455-8203  
jbuggy@ghs.org

Maggie Wentzky, M.Ed.  
Manager of Student Affairs  
864-455-9808  
Mwentzky@ghs.org

Casey Wiley  
Sr. Asst. Director of Financial Aid and Student Records  
864-455-8204  
cwiley@ghs.org

Anne Green Buckner  
3rd & 4th year Medical Student Coordinator  
864-455-9897  
abuckner@ghs.org

Paul Catalana, MD  
Assistant Dean of Admissions  
864-455-9807  
pcatalana@ghs.org

Amanda Piekutowski  
Manager of Admissions and Registration  
864-455-9807  
apiekutowski@ghs.org

Admissions Coordinator  
864-455-8201

The Office of Student Affairs and Admissions, located on the first floor of the Health Sciences Education Building, provides services, programs and resources to support each student’s personal and professional development throughout their medical education. It is responsible for:

- The processing of applications, communicating with applicants, scheduling of applicant interviews and coordination of the Admissions Committee;
- Development, implementation, oversight and evaluation of orientation programs;
- Assistance with registration, fee payment, financial aid, emergency loans, insurance and health-related matters;
- Referral for personal and academic counseling and educational testing;
- Organizing, coordinating and monitoring faculty and peer support systems;
- Organizing, coordinating and monitoring student interest groups;
- Scheduling of required and elective third and fourth year rotations; and
- Advisement regarding medical specialty and residency selection.
The Office of Student Affairs also provides support for medical student organizations, extracurricular and community involvement, social events, ceremonies (e.g., White Coat Ceremony, Commencement, Match Day activities) and serves as a liaison to medical students with offices and services on both the GHS and University campuses.

STUDENT ADVISEMENT

The advising program and timeline are modeled upon the AAMC Careers in Medicine (CiM) program; these activities will be coordinated through the Office of Student Affairs and the Office of Clinical Education.

All students will be assigned a **Faculty Mentor** at the beginning of the M1 year; these mentors are the Small Group Leaders for the Case Reasoning component of the M1 year Integrated Practice of Medicine module. Through weekly meetings with the M1 small groups, these clinical faculty members have ongoing contact to build a mentoring relationship with their group of students. In this role, faculty mentors support and encourage students, look for any signs that a student may be struggling personally or academically and then assist the students in finding resources that are available to aid in these situations. Responsibilities will include:

- Helping students adjust to medical school
- Being aware of a student’s well-being
- Addressing students who are potentially struggling with personal or academic issues
- Maintaining a knowledge of available resources for students and assisting students in accessing these resources
- Keeping in close communication with the Office of Student Affairs

Near the middle of the m2 year, students select via a lottery system a **Career Counselor** to assist with career planning, M3 & M4 scheduling and the residency application and match processes. Career Counselors are specifically trained clinical faculty member who are knowledgeable about the M3 and M4 clerkships and electives and the residency application process; their responsibilities include:

- Approval of M3 & M4 schedules, based upon USCSOM Greenville’s academic policies & procedures as well as each student’s individual goals and career plan
- Assisting with career decisions and planning based upon student interest, academic history and the current state of the match
- Help students identify specialty advisors
- Helping students navigate resources for academic support, career planning and personal counseling
- Attend occasional orientation/training sessions for career counseling

Once students have identified an area of specialization for their residency, students meet with clinical faculty **Specialty Advisors** who are knowledgeable of their specific field of medicine and can provide sound advice to students who are interested in pursuing that field or who have made a choice to enter that field. Students will receive a current list of specialty advisors to guide their career decisions. Responsibilities will include:

- Meet with interested students to answer questions related to their field of expertise.
- Maintain up to date knowledge of the current match landscape as related to their field.
- Advise students going into their specialty about residency applications, interviews, ranking, etc.
M1 and M2 students may also seek the advice of the Office of Student Affairs to identify volunteer activities, non-credit electives, and a summer practicum to obtain additional research or clinical experience.

Information sessions will be held by the Offices of Student Affairs and Clinical Education to provide students an overview of the application process for residency, discuss rules governing the match process, interview techniques, the ranking process, and appropriate methods of correspondence to and from programs. As the residency application process moves forward, M4 students will continue to meet for support with the associate and assistant deans, career counselors, specialty advisors and others whom they have chosen to write letters of recommendation.

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**STUDENT SUPPORT SERVICES**

Emergency/Urgent Service Contact Information
Student Health Insurance, Disability Insurance and Workers Compensation Insurance
Student Health Services
Chemical Dependency
Exposure to Infectious and Environmental Hazards
Academic Assistance
Ombudsman
Services for Students with Special Learning Needs
Services for Students with Disabilities (SSD)
Emergency/Urgent Service Contact Information

The Emergency Action Plan for the Health Sciences Education and Administration Buildings is located in Canvas / Med Students Greenville / Policy Manuals.

*Please note that when using on-campus phones to dial off campus, dial 9 first.
**Please note that when using campus phones to call other campus numbers, dial last 5 digits
***Please note that unless otherwise stated, all phone numbers are in the 864 area code.

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<tr>
<td>Public Safety Department, on campus phone number (police, fire or medical)</td>
<td>(864) 455-7931</td>
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<td>Greenville Hospital System Center for Emergency Medical Services (24 hrs.)</td>
<td>(864) 455-7193</td>
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<tr>
<td>Center For Disease Control (CDC) 24 Hour Emergency Hotline</td>
<td>(888) 448-4911</td>
</tr>
<tr>
<td>Help Desk/Tech Support</td>
<td>(864)455-8215</td>
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<tr>
<td>Security Services (Public Safety Department)</td>
<td>(864) 455-7931</td>
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Student Health Insurance, Disability Insurance and Workers Compensation Insurance

Medical students are required to have a current medical insurance policy throughout the duration of their education. The university sponsored student health insurance policy is automatically added to each semester’s tuition bill. Students who have an equivalent/alternate health insurance plan may waive the university student insurance and its associated fee by submitting a fee waiver request, documenting proof of adequate medical insurance. More information about the benefits and cost of the university’s student health insurance policy as well as information on how to waive the university sponsored plan is available on the Student Health Services website for USC.

Students will be automatically enrolled in a required disability insurance plan with annual premiums, which will be added as a fee to fall semester tuition. More information on this plan is available here.

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. The premium for this insurance is paid by the School of Medicine. Information about Workers Compensation insurance policies and procedures and the reporting requirements for injuries sustained by students during their medical educations is provided to students annually and available in the Office of Student Services.

Student Health Services

The School of Medicine is committed to providing all students with appropriate health care and personal counseling in a compassionate, confidential, and professional manner. Faculty are discouraged from providing health care to USCSOM Greenville students except in emergency situations wherein USCSOM Greenville faculty and residents may be the clinical staff responsible for the facility to which the student presents, and it is in the best interest of the student to receive immediate care. The student will be transferred to the care of non-faculty physicians as soon as medically appropriate. If a student and faculty
member do agree to establish a non-emergent patient-provider relationship, the faculty member must recuse themselves from ever being involved in that student’s evaluation or advancement process.

For routine, non-emergent health needs, the Employee Care Center (ECC) at Greenville Memorial Hospital serves as a student health center for USC Medical Students. The ECC is staffed by several experienced nurse practitioners with physician back-up and referral when clinically indicated. No member of the ECC staff has any responsibility in medical student education or grading. Hours of operation are from 8:30AM – 4:30 PM Monday-Friday. Appointments (455-2455) are strongly encouraged as walk-in patients may have a long wait. The student health services plan will provide basic gynecological services only at ECC, by appointment every Monday from 2:30PM-4:30PM.

MD360 staffed by non-faculty GHS physicians is also available to students for non-emergent health needs. Services provided will include routine and sick care, radiology services, lab services, vaccinations and basic orthopedic care for minor injuries. For a more comprehensive look at MD360 and the services they provide please visit their website at www.ghsmd360.org. MD360 has 4 different locations in the Greenville area that are available to students. Their hours are Monday – Friday 6:00 am to 10:00 pm, Saturday 10:00 am – 6:00 pm and Sunday 12:00 pm -6:00 pm. Formal appointment times are not necessary, but students must complete an online patient information form prior to arriving at a MD360 location. The link to this form can be found here or in Canvas on the Med Students Greenville Dashboard.

The cost of all routine office visits at ECC or MD360 is covered by tuition; however students will be charged for ancillary services and various procedures, such as x-rays, lab tests, pharmaceuticals, and physical therapy, on a fee for service basis. When making appointments at ECC or completing the patient information form for MD360 students should indicate their status as a USCSOM Greenville student and be prepared to show their ID badge when they arrive at the facility. If preferred a student can choose to seek health care services other than those outlined above for ECC or MD360, however the cost of those services are the responsibility of the student.

When clinically indicated, students are referred to a GHS subspecialist. All charges incurred by students are based on economical student fee schedules and forwarded to insurance providers for payment if applicable.

TB skin testing and N-95 Respirator Fit Testing will be provided by Employee Health and Wellness; yearly influenza vaccines, as required by GHS, will be offered to students during scheduled vaccination clinics.

**Pharmacy:**
Students may use Upstate Medical Pharmacy at Greenville Memorial Hospital to have non-controlled prescriptions filled. If a student requires a controlled medication Upstate Medical Pharmacy has an office in Cross Creek Medical Park at 111 Doctors Drive, where these types of prescriptions can be filled. Students may also contact the Student Health Center at the University of South Carolina and request that a 3-month supply of any non-controlled medication be shipped to their homes.

**Counseling & Behavioral Health Services:**
Counseling services will be provided by the Employee Assistance Program, located at 1020 Grove Road. EAP is staffed by licensed counselors who take no part in medical education. Services offered through EAP cover many types of counseling as well as referrals when necessary. Appointments can be made Monday 8:30am – 7:00 pm and 8:30am – 5:00 pm Tuesday through Friday by calling 455-2360. USC medical students are eligible to receive most services at the EAP at no additional charge. However, students who request more
than 12 sessions of individual counseling per academic year may incur additional charges. You can find more information about their services through their website: www.ghs.org/EAP.

Chemical Dependency

The School of Medicine has adopted the following policy regarding chemical dependency in medical students:

The University of South Carolina School of Medicine recognizes that chemical dependency represents a problem of national proportions and that medical students may be at increased risk.

The School of Medicine is therefore committed to providing an integrated substance abuse curriculum to medical students as a component of their medical education, to promoting student wellness by identifying and assisting students who may be chemically dependent, and to providing access for medical students to confidential chemical dependency treatment programs that will not jeopardize their professional career goals.

Definitions. Substance abuse is characterized as insidious, progressive, chronic, malignant, primary, family-centered, and treatable. The medical consequences resulting from impairment from substance abuse range from a mild hangover to death due to bleeding, infection, or trauma. For medical students, impairment is defined as recurring trouble associated with alcohol or drug abuse; the trouble may occur in any of several domains, including interpersonal (family or other relationships), educational, legal, financial, or medical. Examples include the range of behaviors from absences from class, clinical clerkships, and electives; repeated lateness in the initiation or completion of assigned responsibilities; binge drinking to violence while under the influence of chemicals; traffic accidents and arrests for driving under the influence; attempts to reduce chemical use; receipt of criticism about alcohol and/or drug use from fellow students, faculty members, medical residents, and other clinical supervisors; and, most especially, the student’s continued drinking and/or drug use in spite of adverse consequences.

Exposure to Infectious and Environmental Hazards

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

Policies for USCSOM Greenville Student Exposure to Bloodborne Pathogens

Students caring for patients in USCSOM Greenville-affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including Hepatitis-B (HepB), Hepatitis-C (HepC), and Human Immunodeficiency Virus (HIV). Consequently, these policies state the required actions expected of all USCSOM Greenville students involved in patient care to prevent transmission of such infections to themselves and to prevent or minimize clinical disease in the event they undergo significant exposure.
The Centers for Disease Control and Prevention describe the Universal Precautions approach to preventing fluid borne infections in health care workers. A thorough discussion of this approach is available online (http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html), but the approach can be summarized as follows:

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

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

I. The following actions are specifically required by USCSOM Greenville 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. After performing a venipuncture, insert the needle (and syringe) immediately in a disposal box (available in all patient and procedure rooms). 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 eye wear (such as goggles or a face shield) should be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluids (via aerosolization or splashes) may occur.

Actions to Take Following Exposure to Blood or Body Fluids

Despite the best efforts to prevent blood/body fluid exposure, such exposures occasionally occur. Exposure to blood-borne pathogens may occur through direct contact with a patient’s blood or body fluid via needle or through contact with non-intact skin or the mucous membranes. If an exposure is suspected, the following must be done immediately:

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

2. Notify the attending physician and supervising resident immediately. Blood tests for HIV, hepatitis C, and hepatitis B infection will be ordered by the resident or attending physician from the “source patient.” The HIV results are available within 60 to 90 minutes. It is imperative to ensure that these tests are ordered promptly.

3. The patient’s record should also be quickly reviewed to see whether there is any evidence of a blood-borne infection (HIV, hepatitis b, hepatitis c, syphilis or others).

4. Contact the GHS Exposure Control office (455-4209). After hours exposures must be reported to infection Prevention & Control pager number 864-345-6133 (the area code must be dialed to page the Infection Preventionist).

5. Subsequent actions are dependent upon the exposure risk. When indicated, counseling and prophylaxis therapy to prevent HIV infection should occur as soon as possible after exposure, to achieve optimal effectiveness in accordance with CDC recommendations. Following exposure to other blood-borne pathogens, such as hepatitis, the student will receive treatment and follow-up in accordance with CDC recommendations.

Academic Assistance

Academic assistance is available to medical students by request to faculty or module and clerkship directors. Students experiencing academic difficulty may also request assistance from upper class Peer Tutors. Forms are available in the Canvas Medical Student Organization dashboard for students to volunteer as Peer Tutors or to request peer tutor assistance.

The Academic Success Program provides a variety of self-assessments of learning preferences and study strategies coupled with related e-resources for study skill development.

Ombudsman

The educational program in the School of Medicine has been developed to support and encourage the collegiality and professionalism essential to an effective learning environment. Students who believe that
they have been punitively assessed or mistreated because of religion, race, ethnicity, gender, sexual orientation, age or for any other matters of importance to them have access to the School of Medicine ombudsman: Kevin Kopera, M.D., call 455-3754 to leave a confidential message for follow-up; email is not recommended for sharing confidential information.

The ombudsman is empowered to receive and investigate reports of mistreatment in a completely confidential manner, to mediate between the parties involved, and, in the event mediation is not successful, to make recommendations with the student’s consent directly to the Dean of the School of Medicine regarding appropriate resolution of any complaints.

The ombudsman strives for impartiality, fairness and objectivity in the treatment of people and the consideration of issues. The ombudsman advocates for fair and equitably administered processes and does not advocate on behalf of any individual within the organization. These unique characteristics distinguish the ombudsman from mediators, arbitrators, and other alternative dispute resolution professionals. The use of the ombudsman’s services to resolve a complaint represents a form of alternate dispute resolution. For this reason, the services of the ombudsman will no longer be available to a student once that student engages an attorney to initiate legal action against the School of Medicine, the University of South Carolina, or the employees of those institutions.

More general information about the Ombudsman from the University of South Carolina can be found at http://www.sc.edu/ombuds/

**Services for Students with Special Learning Needs**

Students who encounter academic problems felt to be associated with a previously undetected disability will be referred for a consultative visit with either of two licensed doctoral level psychologists and a learning specialist to evaluate for potential learning disabilities, deficits in retention and recall, attention deficit disorder, auditory processing disorders, etc. Located within several miles of the School, the office offers both diagnostic educational testing and evaluation for associated co-morbid conditions such as anxiety disorders and depression. Any associated costs of recommended testing and follow-up will be covered by the School. The Office of Student Affairs is available to assist with referral of any student wishing to undergo evaluation and diagnostic assessment.

**Services for Students with Disabilities (SSD)**

The University of South Carolina does everything reasonably possible in an attempt to accommodate students with disabilities in the attainment of their academic objectives. The Office of Disability Services is available to help disabled students with any problems in their campus life experience and to facilitate any adjustments that might be required. Students with documented disabilities may be recommended for accommodations in testing and assessment. Medical students are invited to contact the Office of Disability Services, University of South Carolina, LeConte College, Room 106, Columbia, SC 29208, 803-777-6742, (TDD 803-777-6744) http://www.sa.sc.edu/sds.
The USCSOM Greenville encourages students to be actively involved in local, regional and national organizations and interest groups. Student Government with the help of the Office of Student Affairs will assist students with the development of student organizations. Student organizations and Specialty Interest Groups are provided access to a page in Canvas - Med Students Greenville to describe their organizations, their leadership and faculty sponsors, and activities.

Student Government – In each class students nominated and elected by their classmates will form the student government which will represent the class in a variety of capacities related to student life and activities.

Student Committees – USCSOM Greenville has 5 standing committees, Building, Community Outreach, Events, IT and Wellness, that are solely run by students to assist with activities and functions of the school of medicine.

Medical Profession Interest Groups – These groups provide opportunities for students to learn more about medical specialties and professions. USCSOM Greenville currently has interest groups in Academic Medicine, Emergency Medicine, Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Surgery and Wilderness Medicine.

Organizations and Clubs – Students also participate in a number of clubs and organizations that are related to professional development, personal interests and recreation. Currently these include: American Medical Association (AMA), American Medical Student Association (AMSA), Christian Medical Association (CMA), Greenville Med Band, Intramural Sports, Journal Club, Military Medical Student Association, South Carolina Medical Association (SCMA), Spanish Club, and Student National Medical Association (SNMA).
Student Organizations, Specialty Interest Groups, and Community Service Activities provide opportunities to explore interests that aid development of career as well as personal directions. However, these activities should not interfere with academic success. Thus during periods of enrollment, a student should participate in activities, clubs and organizations only if they are in good academic standing.

The Office of Student Affairs will support the development of student organizations and Specialty Interest Groups, especially those associated with GHS or linked to national organizations. The Office of Student Affairs will coordinate with relevant GHS offices to provide students an inventory of voluntary Community Service Activities.

Student participation in community health fairs or health assessments that involve patient care or contact should have appropriate supervision by a healthcare practitioner licensed in South Carolina. Students should always present themselves as medical students and not licensed health care providers, and recognize that professional liability or injury insurance may not extend to all volunteer activities.

**Student Housing**

The Office of Student Affairs has information available for students interested in locating safe, affordable housing close to campus.

**Dining Locations**

The Student Lounge, located on the third floor of the Health Sciences Education Building, houses refrigerators and microwaves for student use. Vending machines are available on the 1st and 2nd floors of the Health Sciences Education Building.

**Health Sciences Education Building Café**

- Au Bon Pain Bakery Café
- Monday through Friday 7:00 A.M to 2:00 P.M.

A large restaurant commons is accessible at the Memorial Hospital, open 24-hours a day.

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<tr>
<th>Cafeteria</th>
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<td>Friday 7:30 A.M to 8 P.M.</td>
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<td>Saturday 10 A.M to 8 P.M.</td>
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<td>Sunday 11:00 A.M to 8:00 P.M.</td>
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<th>Subway</th>
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<td>Saturday 11:00 A.M – 2:00 A.M.</td>
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<th>Chick-Fil-A</th>
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Starbucks
24 hours/day

Au Bon Pain
Monday through Sunday 7:00 A.M. – 8:00 P.M.

Fitness Facility

Life Center
http://www.ghs.org/lifecenter
864-455-4231

Medical students and spouses are provided a membership to the Life Center, located on the Greenville Memorial Hospital campus, within walking distance from the Health Sciences Education Building. The Life Center has a variety of physical fitness equipment, wellness and nutrition programs, an indoor pool, an indoor running track, outdoor running/walking path and organized exercise and fitness programs led by exercise physiologists.

The Life Center’s hours of operation are:

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<th>Days</th>
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<td>Monday through Thursday</td>
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<td>Friday</td>
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<td>Sunday</td>
<td>1:00 P.M. – 6:00 P.M.</td>
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Included with Life Center Student Membership is access to YMCA of Greenville facilities through a PATH membership (Partners Achieving Total Health). For more information on PATH membership features, see: http://www.ghs.org/path .

Parking/Campus Safety

Parking Regulations - Students in the 1st and 2nd year may park in the parking deck located below the Health Sciences Education Building. Students on clinical rotations in the 3rd and 4th year may park in North Deck Parking located in front of Greenville Memorial Hospital, and should display a parking permit hung from the rear view mirror.

Bicycles – There are bicycle racks on each of the two floors of the parking deck below the Health Sciences Education Building. Bicycle racks are also be located throughout the hospital campus.

Campus Safety – The Health Sciences Education Building is ID badge access only during non-business hours. Only students, faculty and school of medicine staff can access the building with their ID badge between 6:00 P.M. and 6:00 A.M.

The Health Sciences Education Building will also be monitored and patrolled regularly by the GHS Police Department and security staff. This is the case for all campuses of GHS. Emergency call boxes are located at various locations on walkways and in parking decks that can be used to call security in an emergency. Security is also available to provide escort if a student feels uncomfortable walking to various points on campus. They can be reached by calling 455-7931.
Carolina Collegiate Credit Union

With locations throughout the state and thousands of available ATMs around the country this credit union is available to all students, faculty and staff. Students are eligible for Stress Free Student Checking - this account offers the same benefits as our regular Stress Free Checking account, but has been made especially for students.

- No minimum balance required
- No per check charges
- No monthly service charge fees
- Unlimited use of any Carolina Collegiate ATM

ATM Locations on Campus – There is an ATM located in the main lobby Greenville Memorial Hospital that does not charge usage fees. However, if accessing an account from another bank, that bank may require a fee.

HONORS AND AWARDS

White Coat Ceremony

The purpose of the White Coat Ceremony is to remind students of the privileges, responsibilities and obligations of caring for patients and their families. White coats have been worn by physicians for more than 100 years when they replaced the formal black attire originally worn by physicians during their patient encounters. The transition to white coats also served to emphasize the transition to the more scientific approach of modern medicine as physicians sought to represent themselves as scientists. Today the white coat is often viewed as a "cloak of compassion" and a symbol of the caring and hope patients expect to receive from their physicians. Just as importantly, the coat symbolizes the high standard of professionalism and trust that must be earned from patients through competent and compassionate care characterized by sensitivity to the patient's medical and emotional needs. In keeping with this ideal, each student will also take an oath, “A Pledge of Commitment”, to become the most competent and compassionate physician they can be, and will sign a certificate, attesting to this oath, which will hang in the School of Medicine.

Student Awards

Academic Achievement Award – Presented to 3 students who have received the highest overall GPA during their M1 year, and to 3 students who have received the highest overall GPA during their M2 year.

The Jerry E. Dempsey Leadership Award – Presented to 2 second year students, selected by their class, who have best exemplified the guiding principles, mission and vision of USCSOM Greenville.

Admissions Ambassador – In Recognition of Outstanding Commitment to Excellence in the Recruitment of Scholars

Peer Advocacy Award – In Recognition of Outstanding Support & Advocacy for Fellow Medical Students
**Curriculum Service Award** - In Recognition of Outstanding Commitment to Excellence in Curriculum Support

**Clinical Excellence Award M1** - in Recognition of Outstanding Clinical Skills

**Clinical Excellence Award M2** - in Recognition of Outstanding Clinical Skills

**Outstanding Student M1** - Presented by the Biomedical Sciences Faculty in Recognition of intellectual curiosity, professionalism, and dedication to fellow students

**Outstanding Student M2** - Presented by the Biomedical Sciences Faculty in Recognition of intellectual curiosity, professionalism, and dedication to fellow students

**AOA**

Alpha Omega Alpha, founded in 1902, is the national medical honor society. Election to Alpha Omega Alpha is an honor signifying a lasting commitment to scholarship, leadership, professionalism, and service. A lifelong honor, membership in the society confers recognition for a physician’s dedication to the profession and art of healing.

Criteria for election to Alpha Omega Alpha are detailed in its Constitution. About 3000 students, alumni, house staff, and faculty are elected each year. Since its founding in 1902, more than 150,000 members have been elected to the society.

Once a medical school has provisional LCME accreditation, it may begin the process of applying for an AΩA charter, which will be granted once LCME full accreditation is complete.

**Gold Humanism Honor Society**

The Gold Humanism Honor Society (GHHS) at USC School of Medicine Greenville has been established to recognize medical students, residents and faculty that exemplify a commitment to excellence in critical care, leadership, compassion and dedication to service. Our school’s GHHS chapter is supported nationally by the Arnold P. Gold Foundation for Humanism in Medicine.

During the spring of their third year, USC School of Medicine Greenville students are encouraged to nominate fellow third-year students that serve as outstanding examples of humanism and professionalism. Nominated students are then confirmed by members of the faculty and staff. Eligibility requires good academic standing.

USC School of Medicine Greenville hosts a formal ceremony each June to induct the Gold Humanism Honor Society’s newest members and honor those that exemplify the characteristics of humanism and professionalism in practice. The **Student Clinician Ceremony** is designed to provide guidance, information and support as medical students transition into their clinical years.
As part of the Student Clinician’s Ceremony, the Arnold P. Gold Foundation Humanism and Excellence in Teaching Award is presented to Greenville Health System residents - selected by our students - who demonstrate a strong commitment to teaching and the compassionate treatment of patients and families, students and colleagues.

**Select Committees of the School of Medicine**

The school of medicine has several standing committees with student representation. Each standing committee gives continuous attention to the general subject matter entrusted to it and makes recommendations for changes in those areas as it may deem desirable.

**Communications/Building Committee** – Students, faculty and staff appointed by the Dean to oversee public relations, website and print documents pertaining to USCSOM Greenville, and operations of the Health Sciences Education Building.

**Curriculum** - The Curriculum Committee has the responsibility to review, advise, and make policy recommendations to the Dean on matters related to the design, delivery and evaluation of the undergraduate medical education program. The voting membership consists of 10 faculty members (5 from the biomedical and 5 from the clinical sciences) who have been elected by the Faculty, the Program Evaluation and Assessment Subcommittee Chair, and one elected representative from the student council of the School of Medicine. The non-voting membership includes the Associate Dean for Education, the Senior Associate Dean for Academic Affairs and Diversity, the Assistant Dean for Clinical Curriculum, the Chair of each Curriculum Committee Subcommittee (who is also the Director for that Academic Year), and the M1, M2, M3, and M4 Student Presidents, or their designates, will be non-voting members of this Committee.

**Program Evaluation and Assessment** – This subcommittee is composed of faculty members and student representatives and is supported by the Director of Assessment. The primary responsibility of the Program Evaluation and Assessment Subcommittee is to assure the quality of the assessment processes and assessment efforts of all programs in the School, and to advise on how well the School is meeting its goals.

**Student Affairs** – The Student Affairs Committee is responsible for oversight of the services, programs and resources provided to each student to support his/her personal and professional development throughout their medical education. The Committee also provides oversight and support for medical student organizations, extracurricular and community involvement, social events, and ceremonies. This committee consists of 4 members elected by the faculty and 4 members elected by the student body.
All students enrolled in the School of Medicine are members of the student body of the University of South Carolina and are, therefore, subject to the regulations found in the Carolina Community, a publication of the University's Division of Student Affairs and Department of Academic Support.

**Chaperones**

- Contagious Infections and/or Diseases
- Demeanor and Attire
- Duty Hour Policy
- Equal Educational Opportunity and Student Nondiscrimination Policy
- Guidelines for Conduct in Teacher/Learner Relationships
- Health Insurance Portability and Accountability Act (HIPAA)
- Honor Code
- Immunization Requirements
- Inclement Weather
- Professional Liability Insurance
- Responsibilities of All USCSOM Greenville Computer and Network Users
- Smoke-Free Environment Policy
- Social Media Policy
- Statement of Professionalism

**Chaperones**

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

**Contagious Infections and/or Diseases**

The University of South Carolina School of Medicine Greenville (USCSOM Greenville) 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, USCSOM Greenville is charged with maintaining the integrity of the curriculum; preserving, as part of the curriculum, those elements deemed necessary to the education of physicians; and adhering to procedures consonant with those established with the Centers for Disease Control, among others, to maintain the health and safety of patients.

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

Therefore, pursuant to the above-stated policy, in appropriate cases, after obtaining the advice and consultation of the appropriate clinical clerkship director, USCSOM Greenville 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 clerkship director and the USCSOM Greenville 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 USCSOM Greenville Employee/Student Health. In all instances where the educational activities of a student are modified, steps shall be taken to ensure that his/her educational experience is equivalent to that of his/her uninfected peers. In such cases, maintaining the integrity of the educational experience afforded such a student shall be of paramount importance.

Policies on HIV Transmission to Patients

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

I. PREAMBLE:
Because it is possible for a Health Care Worker (HCW) to be infected with the HIV for a prolonged period of time without knowledge of the infection, it is important for USCSOM Greenville 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. USCSOM Greenville affirms the policy that testing for the presence of the HIV among students not be mandatory on either a routine or periodic basis.
B. USCSOM Greenville affirms that a medical student who is performing exposure prone procedures and has reason to believe he or she is infected with HIV should determine his/her serostatus or act as if that serostatus is positive, and should inform USC Student/Employee Health so that appropriate duty modifications can be arranged (if necessary).
C. USCSOM Greenville affirms that, apart from any necessary practice modifications, students with HIV infection will not be discriminated against in any way.
D. USCSOM Greenville affirms that the HIV status of infected students will be held confidential, with the exception of notifying those medical professionals who must know the student’s status to arrange for needed practice modifications.
E. HIV-infected students who have reason to believe a situation has occurred that places a patient at risk of acquiring HIV infection from that student must notify the patient, the attending physician, and the Student/Employee Health Office immediately.


Policies on Hepatitis B and Hepatitis C Transmission to Patients
Both hepatitis B and hepatitis C are chronic viral infections that are transmitted by exposure to blood and body fluids. They are not transmitted by casual contact. It is important for medical students and others at risk of these infections to receive the hepatitis B immunization series and have serologic testing to confirm an immunologic response. Unfortunately there is no vaccine for hepatitis C. Students who believe they may be at risk of hepatitis C infection are encouraged to have their hepatitis C status tested.

Students who know they are infected with hepatitis B should inform the Student/Employee Health Office of their status. In some cases, modifications to clinical practice may be required. This determination will be made by a panel of experts in the field. With the exception of necessary consultation with experts about the necessity of practice modifications, the student’s infection status will be kept confidential, and apart from necessary modifications, infected students will not be discriminated against. Hepatitis C is less infectious than hepatitis B, and currently it is not considered necessary to consider practice limitations for healthcare workers with hepatitis C infection.

Procedures to Follow if a Patient is Exposed to Blood from a Medical Student
If a patient (or another HCW) is exposed to the blood or body fluids of a medical student, the student should report immediately to the Exposure Control Nurse by calling 455-4209. After hours and on weekends/holidays, the student should report to the GHS Administrative Coordinator on duty (by calling the hospital operator) for evaluation. If there are any difficulties in contacting the appropriate personnel, page the infection control beeper at 864-345-6133 (the area code must be dialed to page the Infection Preventionist).

The attending or supervising physician must also be contacted. These individuals, in consultation with one another, will determine the most appropriate next steps. If the patient is determined to have in fact been exposed to the student’s blood, he/she will be informed of this fact. The student who is the source of the exposure will be required to undergo testing for HIV, hepatitis B and hepatitis C. These steps must be taken regardless of whether the student believes he/she may be infected with HIV, hepatitis B, or hepatitis C.

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

Demeanor and Attire

During all educational activities, medical students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest;
respect for patient privacy and autonomy; accountability to patients, society and the profession; and,
sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in
gender, age, culture, race, religion, disabilities, and sexual orientation.

The medical student must be attired in a manner that will present a professional appearance to physicians,
patients, visitors and all hospital employees. For both male and female students, modesty in attire is
expected. Students should not wear open-toed shoes in the hospital. Clerkship specific information about
appropriate attire is addressed at the clerkship’s orientation.

The charter class has developed the following professional attire standard:
Because of University of South Carolina School of Medicine Greenville’s association with the Greenville
Health System, we choose to adopt the following points of the current GHS dress policy:

- Employees shall maintain a neat, clean, and well-groomed appearance.
- Jeans and other denim are not considered professional attire.
- Excessively long fingernails (artificial or real) shall not be permitted.
- Hair should be clean, neat, and trimmed.
- Chewing gum is not acceptable in the presence of patients, visitors and physicians.

Male Dress
Based on evidence from current literature on patient perceptions of physicians and health concerns
related to physician dress, we have adopted the following guidelines for male dress:

- **Clothing:** Acceptable dress includes button-up shirts or polos with dress pants or khakis on
  normal, class days. Button-up shirts and white coats must be worn during patient interaction
  including standardized patients and Greenville Health System patients.
- **Scrubs:** Scrubs may substitute shirts and pants when suggested in advance by the medical
  school faculty and/or hospital officials. This includes time in the anatomy lab, but students must
  change before and after anatomy lab. Scrubs for anatomy lab may only be worn in the anatomy
  lab area.
- **Shoes:** Business or business casual. This means leather, lace-up shoes or loafers and no open-
  toe or open-heel shoes. No bedroom slippers or flip-flops are allowed.
- **Hats:** No hats, caps or other types of head gear except those required by the hospital are
  allowed.
- **Hair:** Must be well-groomed and neat in appearance.
- **Ties:** Ties may be worn but must be restrained by a tie clip, buttoned coat, sweater, etc. when
  interacting with patients. Bow-ties or no tie are acceptable.
- **Rings:** Class rings and wedding rings are acceptable with a maximum of one ring per hand.
- **Nails:** Keep nails clean, neat, and trimmed at an appropriate length.
- **Other:** No earrings. It will be up to the student’s discretion whether he wears a wristwatch or
  none.

Female Dress
Based on evidence from current literature on patient perceptions of physicians and health concerns
related to physician dress, we have adopted the following guidelines for female dress:

- **Dresses & Skirts:** Must be at appropriate length when sitting and/or standing.
- **Shirts/Blouses/Tops:** No spaghetti straps, halter tops, or tube tops. Straps on
  shirts/blouses/tops must be 3-finger width if visible.
- **Scrubs:** Scrubs may substitute shirts and pants when suggested in advance by the medical
  school faculty and/or hospital officials. This includes time in the anatomy lab, but students must
change before and after anatomy lab. Scrubs for anatomy lab may only be worn in the anatomy lab area.

- **Shoes:** Business or business casual. No bedroom slippers or flip-flops. Must be closed-toe in a clinical setting, including working with standardized patients or Greenville Health System patients.
- **Heel Height and Hose:** At the discretion of the student.
- **Hats:** No hats, caps or other types of head gear except those required by the hospital are allowed.
- **Hair:** Neat appearance and long hair must be pulled back in a clinical setting.
- **Nails:** Keep nails clean, neat, and trimmed at an appropriate length. Nail color may be worn as long as the colors are not extreme/distracting. No acrylics/fake nails.
- **Jewelry:** Rings, Necklaces, Earring, Watches, etc. may be worn. They must be professional in appearance and not hazardous/distracting

**Exceptions to the Appearance Standards**

Students may deviate from these appearance standards in the following instances.

- Once released from all formal responsibilities: If a student chooses to dress down after they are released from formal responsibilities, his/her GHS badge should be removed before leaving the Health Sciences Education Building.
- On test days, students may deviate from appearance standards in the interest of comfort.
- Time spent in the HSEB on weekends does not require adherence to the appearance standards because this time does not constitute “formal responsibilities.”
- In anatomy lab, students may wear scrubs, but this attire is only appropriate in lab.
- Student planned events that do not specify a specific dress do not require adherence to the appearance standards.
- Backpacks can be used in the school but not the hospital, according to GHS policy.

Students should clearly display their USCSOM Greenville name badge and the hospital ID Badge. The hospital ID Badge will include the student’s name and status. When talking with patients, the student should clearly indicate his/her student status in the introduction: “I am the medical student working with Dr. _____ and/or the team involved in your care.”

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

Medical students must never exert authority that exceeds their level of training. Students do not speak, write, or represent themselves as independent health professionals.

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**Academic Workload and Duty Hour 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 module, 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.
Academic Workload

Within the first two years of the curriculum, USCSOM Greenville has adopted a policy of an average of 28 hours of required educational activity per week, including no new material the day before an exam, and no required weekend classes. The average time students spend in class is 24 hours, with an additional 4 hours on average of required pre-class preparation. This permits at a minimum, 12 hours within the standard week for self-directed learning, in addition to evenings and weekends for study.

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, averaged over 4 weeks, 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 4 weeks, 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. This should optimally be a 10 hour time period provided between all daily duty periods and after in-house call.

**Limited and carefully justified exceptions to this policy may be permissible. It is recognized that students do not work the consistently demanding and lengthy hours of resident physicians. In addition, their educational experiences in many areas are of limited duration. Maximizing their opportunity to experience some clinical or educational opportunities may from time to time justify exceeding the normal duty hours policy. Examples of justifiable exceptions might include, but are not limited to, the following:

- Prescheduled educational conferences or ‘rounds’ that must occur beyond the ‘24/6’ limits.
- A student-initiated request to participate in or observe a medical activity or procedure (e.g. surgery, diagnostic study, specialty consult or treatment, etc.) that must occur beyond the “24/6” or 80 hour policies.
- A student-initiated request to waive or alter the ‘days off’ policy in order to accommodate a special event (e.g. attend a special conference, attend a wedding, birth, or funeral, etc.) or ensure continuity of care or experience with a particularly valuable or interesting clinical case.

It is anticipated that such exceptions will be infrequently invoked. Any regularly anticipated exceptions must be reviewed and approved by the M3/M4 subcommittee and Curriculum Committee.

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 4 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 spends 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 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 Educational Affairs. Infractions will be investigated by the M3/M4 subcommittee, reported to the Curriculum Committee and appropriate action taken to ensure infractions do not continue.

Medical Student Supervision

All clinical activities must be supervised by a USCSOM Greenville clinical faculty member. It is recognized that non-faculty physicians may occasionally be utilized in community practice electives when a student is primarily assigned to a faculty member, but that faculty may need to have a private conversation with a patient or patient’s family member, or the faculty member may send the student to a colleague who has interesting case(s) on a particular day. However, in order for a student to be supervised or taught by the non-faculty preceptors, a faculty member who is credentialed with the School oversees the clinical experience.

All clinical faculty members are members of the Greenville Health System Medical Staff. Patient management, inclusive of medical student participation, is governed by the Greenville Health System Medical Staff Policy on Patient Management.

Alternative Educational Site or Assignment

A student may request an alternative instructional site, if one is available. This request must be made in writing (letter or e-mail) to the Assistant Dean for Clinical Clerkship Education at least two weeks prior to the start of the clerkship rotation. The request must state the reason for the alternative site. The Assistant Dean
for Clinical Clerkship Education will work with the respective Clerkship Director to find placement for the student.

A student may formally request an alternative assignment related to a clinical procedure or encounter for religious reasons only. This request must be made with one week prior to the start of the rotation when clinical skills and encounters are released. The Assistant Dean for Clinical Clerkship Education will work with the Clerkship Director to arrange an alternative assignment, if one is available. Otherwise, a student may be excused from the assignment. Medical students are informed at M3 and M4 orientations of the opportunity to request an alternative assignment.

**Equal Educational Opportunity and Student Nondiscrimination Policy**

The University of South Carolina does not discriminate in educational or employment opportunities or decisions for qualified persons on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status. The University of South Carolina has designated as the ADA Title II, Section 504, and Title IX coordinator the Executive Assistant to the President for Equal Opportunity Programs. The Office of the Executive Assistant to the President for Equal Opportunity Programs is located at 1600 Hampton Street, Suite 805, Columbia, SC; telephone 803-777-3854.

**Statement of Non-discriminatory Policy**

Under no circumstances will the School of Medicine give medical school applicants or students differential consideration on the basis of gender, sexual orientation, age, race, creed, or national origin.

**Guidelines for Conduct in Teacher/Learner Relationships**

I. **Statement of Philosophy**

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

II. **Responsibilities in the Teacher/Learner Relationship**

   A. **Responsibilities of Teachers**

   - Treat all learners with respect and fairness
   - Treat all learners equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
   - Provide current material in an effective format for learning.
   - Be prepared and punctual for didactic, investigational, and clinical encounters and prompt in responding to requests and questions from students.
• Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.
• Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive.
• Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.
• Demonstrate respect and professionalism toward other members of the faculty in developing and delivering an integrated curriculum.

B. Responsibilities of learners
• Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings.
• Treat all fellow learners and teachers with respect and fairness, equally regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
• Be prepared and on time for didactic, investigational, and clinical encounters.
• Commit the time and energy to your studies necessary to achieve the goals and objectives of each course.
• Recognize personal limitations and seek help as needed.
• Communicate concerns/suggestions about the curriculum, didactic methods, teachers, or the learning environment in a respectful, professional manner.
• Develop a lifelong learner’s perspective where the students take ownership of their own learning process and anticipate long term needs for knowledge, skills, attitudes and behavior.
• Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.
• Solicit feedback on your performance and recognize that criticism is not synonymous with “abuse”.

III. Behaviors Inappropriate to the Teacher-Learner Relationship
Inappropriate and unacceptable 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, insults or bullying, 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 another to perform inappropriate personal errands unrelated to the didactic, investigational, or clinical situation at hand.
• Grading/evaluation on factors unrelated to performance, effort, or level of achievement.

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

Sometimes, such a request is not successful, or the person repeats the behavior, or the learner does not feel comfortable speaking directly to the teacher about his/her behavior. In those cases, it may be helpful to discuss the behavior with module/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 Deans in the Office of Educational Affairs and/or the Office of Student Affairs, the Chief Diversity Officer, the Director of Student Services, or the School of Medicine’s 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.

Students who feel they have been mistreated are encouraged to report the incident so that it can be resolved in a fair and satisfactory manner.

There are several recommended ways to report mistreatment:

- **Contact the ombudsman** for the School of Medicine Greenville - Kevin Kopera, M.D., call 455-3754 to leave a confidential message for a follow-up appointment; email is not recommended for sharing confidential information. The ombudsman is empowered to receive and investigate reports of mistreatment in a completely confidential manner, to mediate if requested between the parties involved and, in the event mediation is not successful, to make recommendations with the student’s consent directly to the Dean of the School of Medicine regarding appropriate resolution of any complaints.

- **Online Mistreatment Report Form** – this form provides the opportunity to report mistreatment to the School of Medicine Greenville via a form that may be completed and submitted from any location with an internet connection. The submitter may identify themselves or choose to file a report anonymously. This form is received by Maggie Wentzky, manager of the Student Affairs Office, who will review the category of mistreatment to refer to the appropriate School of Medicine Greenville administrative Office for evaluation of the mistreatment. The review and evaluation will remain confidential unless the student consents to be named as part of the resolution process. The School of Medicine will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith. If the submitter has identified themselves, they will receive notice of the outcome of the evaluation of the mistreatment. If the form was filed anonymously, the mistreatment will still be evaluated by the School of Medicine Greenville but no notification of the outcome will be possible.

- **The Compliance Hotline** provides students with a way to confidentially or anonymously report their concerns regarding the clinical training environment at Greenville Health System. Callers do not need to give their names or any other identifying information when reporting a concern but should identify as School of Medicine Greenville students so the incident can be forward to the medical school for investigation. The Compliance Hotline is operated by an independent outside firm to further protect anonymity. Students can report concerns without fear of reprisal. No attempt is
made to discover the identity of anonymous callers and reasonable safeguards will be maintained to protect the identity of callers who identify themselves but wish to maintain confidentiality. To reach the Compliance Hotline, call 1-888-243-3611 (English) or 1-800-297-8592 (Spanish). The hotline is staffed 24 hours a day, seven days a week. Following your call, ensure you keep the case number and PIN number provided by the operator.

- **Formal report to the School of Medicine Greenville administration** – Make an appointment to meet with or submit a written report to a member of the administration, including Assistant or Associate Deans in the Offices of Education, Faculty Affairs, or Student Affairs and Admissions: see Dean’s Administration webpage http://greenvillemed.sc.edu/dean.shtml.

**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:

If the matter involves a medical student, contact one of the Assistant or Associate Deans in the Offices of Educational Affairs or Student Affairs;

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

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

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

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

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

C. If the behavior involves unwanted physical contact or other forms of violent or threatening acts, the matter may be referred to the campus security personnel.

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 University 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 to the Student Evaluation and Promotion Committee for any recommended action.

Health Insurance Portability and Accountability Act (HIPAA)

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

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

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

Honor Code

All students enrolled in the School of Medicine are members of the student body of the University of South Carolina and are, therefore, subject to the university’s Academic Integrity, Carolinian Creed and Honor Code policies described in the Office of Academic Integrity website. This website describes procedures for administration of the Honor Code and related University policies. Questions regarding these policies and procedures should be directed to personnel in the School of Medicine Office of Student Affairs.

Students enrolled in the School of Medicine adhere to the University Honor Code, as follows:

*It is the responsibility of every student at the University of South Carolina to adhere steadfastly to truthfulness and to avoid dishonesty, fraud, or deceit of any type in connection with any academic program. Any student who violates this Honor Code or who knowingly assists another to violate this Honor Code shall be subject to discipline.*

The School of Medicine Greenville emphasizes Best Practices of Professionalism and Responsible Conduct in Teacher/Learner Relationships as the most proactive way to avoid misconduct or Honor Code violations.
Student involvement in responsible best practices is encouraged through a Peer Promotion of Professionalism group that will engage their class with periodic workshops and seminars. This group composed of students recommended by class officers will also serve with the ombudsman as an informal resource to advise when incidents represent a learning opportunity in Professionalism or constitute Honor Code violations requiring university investigation.

Allegations of Honor Code violations referred to the Dean or other appropriate School of Medicine administration officials may be directed to the USC Office of Academic Integrity for assessment. When the Dean decides that the evidence warrants a charge of Honor Code violation, the Office of Academic Integrity will send written notification to the charged student and follow options and resolution procedures described in the university’s Academic Responsibility – The Honor Code document. Students may request a Carolina Judicial Council hearing before a panel of students and faculty. Students found responsible are subject to sanctions ranging from attending an Academic Integrity Workshop to probation, suspension, or expulsion.

**Immunization Requirements**

The School of Medicine requires that all matriculating students have certain immunizations as recommended by the Centers for Disease Control and Prevention (CDC and the Association of American Medical Colleges (AAMC). Prior to matriculation, students will be required to provide a current medical history, the results of a physical examination and immunization data on forms provided by USCSOM Greenville that have been completed and signed by a licensed physician, nurse or physician assistant. In order to ensure the health and safety of students and patients in both the classroom and clinical settings, students must provide the following immunization records or laboratory serology titers:

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

B. **Polio**: At least three doses of IPV or OPV. If more than three doses were given, list the last three.

C. **Tetanus, Diphtheria, Pertussis**: One dose of Tdap vaccine is required regardless of the timing of the last dose of a Tetanus / Diphtheria-containing vaccine.

D. **Tuberculosis (TB)**: Documentation of a “two-step” TB test within three months of matriculation is required.
   a. 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.
   b. If the student has tested positive previously, repeat skin testing is not indicated. A chest x-ray done in the USA within the previous three years is required. A copy of the X-ray along with a completed TB symptom survey (available from Student Health Services) must be provided.
      i. A history of BCG is not a contra-indication to TB testing.

E. **Varicella**: Documentation of two doses of the Varicella vaccine, or a copy of a positive Varicella titer.

F. **Hepatitis-B**: Students must have received the full Hepatitis B immunization series prior to beginning classes (3 shots at 0, 1-2, and 4-6 months). They must also provide documentation of immunity (Hepatitis B surface antibody) by the end of the first semester of the M-1 year. Students who would like to refuse the hepatitis B series may do so by filling out an informed refusal form, available from the Student Health Services.
G. **Meningococcal**: Students are strongly encouraged to receive the conjugated meningococcal vaccine prior to matriculation.

H. **Hepatitis A**: Students are strongly encouraged to receive two doses of Hepatitis A vaccine prior to matriculation.

I. **Information on allergies or other contraindications** to any of the above immunizations is available from Student Health Services.

**Continuing Students**

Each continuing medical student is required to submit to GHS Employee Health and Wellness Services a TB Test Results Form annually prior to the first day of the academic year. A student with a prior history of positive TB skin tests is not required to undergo subsequent skin-testing, but must complete the annual TB Symptom Survey. The presence of symptoms/signs of tuberculosis will necessitate further evaluation. Students with newly positive TB skin test results will be evaluated as clinically appropriate and may have to temporarily avoid patient contact pending evaluation. A history of BCG is not a contra-indication to TB testing.

The Office of Student Affairs will be notified by Student Health Services of any student who fails to submit all required health forms. Students will not be allowed to begin or continue their education until all requirements are fulfilled or documentation is received of a medical contraindication to one or more requirements. Student Health Services will monitor and implement recommendations from national organizations to guide revisions to this policy as appropriate. Administration of vaccines and testing will be provided by Student Health Services. The Office of Student Affairs will monitor immunization requirements and students’ compliance with these requirements. Student immunization records will be maintained securely.

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**Inclement Weather**

Delay or cancellation of classes or work related to the educational mission of the School of Medicine Greenville based upon inclement weather is an uncommon event. Every attempt shall be made to continue with classes as they are normally scheduled consistent with the practices of the University of South Carolina. Note that School of Medicine Greenville closing or delay decisions will NOT follow the inclement weather announcements of either Greenville Tech or Greenville County School District.

Students and faculty are urged to take all necessary precautions for travel during inclement weather, regardless of whether the event is formally declared to represent an Inclement Weather event. Students should communicate with Maggie Wentzky of Student Affairs or their instructors in the event that they will be unable to attend any required class-related activities.

**M-I and M-II Students and Teaching Faculty**

Recognizing the difficulty in rescheduling medical program classes, decisions for medical students and required teaching faculty concerning School of Medicine Greenville cancellation of scheduled classes or delayed opening will be made on a case by case basis by the Office of Education. Notification of this decision will be made no later than 6:30 AM and communicated by email and text message over the Red Alert system. The USCSOM G message Center **864-455-8214** will also be updated during inclement weather with specific information regarding cancellation or delayed class schedule in times of inclement weather. Rescheduling of missed classes will be announced by the Office of Education as soon as practical.
M-III and M-IV Students and Teaching Faculty
In their clinical rotations, M-III and M-IV medical students’ responsibilities to their patients and to their clinical teams require, as consistently as possible, their presence in the inpatient and outpatient environments. When a student determines that safety concerns preclude his/her travel to the facility to which he/she has been assigned, the student should inform an appropriate person in authority at the facility and the clerkship director.

- **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.

- **Inpatient Responsibilities:** In general, during times of inclement weather, students should 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.

### Professional Liability Insurance

The required core curriculum is administered under the direct supervision of School of Medicine faculty. All students are insured for professional liability and tort liability provided by the School of Medicine through the South Carolina state General Services Administration Sinking Fund.

Students doing away electives in the US or abroad may need to supplement this insurance coverage. **Academic Medical Professionals Insurance RRG** is a recognized provider of such professional liability insurance coverage for US medical students.

### Responsibilities of All USCSOM Greenville Computer and Network Users

Please refer to **IT 1.06 Acceptable Use of Information Technology** and **STAF 1.02 Carolinian Creed**. For specific School of Medicine Greenville IT Policies and Procedures, see the Technology webpage.

### Smoke-Free Environment Policy

Greenville Hospital System has a policy defining the Tobacco-Free System. It is outlined below.

Recognizing its responsibility to protect its patients, staff, and visitors from the hazards associated with smoking and the use of other tobacco products, the Greenville Hospital System is a tobacco free facility to the greatest extent permitted by law. Accordingly, the use of tobacco products is prohibited on all system owned or leased property including parking lots. Possession of tobacco products by patients is prohibited. Smoking any type of cigarette or cigar including electronic cigarettes in GHS-owned or GHS-leased vehicles is prohibited at all times. Smoking any type of cigarette or cigar including electronic cigarettes by employees in any work areas, which may include the employee’s own car, a patient’s home, or other properties visited if on working time and in furtherance of GHS business is prohibited. Employees may not leave campus during
paid breaks and therefore may not smoke during paid breaks. No employee should be permitted to clock out for a break of less than 30 minutes. The use of appropriate smoke breaks may not negatively affect employees’ job performance or duties. Employees must not smell of tobacco smoke while on duty. No tobacco products shall be sold on GHS premises.

Social Media Policy

Students should exercise appropriate caution with electronic communication and social networking since there are possible serious ramifications related to issues such as professionalism and confidentiality when you post information about your academic work and school environment. Medical students have access to protected information about patients and the care provided to them. Stripping a patient's name does not render that information de-identified. The School of Medicine and GHS (see Canvas / Med Students Greenville / Policy Manuals) prohibit inappropriate use and/or disclosure of patient information as this may be illegal, carrying with it both civil and criminal penalties. Accordingly, do not post any confidential or patient information on any public website.

Recognize that students may also face professionalism sanctions for posting of material that is defamatory, profane, threatening, harassing, hateful or humiliating to patients, students, housestaff, nursing and other hospital or school staff, and faculty.

Identify yourself as an USC School of Medicine Greenville student only when discussing professional matters and provide an appropriate disclaimer that helps distinguish your views from those of USC and GHS. Use personal email addresses rather than USC or GHS email address in personal online postings and communications.

Be thoughtful about how you present yourself. Recognize that membership in some groups may reflect negatively on you and that anything you post can have immediate and/or long-term consequences since patients, families, faculty, future employers, and the media routinely monitor social media sites.

Statement of Professionalism

The USCSOM Greenville vision of professionalism has the primacy of patient welfare as its central tenet. The Guiding Principles upon which the School of Medicine is founded express core values of altruism, integrity, a commitment to excellence, and high moral and ethical standards as the necessary foundations for the development of medical professionals.

The list of attributes and behaviors were recommended based on the following: 1) AAMC Medical School Objectives Project on Professionalism, 2) ACGME core competencies, 3) Reports of experience within the Greenville Hospital System and at other institutions, 4) Expertise of committee members.

The list of attributes of professionalism follows. These attributes include, but are not limited to, the following twenty characteristics. Many of the following attributes refer to commitment, which means:

- The action of entrusting, assuming responsibility, or commending
- An absolute moral choice of a course of action
• Moral integrity or social responsibility

1. Accountability
2. Adoption of a scholarly approach
3. Advocacy
4. Altruism
5. Appreciation of diversity
6. Appropriate relationships
7. Collaboration
8. Commitment to excellence
9. Commitment to medical service
10. Commitment to self-improvement
11. Compassion
12. Empathy
13. Honesty
14. High moral and ethical standards
15. Identify and manage conflicts of interest
16. Integrity
17. Patient confidentiality
18. Patient welfare
19. Trustworthiness
20. Reflective ability

Students will be evaluated on professionalism as a component of their overall assessment. The Student Evaluation and Promotion Committee (SEPC) will be charged with the responsibility of making recommendations for students who have exhibited unprofessional behavior.
Maps of the Health Sciences Education Building as well as the Greenville Memorial Medical Campus are located at this link.

**How to get there**

**Directions From Spartanburg/Charlotte**
- Take I-85 South to Exit 44 (White Horse Rd.).
- Turn right onto White Horse Rd.
- Turn right at the second traffic light (Grove Rd.).
- At Fair Rd. light, keep straight. Hospital campus is on right. Turn in at main entrance on right.

**Directions From Anderson/Atlanta**
- Take I-85 North to Exit 42 (I-185).
- Travel into Greenville for approximately three miles.
- You will come to a stoplight (Kmart will be on your left).
- Turn right onto Henrydale Drive. Hospital campus is straight ahead.
- Make a short right at light and then left into main entrance.

**Directions From N. Greenville/Asheville**
- Take Hwy. 25 South to Travelers Rest.
- Hwy. 25 will merge with Hwy 276.
- Stay on Hwy. 276 into downtown Greenville.
- Turn right onto Hwy. 29 (Church St.).
- Turn left at 6th light onto Henrydale. Hospital campus will be straight ahead.
- Make a short right at the light and then left into main entrance.

**Directions From Easley/Seneca**
- Take Hwy. 123 to Greenville.
- Turn right onto West Washington St. (at Clock Drive-in).
- Turn left at the third light (Grove Rd.). The hospital will be on your right.

**Directions From Columbia**
- Take I-26 to I-385.
- Take I-385 to 276 (Mauldin/Standing Springs Rd. exit).
- At the second light (the BP gas station), turn left onto Mauldin Rd.
- Mauldin Rd. intersects with Augusta St. in about two miles.
- Follow Augusta St. to Grove Rd. and turn left. Hospital campus is on left.
- Turn into main entrance.

**Directions From Greenwood**
- Take Hwy. 25 (White Horse Rd.) around Greenville.
- Turn right at Grove Rd. (Hwy. 20).
- Keep straight at light at Fair Rd. Hospital campus is on right.
- Turn in at main entrance on right.
ACADEMIC REGULATIONS

Student Conduct and Behavior

Students enrolled in the School of Medicine should conduct themselves in an appropriately professional manner as defined by the School of Medicine Policy on Evaluation of Personal and Professional Conduct. Conduct should be in conformity with the high moral and ethical standards of the profession as well as within the legal constraints of any law-abiding community.

Policy on Evaluation of Personal and Professional Conduct

Medical students have the responsibility to maintain the highest levels of personal and professional integrity and to show compassion and respect for themselves, colleagues, faculty, staff, and, most important, the patients who participate in their education.

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 or she will:
   • display a professional attitude in obtaining medical histories and physical examinations;
   • act appropriately and respectfully in all verbal and nonverbal interactions with patients;
   • treat patients with respect and dignity, both in the presence of patients and in discussions with professional colleagues; and
   • display concern for the total patient.

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

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

4. The student will be trustworthy. He or she will:
   • be truthful and intellectually honest in all communications;
   • accept responsibility and establish priorities for meeting multiple professional demands and for completing work necessary for the optimal care of patients;
   • accurately discern when supervision or advice is needed before acting; and
   • maintain confidentiality of all patient information.
5. The student will maintain a professional demeanor. He or she will:
   • maintain appropriate standards of personal appearance, attire, and hygiene for the patient population served;
   • maintain emotional stability and equilibrium under the pressures of emergencies, fatigue, professional stress, or personal problems; and
   • 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 or she will:
   • be capable of making logical diagnostic and therapeutic judgments;
   • communicate effectively with patients, supervisors, and peers;
   • establish appropriate professional relationships with faculty, colleagues, and patients; and
   • show evidence of the ability to be perceptive, introspective, and insightful in professional relationships.

Drug Free Workplace

Students whose drug and/or alcohol use impedes academic progress and clinical training, leads to breaches of professional conduct, and/or leads to arrests and criminal charges will face sanctions from the School of Medicine. The School of Medicine adheres to USC policies on Alcohol and other Drugs and GHS Policy S-106-5 on Drug Free Workplace (located in Canvas / Med Students Greenville / Policy Manuals. A medical student in clinical training at GHS who by inappropriate behavior, appearance, or work performance as determined by associates, team members, or faculty of the school provides reasonable suspicion that the Drug Free Workplace policy has been violated will be suspended from patient contact and placed on administrative leave pending evaluation by the Student Evaluation and Promotion Committee. The SEPC may establish a Behavioral Monitoring plan to ensure the wellness of the student and patients. The Behavioral Monitoring plans may include:

1) Mandated counseling at GHS Employee Assistance Program
2) Required random drug and alcohol screening
3) Other required treatments as stipulated.

The student will not be able to participate in clinical work until his/her drug and alcohol screens are negative. Once drug and alcohol screens are negative, SEPC and the clerkship director will assess the student's readiness to resume clinical responsibilities.

Every student entering or continuing his/her studies in the School of Medicine acknowledges and consents to taking a drug screen administered for probable cause or as a requirement for a rotation or educational activity. The School of Medicine respects the right to confidentiality of recovering students and will assist them to continue their education. Impaired students who fail to cooperate with appropriate treatment programs are subject to disciplinary actions up to and including dismissal.

Notification of Student Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These include the following:

1. The right to inspect and review their education records within 45 days of the day the University receives a request for access.
Students should submit written requests that identify the record(s) they wish to inspect to the registrar, dean, academic department head, or other appropriate official. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to request amendment of student education records that the student believes are inaccurate or misleading.

Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student with notification of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. The University of South Carolina will disclose information from a student’s education records only with the written consent of the student, except:

- to school officials with legitimate educational interests
  (A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position; a person or company with whom the University has contracted [such as an attorney, auditor, or collection agent]; a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting other school officials in performing their tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill a professional responsibility.)
- to officials of other institutions in which the student seeks or intends to enroll provided that the student has previously requested a release of the record;
- to authorized representatives of the U.S. Department of Education, the comptroller general of the United States, state educational authorities, organizations conducting studies for or on behalf of the University, and accrediting organizations;
- in connection with a student’s application for, and receipt of, financial aid;
- to comply with a judicial order or lawfully issued subpoena;
- to parents of dependent students as defined by the Internal Revenue Code, Section 152;
- to appropriate parties in a health or safety emergency;
- to the alleged victim of any crime of violence of the results of any disciplinary proceedings conducted by the University.

The University of South Carolina has designated the following items as directory information: a student’s name; electronic mail address; local and permanent mailing addresses and telephone numbers; semesters of attendance; enrollment status (full- or part-time); date of admission; date of graduation; school; major and minor fields of study; whether or not currently enrolled; classification (freshman, etc.); type of degree being pursued; degrees; honors; and awards received (including
scholarships and fellowships); weight and height of members of athletic teams; and whether the student has participated in officially recognized activities and sports sponsored by the University.

The University may disclose any of these items without prior written consent, unless the student has submitted a written request to the Office of the University Registrar not to release directory information. Requests will be processed within 24 hours after receipt. Telephone directories are published during the summer; students eligible to enroll for the upcoming fall term will be listed in the printed directory unless the Office of the University Registrar is notified by May 31. The electronic directory is updated each weekend; requests for nondisclosure will be honored with the next update after the request is processed by the staff of the office of the University registrar.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University of South Carolina to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, DC 20202-4605.

Questions concerning this law and the University's procedures for release of academic information may be directed to the Office of the University Registrar at 803-777-5555.

Transcripts and Other Documents

Students can access their academic transcripts including course grades and cumulative GPA through the University’s online Self Service Carolina. Official transcripts must be requested from Self Service Carolina or by mail or fax to the Office of the USC Registrar. A fee of $12 is charged for each official transcript copy requested. [http://registrar.sc.edu/html/transcripts/default.stm](http://registrar.sc.edu/html/transcripts/default.stm)

No transcript will be issued to/for a student who is indebted to the University. With the exception of copies made for internal University use, no copy of a student’s record will be released to anyone (including the State Department of Education) without the student’s written consent.

Student records will be maintained online and when necessary, in a locked, limited-access area in the Office of the School of Medicine Registrar. After graduation, student records will be included in a secure, limited-access electronic document management system. The Dean and Dean’s Office leadership of educational and student affairs will be authorized to examine or review student records. Other faculty wishing to review a student’s record must provide the student’s permission and/or a legitimate “need to know”.

Appeals Regarding University Records

Students must submit written requests for records access to the Senior Assistant Director of Financial Aid and Student Records, who makes arrangements for access and notifies the student of the time and place where the records may be inspected. To ensure that records are not inaccurate or misleading, students may challenge the content of University records by petition to the Associate Dean for Education, and request correction or deletion of any inaccurate, misleading, or otherwise inappropriate data contained therein.
Policy on Registration/Records/Diploma Holds

Registration Hold - Every student is expected to discharge all obligations to the University as promptly as possible. Students who fail to meet their obligations to the University will not be permitted to register for classes.

Transcript and Diploma Holds - No student or individual duly authorized by the student shall be issued a copy of the student’s transcript or receive verification, oral or written, of information contained therein, or be issued a diploma if the student is indebted to the University, the School of Medicine or any affiliated training institutions or agencies and/or if a student is in arrears or default on student loans, and/or if a student fails to participate in required assessment activities. However, requests for verification of enrollment will be fulfilled in circumstances required for student loans as required for use of Title V funds.

Class Attendance

Absences - Enrollment in the School of Medicine obligates students to complete all assigned course work promptly and to attend classes on a punctual and regular basis. Absences, whether excused or unexcused, do not absolve the student of these responsibilities.

Grade Penalties for Excessive Absences - Students are expected to attend all regular class sessions. The module or clerkship director has the prerogative to exact a grade penalty for excessive absences. Unsatisfactory class attendance may be considered adequate reason for the instructor to refer the student to the Student Evaluation and Promotion Committee for consideration in the promotion process.

Notification of the Office of Student Services - Any student who finds it necessary to be absent from a quiz, examination, or other required academic experience due to an emergency situation, illness, or hospitalization, is required to notify the Office of Student Affairs and the affected module/clerkship director(s) of the reason for the absence prior to the absence, or as soon as possible thereafter. Notification should be in the form of a phone call, voice message, or email to the Office of Student Affairs and the module/clerkship director(s). When requested, the student will provide written verification of the reason for the absence from the treating physician or other professional to the Associate Dean for Student Affairs and Admissions. Within the guidelines of University of South Carolina policy, the module/clerkship director will determine whether or not an absence from class shall be excused. Under these guidelines, absences from examinations, structured laboratory assignments, or other academic requirements may be made up at the discretion of the module or clerkship director.

Lack of Notification - Any student who does not provide appropriate notification to the Office of Student Affairs and/or who does not provide written verification of the reason for the absence when requested to do so may forfeit the opportunity to make up missed examinations and/or other academic experiences.

Clinical Years Student Absence Policy:
Student attendance and engagement is expected at all times deemed appropriate by the clerkship/course directors and the supervising physicians. Educational experiences (e.g., rounds, conferences, clinics, presentations, etc.) are not considered “optional” unless clearly stated. Students should strive to minimize absences. When a student must miss a required activity, the following guidelines are used.

- Attendance during clinical rotations is mandatory.
• Attendance will be tracked by the assigned clerkship coordinator/director. Students must include the appropriate clerkship coordinator in any communications to the clerkship director regarding absence requests.

• The following guidelines outline the maximum number of days of excused absences (including illness) from a clerkship:
  o For the third year, students may miss 3 days on a 7-week clerkship. For a 9-week clerkship, students may miss 2 days on Psychiatry and 2 days on Neurology.
  o For fourth year, students may miss 2 days on an Acting Internship and 4 week electives.
  o For two week rotations, students may miss 1 day.

• Students must ask permission to be absent 6 weeks in advance with the exception of acute illness for the student or family member or death in the family. In the event of an acute illness, contact the Clerkship Coordinator and clinical supervisor for the day.

• Scheduled healthcare appointments must be cleared with the clerkship director at least one week in advance.

• The following absences can be excused by the Clerkship Director:
  o presentation of original work at national meetings
  o family wedding or participation in a wedding party
  o religious holidays
  o death in the family, personal or immediate family illness

• All requests other than those listed above must be approved by the Assistant Dean of Clinical Clerkship Education

• Students must obtain permission from the appropriate clerkship director prior to making travel plans.

• Students should minimize any absence request to as few days as possible; it is not acceptable to book travel one or two days in advance of an event, thus missing more time from clinical activities.

• The clerkship director may require the student to make up missed time during the rotation if they miss a required clinical experience. Any questions about making up missed time should be directed to the Assistant Dean of Clinical Clerkship Education.

• Repeated or habitual absences will be brought to the attention of the Assistant Dean for Clinical Clerkship Education and may result in a meeting before the Student Evaluation and Promotions Committee.

• M4 students will have a 4 week block for Step 2 study and another 4 weeks for interviews. M4 students will have an additional 5 flex days during other rotations for residency interviewing but must meet minimum attendance and clinical requirements for the rotation. Days missed above the maximum allowed for the rotation and any required clinical experiences must be made up. Any questions about making up missed time should be directed to the Assistant Dean of Clinical Clerkship Education. Any additional interview dates must be approved by the Assistant Dean for Clinical Clerkship Education.

• Holiday Policy:
  o Inpatient Responsibilities: In general, students assigned to inpatient responsibilities will be expected to participate in patient care activities on all holidays.

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

• Inclement Weather Policy: In their clinical rotations, M-III and M-IV medical students’ responsibilities to their patients and to their clinical teams require, as consistently as possible, their
presence in the inpatient and outpatient environments. During times of inclement weather, students’ clinical responsibilities must be balanced by concerns for safety. The final decision about travel to these inpatient and outpatient facilities 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 facility to which he/she has been assigned, the student should inform an appropriate person in authority at the facility and the clerkship director.

- **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.

- **Inpatient Responsibilities:** In general, during times of inclement weather, students should 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.

- **Week 7/9:** In the event inclement weather falls during CAPP week, notifications of schedule changes and closings will come from the Office of Educational Affairs.

### Evaluation and Promotion

The Student Evaluation and Promotion Committee (SEPC) will notify each student of its recommendation regarding advancement and provide the student with an opportunity to appeal that decision if desired.

A student may request a review of the advancement recommendation by the Student Evaluation and Promotion Committee if the student feels that that the recommendation decision was made inappropriately and not in accordance with the advancement policy specified for the program. The request is directed initially to the chair of the Student Evaluation and Promotion Committee for resolution at an informal level. If resolution of the issue is not made to the student’s satisfaction, then a formal request for review is made in writing to the Office of Education, Assessment and Evaluation. After an appropriate hearing and review, the Associate Dean of Education will recommend final disposition of the request; students may not bring legal representation to SEPC hearings although they may seek legal advice. A student wishing to request review by the Dean concerning the recommendation must make a written request within five (5) working days of receipt of written notification of the recommendation. The Dean of the School of Medicine shall make a decision on the matter within 15 school days of receipt of the student’s request for review.

A final request for review may be made to the Provost of the University of South Carolina of any decision made by the Dean of the School of Medicine. This request for review must be made, in writing, within 10 working days of the student’s receipt of the Dean's decision. During the review process, the student will be invited to submit to the Provost a personal statement (maximum 10 pages, double-spaced) in which the grounds for the request for review are explained. There will be four possible grounds for a request for review: (1) that the decision of the Dean is not supported by substantial evidence; (2) that a procedural violation has occurred that has prejudiced the Dean's deliberations; (3) that, when the record is reviewed as a whole, the decision of the Dean is punitive rather than academically appropriate; and/or (4) that the Dean's decision is an arbitrary and capricious one. The Provost can reverse, affirm, or modify the Dean's decision. Any modification of the Dean's decision by the Provost cannot require greater effort on the part of the student than that required by the Dean's original decision regarding an academic alternative. Ideally, the
outcome of the Provost's review will be communicated to the student, in writing, within 30 days of the date of receipt of the request for a review. The Provost's review will consist of an assessment of the student's existing record in the School of Medicine, with no new information being provided by the student or by the School of Medicine.

**Curriculum Accommodations**

The School of Medicine will provide reasonable accommodations for students with documented disabilities. Students wishing to request accommodations should make application to the University's Office of Student Disability Services. Once accommodations are approved, the School of Medicine will be notified. The application must be made in a timely manner prior to any coursework for which accommodation is requested. The Associate Dean for Education, when indicated, will advise module/clerkship directors and other pertinent faculty as to the nature and extent of the accommodations to be provided. The School of Medicine, through the Student Evaluation and Promotion Committee, retains the right to request additional information, including test results and diagnostic information from a qualified professional, concerning accommodations that extend beyond the following: extended time for written exams, a separate room for exams, and a note taker. Students receiving accommodations will be held to the same technical standards for graduation as other students.

The Associate Dean for Education will also assist students in applying to the National Board of Medical Examiners for permission to take the United States Medical Licensing Examination (USMLE) under nonstandard conditions.

**Leave of Absence (LOA) and Withdrawal Policy**

**Leave of Absence**

A. Request for a Leave of Absence. For a variety of reasons, it may become necessary for a student to take a leave of absence from his/her medical education. It is appropriate under such circumstances that the student presents all available information and details of the situation to the Associate Dean for Student Affairs and Admissions. The Associate Dean for Student Affairs and Admissions will review and discuss the situation with the Associate Dean for Education.

The Associate Deans will make a recommendation to the Dean regarding the granting of a leave of absence to any student who requests a leave, inform the Dean regarding the academic standing of the student at the time of the student’s request for a leave, and make recommendations to the Dean regarding a student’s return from a leave of absence to full-time student status. According to School of Medicine regulations, a student will be considered as being in good academic standing if he or she had an overall 2.000 grade point average at the conclusion of the prior semester and had passing grades in all courses in the current semester at the time of the request for a leave of absence. A student who leaves the school in good academic standing and returns will not be considered as repeating the semester or year. A student who leaves the school not in good academic standing and returns will be considered as repeating the semester or year. Any student granted a leave of absence is assigned a grade of W in all courses or clerkships in which he or she was enrolled.
In that a leave of absence relieves the student of usual academic responsibilities in the School of Medicine, the Associate Deans reserve the right to recommend to the Dean that a leave of absence be granted with stated conditions, stipulations, and/or contingencies that are in the best interest of the student, will serve to document the student’s ability to return to full-time student status at the conclusion of the leave of absence, and/or will preserve the integrity of the School of Medicine curriculum.

B. Procedure. Each student who requests a leave of absence will meet with the Associate Dean for Student Affairs and Admissions to discuss the process and to present review, including such statements and professional opinions that the student believes will support a request for a leave of absence. The Associate Dean will guide the student through the process.

C. Decision of the Dean. The Dean will inform each student in writing of the decision regarding a leave of absence and of the process of review in the dean’s decision.

D. Length of a Leave of Absence. No leave of absence will be granted for a period of time exceeding 12 consecutive months. Any student taking a leave of absence for more than 16 weeks during the third year or fourth year of the medical curriculum will be required to complete the entire third year or fourth year in sequence upon a return to full-time student status.

E. Number of Leaves of Absence. Except under extraordinary circumstances, the School of Medicine will grant only one leave of absence to any student during his or her medical education.

F. Return from Leave of Absence. The Associate Dean for Student Affairs and Admissions and Associate Dean for Education reserves the right to require a meeting with a student prior to his or her return from a leave of absence in order to document the ability to resume full-time student status in the School of Medicine. At this meeting, the student may submit such statements and/or professional opinions that the student believes will support the contention that he or she is prepared to resume full-time student status. The Associate Deans will review the statements and professional opinions presented by the student in making its recommendations to the dean about the student’s return from a leave of absence, but such statements or opinions presented by the student are not binding.

G. Independent Evaluation. The School of Medicine reserves the right to require a student to undergo an independent evaluation, at the School of Medicine’s expense, by a physician mutually agreeable to the student and the School of Medicine prior to the student’s return from a leave of absence to full-time student status.

H. Review Process. The review process for any decision made by the Dean of the School of Medicine can be found in Assessment, Advancement and Graduation section of this document.

I. Administrative Leave. During the course of a student’s medical education it may become necessary for the student to be placed on administrative leave. A student may be placed on administrative leave due to academic, personal, and/or professional reasons. The Associate Dean for Student Affairs and Admissions or the Associate Dean for Education, in consultation with the Dean, may place a student on administrative leave.

Any student who is unsuccessful on a first or second attempt at Step 1 of the United States Medical Licensing Examination (USMLE) will be placed on administrative leave according to the policies and procedures for promotion and graduation.

Withdrawal
Occasionally a student may decide to withdraw from the School of Medicine without an approved leave of absence. All withdrawals will be made in accordance with University of South Carolina policies if the student is to receive a tuition refund and have the proper grades recorded on the transcript. The School of Medicine uses the University schedule for refunds for any student who is dismissed or who withdraws.
A student who withdraws from the School of Medicine and who subsequently wishes to return to school must make application through the Admissions Committee as a new applicant.

**Grading System**

The standards and procedures for assessment, advancement, and graduation of medical students are aligned with the structure of the integrated approach to medical education in the School of Medicine. For these purposes, evaluation of student performance in specific areas is conducted in modules, in clinical clerkships, and in electives. Advancement involves holistic evaluation of student performance in a particular medical education year to determine the student’s suitability for the next year of medical study.

**Credit Grades**

The grade point average (GPA) is calculated by dividing the total grade points earned by the hours attempted for credit. The grade points earned in any course carried with a passing grade (A, B+, B, C+, C) are computed by multiplying the number of semester hour credits assigned to the course by a factor determined by the grade.

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Grade Factor</th>
<th>Numerical Grade*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior</td>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>B+</td>
<td>3.5</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>Above Average</td>
<td>C+</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>F</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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

**Other Symbols**

Other symbols used in the grading system are defined below. These grades do not carry grade points.

- **S**: Satisfactory or passing; to be used in evaluating competency, performance or work done on a Pass-Fail basis
- **U**: Unsatisfactory or failure; to be used in evaluating competency, performance or work done on a Pass-Fail basis
- **W**: Withdrawal passing, or without penalty, from a module or clerkship
- **WF**: Withdrawal failing, or with penalty, from a module or clerkship
- **AUD**: Module or clerkship was carried on an audit basis
- **I**: Incomplete; failure to complete some portion of the assigned work in a module or clerkship
- **NR**: No report; to be used in the absence of any of the above grades; a temporary mark, to be replaced subsequently by a regular grade, which can be used only when no grade has been assigned

The faculty of the School of Medicine is committed to the philosophy that satisfactory performance is expected of all students. No single course or clerkship or area of study is deemed to be more important than any other. The required courses and clerkships of the curriculum are all essential for the practice of medicine, regardless of the student’s future specialty choice.
Clerkship and Elective Student Assessment and Grading Policies

Policy: Core Clerkship Failure
A student will fail the clerkship if he / she receives a clinical grade of 69.45 or less. The student must repeat the clerkship and the MSPE will reflect the need to repeat the course.

Additionally, a student is eligible for failure at the discretion of the Clerkship Director if the student receives any one of the following:

- One (1) or more ratings of “Unsatisfactory” by a faculty or resident
- Three (3) or more ratings of “Below Expectations” by a faculty or resident
- Unprofessional behavior on the part of the student

A student will receive an incomplete if the student receives one of the following:

- A shelf exam grade less than the 5%ile of the national average for the quarter. The student will have the opportunity to remediate that exam. The student will receive a grade of “C” upon successful retake of the exam. A note will be made in the MSPE of the need to remediate the exam. If the shelf exam is failed a second time, the student will receive a grade of “F” and must repeat the course.
- A failing grade on the OSCE. The student will have the opportunity to remediate that portion of the grade. The student will receive a grade of “C” for the clerkship upon successful passing of the OSCE and a note will be made in the MSPE of the need to remediate the OSCE. If the OSCE is failed a second time, the student will receive a grade of “F” and must repeat the course.

Policy: Failure to Complete Core Clerkship Requirements
If a student fails to complete requirements of a clerkship such as patient encounter data, submitted histories and physicals, CLIPP cases, case presentation, etc., the student will received an “incomplete” in the clerkship until the requirements have been met. The Clerkship Director can also fail the student if more than one assignment is delinquent upon conclusion of the clerkship, based on a rating of “Unsatisfactory” in the domain of professionalism. It is the responsibility of the student to ensure all requirements are met in a timely manner.

Policy: Failure of an Elective Clerkship
A student will fail an elective if he/she receives a grade of F on the summative clerkship evaluation.

Additionally, a student is eligible for failure at the discretion of the Clerkship Director if the student receives any one of the following:

- One (1) or more ratings of “Unsatisfactory” by a faculty or resident
- Unprofessional behavior on the part of the student

If a student fails to complete requirements of an elective clerkship such as submitted histories and physicals, case presentation, written report, etc., the student will received an “incomplete” in the elective until the requirements have been met. The Clerkship Director can also fail the student if more than one assignment is delinquent upon conclusion of the elective, based on a rating of “Unsatisfactory” in the domain of professionalism. It is the responsibility of the student to ensure all requirements are met in a timely manner.
Policy: Feedback

Formative Feedback:
Preclinical phase of program (M1 and M2): All modules in the M1 and M2 years of four (4) weeks duration or longer will provide formative feedback to students at a minimum of the midpoint of the module. Furthermore, all biomedical science modules during this phase of the educational program will provide weekly online formative quizzes reflecting the objectives of subject matter presented during that week, and of equal or greater difficulty than a student can expect on summative assessments. Students will receive performance and coaching reports, as well as information regarding correct answers and rationale within 5 working days of release of the formative quizzes. Additional forms of formative feedback are strongly encouraged, and shall be reviewed for approval by the Program Evaluation and Assessment Subcommittee, with recommendations to the Curriculum Committee.

Clinical phase of program (M3 and M4): All clerkships of four (4) weeks duration or longer will provide formal mid-clerkship feedback. The Clerkship Director will complete the evaluation which will include a compilation of multiple faculty/resident/preceptor evaluations of the student’s performance in the School’s core competencies. Each clerkship or core rotation will offer purposeful opportunities for formative feedback regarding clinical performance and achievement of requirements at the mid-point of the rotation including:
  o Assessment of student performance
  o Confirmation of adherence to duty hours policy
  o Review of patient encounter log
  o Review of other clerkship requirements (online cases, H&Ps, etc.)
After reviewing the information, both the Clerkship Director and the student will electronically sign the mid-clerkship form in the online OASIS system. Additional forms of formative feedback are strongly encouraged, and shall be reviewed for approval by the Program Evaluation and Assessment Subcommittee, with recommendations to the Curriculum Committee.

Narrative Feedback: In all modules where teacher-learner interaction provides such opportunities, narrative feedback will be provided to students. Narrative feedback can be for both formative and summative assessment. Narrative feedback is required for all clerkships and shall be for formative purposes only at the mid-clerkship evaluation, and for summative purposes at the end-of-clerkship evaluation. Summative comments will be submitted to the Dean’s office for inclusion in the medical student performance evaluation.

Policy: Timeliness of Grade Reporting
A central grade submission tracking system in the Associate Dean for Education’s office is designed to track grade submission timeliness for the clinical courses and offer feedback to course directors regarding compliance with timeliness on an ongoing basis. Data from this tracking system will be reviewed semi-annually by the Associate Dean for Education and the Assistant Dean of Clinical Clerkship Education. Final grades will be available to the student within six weeks of the end of a module, clerkship or elective rotation.

Policy: Disclosing Remediation
Any clinical, subject examination, or OSCE failure must be reported to the Assistant Dean for Clinical Clerkship Education. In addition, the failure and/or remediation of either a subject examination or an OSCE must be disclosed in the narrative description of the student’s performance for the clerkship or required
rotation. (Ex. “The student failed the NBME subject exam on first attempt, but passed the exam on second attempt with a very solid performance.”

**Grade Appeal Process**

A student may appeal his or her final grade if he or she feels that the grade was assigned inappropriately and not in accordance with the module or clerkship statement of policy and grading rubric distributed at the beginning of the program. The appeal is directed initially to the Module or Clerkship Director, and if the student feels the decision is still unsatisfactory; he/she may then appeal to the appropriate Departmental Chair (i.e. Chair of Biomedical Sciences or Clinical Chair) for resolution. If resolution of the issue is not made to the student’s satisfaction, then a formal appeal is made in writing to the Associate Dean for Education. After an appropriate hearing and review, the Associate Dean for Education will recommend final disposition of the appeal. A student wishing to appeal to the Dean concerning the recommendation must make a written request within five (5) working days of receipt of written notification of the recommendation from the Associate Dean for Education. The Dean of the School of Medicine shall make a final decision on the matter within 15 school days of receipt of the student’s request for review.

**Evaluation Process**

A. Continuous evaluation and monitoring of student performance is the responsibility of the Module and Clerkship Directors. Based on observations, formative and summative assessments, Module and Clerkship Directors will identify students at risk of failure, or those demonstrating low performance in the early to mid-part of each module or clerkship. Students performing below acceptable levels will be contacted by the Module/Clerkship director to determine whether there is a need for special help, tutoring or additional educational activities and support. If appropriate, the module/clinical faculty will provide assistance and help sessions for the student. If it is determined that significant assistance or special tutoring is needed, the Module/Clerkship Director, in conjunction with the Office of Student Affairs, will make arrangements for additional tutoring or assistance.

B. The Student Evaluation and Promotion Committee (SEPC) will regularly review the academic, professional and clinical performance of each medical student and make recommendations to the Dean regarding graduation, advancement, probation, dismissal, additional educational activities and support, leaves of absence, and readmission. The purpose of the SEPC is to systematically review the academic progress of each student within that curriculum year. At each meeting, the Module and Clerkship Directors will report on the academic progress of the students within their respective modules/clerkships and discuss any short-term additional educational strategies currently being used with specific students. The Committee will review the performance of students in academic difficulty, those students demonstrating a potential for being in academic difficulty, and those students who have exhibited unprofessional behavior or non-compliance with other standards of performance. The Committee may recommend an improvement plan, may develop more comprehensive longer-term supplemental education plans for those students having difficulty, or recommend appropriate disciplinary action, possibly including dismissal from the program.

C. The SEPC will recognize the achievements of those students displaying expected and outstanding performance, and ultimately recommend promotion to the next year of the curriculum once the student has met the competencies required in that year of the curriculum.

D. The SEPC will notify each student of its recommendation regarding advancement and provide the student with an opportunity to appeal that decision if desired.
E. The Dean makes the final decision regarding an appropriate course of action for each student.

F. The SEPC will generate a letter at the end of each year notifying students of promotion status and encouraging, recognizing, and commending excellent work and achievements.

**Annual Evaluation** - Each student will be reviewed annually by the Student Evaluation and Promotion Committee to determine the student’s preparedness for advancement to the next level of medical study.

- Students receiving all A and B grades with no reports of unprofessional or unacceptable behavior for all modules or clerkships in a given year are normally advanced to the next year of study or recommended for graduation.
- Students with one or more C grades will be reviewed by the Committee to determine appropriate follow-up action which could include no additional requirements, completion of a particular module section or examination, or retake a particular module, or repeat a complete year. The student may also be placed in a probationary status until required actions are completed.
- Students with one or more F grades or with reports of unprofessional or unacceptable behavior will be reviewed separately by the Committee to determine their suitability for continuing in the program. The Committee may recommend additional educational activities and support requiring the student to attend programs for modification of behavior, retake a module, repeat a year, or may recommend dismissal from the program.

A student may request review of the advancement recommendation by the Student Evaluation and Promotion Committee if the student feels that the recommendation decision was made inappropriately and not in accordance with the advancement policy specified for the program. The request is directed initially to the chair of the SEPC for resolution at an informal level. If resolution of the issue is not made to the student’s satisfaction, then a formal request is made in writing to the Office of Educational Affairs. After an appropriate hearing and review, the Associate Dean for Education will recommend final disposition of the request; students may not bring legal representation to SEPC hearings although they may seek legal advice. A student wishing to request a review by the Dean concerning the recommendation must make a written request within five (5) working days of receipt of written notification of the recommendation. The Dean of the School of Medicine shall make a decision on the matter within 15 school days of receipt of the student’s request for review.

A final request for review may be made to the Provost of the University of South Carolina of any decision made by the Dean of the School of Medicine. This request for review must be made, in writing, within 10 working days of the student's receipt of the Dean's decision. During the review process, the student will be invited to submit to the Provost a personal statement (maximum 10 pages, double-spaced) in which the grounds for the request for review are explained. There will be four possible grounds for a request for review: (1) that the decision of the Dean is not supported by substantial evidence; (2) that a procedural violation has occurred that has prejudiced the Dean's deliberations; (3) that, when the record is reviewed as a whole, the decision of the Dean is punitive rather than academically appropriate; and/or (4) that the Dean's decision is an arbitrary and capricious one. The Provost can reverse, affirm, or modify the Dean's decision. Any modification of the Dean's decision by the Provost cannot require greater effort on the part of the student than that required by the Dean's original decision regarding an academic alternative. Ideally, the outcome of the Provost's review will be communicated to the student, in writing, within 30 days of the date of receipt of the request for a review. The Provost's review will consist of an assessment of the student's existing record in the School of Medicine, with no new information being provided by the student or by the School of Medicine.
Graduation Evaluation - Each student will be reviewed during the fourth year by the Student Evaluation and Promotion Committee to determine the student’s suitability for graduation. In conducting that review, the Committee will examine the student’s performance in the pre-clinical basic science areas, clinical performance in the clerkships, and professionalism exhibited throughout the program of study. In addition, the Committee will verify that any required examinations have been completed.

All students must take the United States Medical Licensing Examination (USMLE) Step 1 and pass at the national standard in order to graduate. This examination is usually taken by all students in April following the second year studies. In addition, all students must take and pass the USMLE Step 2 CK and Step 2 CS examinations in order to be certified for graduation. Students should take the Step 2 CK and the Step 2 CS examinations no later than December 31 in the fourth year.

Procedures for unprofessional conduct and disciplinary action - Medical students are required to meet the non-academic behavior standards for the School of Medicine and the University. Non-academic standards for behavior and conduct for the School of Medicine are embodied in the School's standards of professionalism and ethical behavior, which will be published in the Student and Faculty Handbooks, and online in the learning management system. Reports of unprofessional behavior and conduct will be reported to the Associate Dean for Education, and referred to the SEPC.

Standards for Promotion and Graduation

I. United States Medical Licensing Examination

   A. Requirements. Students in the School of Medicine are required to pass the United States Medical Licensing Examination (USMLE) Steps 1 and 2 prior to graduation. Students are required to pass Step 1 in order to be promoted to the third year and to progress to third-year clerkships. Students are permitted a maximum of three attempts at Step 1 and at Step 2. Failure on the third attempt at Step 1 or Step 2 will render students subject to dismissal from the School of Medicine. Students must be enrolled in the School of Medicine in order to take Step 1 or 2.

   B. Timelines. Students must adhere to established application procedures and timelines in order to allow sufficient time for score reporting prior to promotion deadlines.

USMLE Step 1. Second-year students are required to complete applications for Step 1 during the second year in sufficient time to ensure a test date by the beginning of May. Students must take Step 1 prior to beginning third-year clinical clerkships.

Any second-year student who is unsuccessful on a first attempt at Step 1 is expected to complete an application for reexamination in sufficient time to ensure a test date prior to beginning the first clerkship of the third year. The student will be allowed to enter the first clerkship of the M3 year while waiting for scores from the second Step 1 attempt.

Any second-year student who is unsuccessful on a second attempt at Step 1 will immediately be placed on an administrative leave of absence and receive an Incomplete (I) grade for the first clinical clerkship until a third attempt is completed during the second clerkship period. He or she will re-enter the M3 year of medical education in the third clerkship period. Upon receipt of
official notification from the NBME of a passing score on Step 1 on the third attempt, the Incomplete for the first clerkship rotation will be removed, and the letter grade earned for that clerkship will be recorded.

Any second-year student who is unsuccessful on a third and final attempt at Step 1 will be immediately reviewed by the SEPC and is subject to dismissal.

USMLE Step 2. Fourth-year students are expected to complete applications for Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) in sufficient time to ensure test dates by the end of rotation 6 in December.

Any fourth-year student who is unsuccessful on a first or second attempt at Step 2 CK and/or CS is expected to complete an application for reexamination in sufficient time to ensure a 3rd test date that will allow sufficient time for the score to be reported by May 15. This date allows time for academic reporting to be complete for May graduation.

II. Requirements for Promotion

Academic Progress. In order to be promoted to the next academic year, or to be permitted to continue to the next academic semester, a student must be recommended for promotion or continuation to the Dean by the Student Evaluation and Promotion Committee. A student should maintain at least a 2.0 grade point average (C) in order to be promoted to the next academic year. A student receiving less than a 2.0 grade point average in an academic year or less than a 2.0 cumulative grade point average is subject to dismissal.

1. Repeat of Module/Clerkship Failed. The grade of F is used to denote failure in a module or clerkship; a student receiving a grade of F in one or more modules or clerkships is subject to dismissal. A student receiving an F grade in a module or clerkship may be permitted by the Dean, in consultation with the Student Evaluation and Promotion Committee, to repeat the module or clerkship. Due to the integrated nature of the preclinical curriculum, repeating of a module may be accomplished through intensive independent study with the module faculty/director at an appropriate time that does not interfere with current academic activities (e.g., winter break, spring break, summer vacation). A student permitted to repeat a module or clinical clerkship must repeat the module or clerkship at the USCSOM Greenville. If the student fails to achieve a C or better grade in the repeated module/clerkship, the SEPC may recommend that the student be required to repeat the academic year, or be subject to dismissal from the School of Medicine. These recommendations are subject to approval by the Dean.

2. Upon satisfactory completion of the repeated module or clerkship, both the original F grade and the grade received in the repeated module/clerkship will be recorded on the student’s transcript. Grade points and credit hours for both grades will be calculated into the cumulative grade point average which is used for promotion decisions and in the determination of class rank.

3. Repeated Year. A student will not be permitted to repeat more than one academic year, except under extenuating circumstances. A student who is repeating the year must receive a grade of C or better in each module or clerkship in order to be promoted to the next academic year. A student who fails to receive a grade of C or better in the repeated modules or clerkships is subject to dismissal.
If a student is required to repeat an academic year, grade points and credit hours from the original failed year will not be calculated into the cumulative grade point average for the purpose of promotions decisions. For all other purposes, grade points and credit hours from the original academic year will be calculated into the cumulative grade point average.

4. Personal and Professional Conduct and Competencies. Student progress is based upon professional performance which includes both cognitive mastery of the basic and clinical sciences and personal and professional conduct and competencies that reflect the high standards of moral and ethical behavior and judgment necessary for professional practice as a physician, described in MS31a. Factors which could result in a student’s suspension or dismissal from the School of Medicine, regardless of grades in academic course work and clinical clerkships and electives, include, but are not limited to, violations of the School of Medicine Policy on Evaluation of Personal and Professional Conduct, violations of University regulations as described in the Carolina Community, or conviction of a criminal offense.

5. Unsatisfactory Grade in Personal and Professional Conduct. A student who receives an Unsatisfactory grade in the personal and professional conduct or competencies portion of a third- or fourth-year clerkship evaluation will receive an F grade in that clerkship. The student will not be permitted to continue in other clerkships but will be required to repeat the clerkship. If a second Unsatisfactory grade is received in the personal and professional conduct portion or competencies of the professional evaluation in the repeat clerkship, then the student will be subject to dismissal. If the student receives exemplary or satisfactory grades in personal and professional conduct or competencies and a C or higher letter grade in the repeat clerkship, he or she will be permitted to continue in the third or fourth year. Any additional Unsatisfactory grades in personal and professional conduct during the third year or during the fourth year will render the student subject to dismissal.

III. Requirements for Graduation

Upon recommendation by the School of Medicine faculty, the University of South Carolina will confer the degree of Doctor of Medicine upon candidates who have:

A. attained the School’s educational objectives as evidenced by satisfactory completion of prescribed basic science modules and clinical clerkships and electives and acquisition of all required clinical skills;

B. passed Steps 1 and 2-CK and 2-CS of the USMLE;

C. discharged all financial obligations to the School of Medicine and to the University.

Students enrolled in the School of Medicine will have six (6) years from the date of matriculation to complete their degree for Doctor of Medicine not including any additional time needed to complete a dual degree. If a student fails to complete his or her degree within the specified time, he or she will be recommended for dismissal by the Student Evaluation and Promotion Committee.
Educational Objectives and Competencies for Graduates

The USCSOM-Greenville educational program objectives are categorized according to the six core competencies promulgated by the ACGME, incorporate all of the recommendations from the AAMC Medical School Objectives Project, and include additional objectives particularly relevant for USCSOM-Greenville graduates in support of its mission, vision, and goals.

At the time of graduation, it is expected that every graduate will have demonstrated competency in each of the program learning objectives listed below. Evidence of performance will be collected and documented throughout the educational program.

**Medical Knowledge**

- Demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems across the life span.
- Demonstrate knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body’s homeostasis.
- Demonstrate knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they affect the body (pathogenesis).
- Demonstrate knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
- Demonstrate understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.
- Demonstrate understanding of the scientific basis and interpretation of common diagnostic modalities, including: imaging, electrodiagnostics, laboratory studies, pathologic studies, and functional assessment tests.
- Demonstrate understanding of the indications, contraindications, and cost-effectiveness of common diagnostic studies.

**Patient Care**

- Demonstrate the ability to elicit accurate comprehensive and focused medical histories that cover all essential aspects of the history, including issues related to age, gender, sexuality, and socioeconomic status, and the use of a medical interpreter.
- Demonstrate the ability to perform both a complete and focused organ system examination, including a mental status examination.
- Demonstrate the ability to perform routine technical procedures.
- Demonstrate the ability to interpret the results of commonly used diagnostic procedures.
- Demonstrate the ability to identify the most frequent clinical, laboratory, imaging, and pathologic findings of common maladies.
- Demonstrate the ability to reason deductively in solving clinical problems and formulating accurate hypotheses, and use information from patient histories, physical exams, and ancillary studies to test initial hypotheses.
- Demonstrate the ability to formulate and implement appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, including a comprehensive, multi-disciplinary approach when indicated.
• Use knowledge of managed care systems in making patient treatment plans and health care maintenance plans to assure care coordination across the continuum.
• Demonstrate the ability to recognize patients with immediately life-threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.
• Demonstrate the ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.
• Demonstrate knowledge about relieving pain and ameliorating the suffering of patients.
• Demonstrate the ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of diseases, and to determine strategies for responding appropriately.
• Demonstrate appropriate techniques for performing Basic Life Support and Advanced Life Support.

Systems-Based Practice

• Demonstrate knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, religious, historical, and cultural factors that contribute to the development and/or continuation of maladies.
• Demonstrate knowledge of the epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
• Demonstrate knowledge of the unique health care needs of ethnically diverse populations and communities.
• Demonstrate understanding of basic issues for promoting health and preventing disease, and apply this understanding to patient management and teaching patients the importance of preventative medicine, health promotion, and wellness.
• Demonstrate a commitment to provide care to patients who are unable to pay, and to advocate access to health care for members of traditionally underserved populations.
• Demonstrate knowledge of various approaches to the organization, financing, and delivery of health care and knowledge of the global health care delivery system in the community, including physicians, hospitals, outpatient centers, home health agencies, community agencies, and government agencies in that system.
• Demonstrate an understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial, governmental, and organizational arrangements for the practice of medicine.
• Demonstrate the ability to apply principles of quality improvement to a medical system.
• Demonstrate the ability to evaluate and analyze actual or potential adverse events in a systematic fashion, especially to promote, measure, benchmark, and optimize patient safety and quality outcomes.

Practice-Based Learning and Improvement

• Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.
• Demonstrate an understanding of evidence-based medicine with respect to formulating patient-based questions, efficiently searching literature databases, appraisal of quality of studies, applying the results of a literature search, and use of information about their own population of patients to direct patient care and assess comparative effectiveness of interventions.
• Demonstrate an understanding of the principles and method of Practice-Based Learning and Improvement that involves investigation and evaluation of one’s own patient care, appraisal and assimilation of scientific evidence, and improvements in the continuum of patient care.

• Demonstrate an understanding of the need and commitment to engage in lifelong learning to stay abreast of relevant scientific advances, especially in the disciplines of genetic and molecular biology.

Professionalism

• Demonstrate knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine.

• Provide compassionate treatment to patients and respect for their privacy, dignity, and personal beliefs.

• Demonstrate honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives.

• Advocate at all times the interests of one’s patients over one’s own interests.

• Demonstrate an understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined socioeconomic, ethnic, and at-risk populations.

• Demonstrate the capacity to recognize and accept limitations in one’s knowledge and clinical skills and commit to continuously improve one’s abilities through life-long learning, self-evaluation, acceptance of constructive feedback, moral reflection, and ethical reasoning.

• Demonstrate commitment to a self-directed, lifelong engagement in the responsible, compassionate, and ethical practice of medicine.

Interpersonal and Communication Skills

• Demonstrate the ability to convey presence, build rapport, and employ active listening to communicate compassionately, effectively, and in culturally and emotionally appropriate ways, both verbally and in writing, with patients, their families, colleagues and others with whom physicians must exchange information in carrying out their responsibilities.

• Demonstrate the ability to compassionately and effectively listen to, and communicate with, patients and their families to establish caring relationships that are emotionally and culturally appropriate.

• Demonstrate the ability to responsibly and respectfully work with all members of the health care team, with a goal to establish supportive relationships that show honor to fellow colleagues.

Curriculum

Registration for courses offered in the School of Medicine is limited to medical students enrolled in School of Medicine programs or visiting students from other LCME accredited medical schools who have applied through the Office of Educational Affairs to take fourth year electives.

The educational program at the University of South Carolina School of Medicine Greenville integrates the basic and clinical sciences with a graduated increase in clinical skills and responsibilities across the four years of the curriculum. The curriculum is designed to provide students with a solid understanding of the
biomedical, psychosocial, and professional foundations for the practice of medicine that will prepare them to continue on the path of life-long learning and practice as integral members of the health care delivery team. Thus, the educational program at the USCSOM Greenville lays the foundation for advancement across the continuum from undergraduate medical education to graduate residency training. 

The curricular design begins with an introduction to core clinical skills with EMT training. Through this training, students begin their career in medical education as a vital, active member of a health care team. EMTs work in an environment requiring skills in communication, focused patient assessment, documentation, and patient safety. Their role necessitates an understanding and ability to function as a member of a larger health care team; an essential quality for successful physicians. This early clinical training serves as a practical approach for students to actively contribute to patient care. Throughout the program, students are required to keep patient logs and reflect on their experiences within the framework of the objectives of the Medicine and Society modules, which expands their knowledge and skills in patient care towards competency as physicians. Furthermore, the early and ongoing experience as EMTs provides students the exposure and awareness of the many challenges and issues facing health care delivery, and serves as an experiential basis for proposing a patient centered research project to be completed by graduation.

Following EMT training and a day long interprofessional, simulated mass casualty field exercise, students begin their foundational studies of the scientific basis of medicine, which is also designed as a graduated learning experience. In the M1 year, students primarily focus on the normal human body, with continuous reinforcement of the clinical relevancy of their studies. In the M1 year, students primarily focus on the normal human body, beginning with an understanding of the biochemical, molecular, and cellular basis of the human body (Molecular and Cellular Foundations of Medicine, aka “Foundations”), advancing to how cells communicate and form tissues; tissues develop into systems; and how the function of the systems is dependent on defined structural organization (Structure and Function 1 and 2). Following Structure and Function 2, students study how systems are controlled and homeostasis maintained in Neuroscience, and ultimately to how the body responds and defends against disease (Defenses and Responses). Clinical scenarios punctuate and emphasize how alterations of normal processes lead to illness and disease as M1 students are challenged to recognize deviations from normal and identify where deviations most likely occurred.

Concurrent with the increasing basic science knowledge, students proceed through the continuum of clinical skills in a fully integrated approach. For example, as they learn about genetics and the inherited basis of disease in the Foundations module, in the Integrated Practice of Medicine module they learn to take a genetic history, develop a genetic pedigree, predict risk for a patient, and deliver this difficult news. While learning about cardiac physiology and anatomy in the Structure and Function module, in Integrated Practice of Medicine module they practice the full cardiac history and physical, listen to abnormal heart sounds, and take and read EKGs in the Clinical Skills and Simulation Center.

In addition to learning appropriate communication, examination, and procedural skills in Integrated Practice of Medicine, students also study the non-biological determinants of health, explore community resources, learn the roles and explore the responsibilities of other members of health care teams and learn the fundamental principles of evaluating literature, developing research questions, and conducting quality research studies. students work in small groups exploring the community support resources, epidemiology, and evidence for prevention, diagnosis and treatment modalities for these inherited disorders.
During the M2 year, students continue learning the scientific basis of medicine in an organ-system based approach, focused more on pathophysiological and pathological disease processes, diagnostic testing and imaging, and principles of treatment and management. With their increasing clinical and basic science knowledge, students are challenged to develop differential diagnoses, identify clinical laboratory testing or imaging required, propose prevention and treatment plans, and learn to perform procedures working with Standardized Patients and by practicing procedural skills in the Simulation Center. Embedded in this progress of clinical skills is the understanding and utilization of the tools and systems of medical practice, including electronic health records and writing SOAP notes. The M2 year concludes with time for two electives to provide early opportunities for students to begin their clinical experiences in order to make informed choices for residency programs.

Through this graduated continuum of integrated knowledge and skills, students enter the clerkship years prepared to perform as active members of the health care delivery team. The M3/M4 years are designed to provide students exposure to the numerous residency match career choices available, while continuing to develop their clinical skills and accepting increased clinical responsibility. The biomedical science foundations of medicine are reinforced through case presentations and discussions during the 7th week following each clerkship, known as the CAPP week (Consolidation, Assessment and Personal and Professional Development). Consolidation occurs through student-led interprofessional grand rounds and panel discussions, while assessment includes clerkship specific Objective Structured Clinical Exams (OSCEs) and NBME developed subject exams. Personal and professional development encompasses topics such as point of care use of evidence based medicine, systems-based practice issues, legal and ethical issues in medicine, the business of medicine, and reinforcement of the longitudinal curricular themes.

Once students have identified a residency program interest in the fourth year, they will be placed into a specialty-specific intensification track. This track meets the Year 4 requirement for an acting internship and exposure to either intensive care or emergency medicine. After discussion with their specialty advisors, a menu of suggested electives will be provided to each student. In addition, four weeks are dedicated to the final skills intensification experience at the conclusion of the M4 year. All students complete two weeks of core skills, procedures practice, and assessment for competency assurance in those that are identified as essential for graduating medical students, regardless of their chosen specialty (examples: blood draw, i.v. insertion, catheter insertion). An additional three weeks of practice and competency assurance are designed to be specialty specific; (example: knot tying and suturing for surgery). This intensification process is intended to better prepare students for their residency training program. Twelve weeks of elective opportunities are available during the fourth year beyond this intensification track.

**Lifestyle Medicine:**

Lifestyle Medicine is an integral longitudinal curricular theme within USCSOM Greenville, and is reflected in the Lifestyle Medicine vision statement:

*Our vision is to integrate lifestyle medicine into medical education. Lifestyle factors including nutrition, physical activity, and stress are critical determinants of health, causing a pandemic of chronic disease and unsustainable health care costs. We will provide an array of evidence-based curricular resources for prevention and treatment of lifestyle related diseases throughout medical education.*

Total Health is the approach to patient care that begins with a health risk assessment to develop a patient centered prevention and wellness program. Emphasis is on continuity of care before, during and after admissions in order to reduce risk of acute illness, relapse or acute episodes of chronic disease, and hospital
admissions while maximizing patient function and well-being. Total Health is the approach to patient care adopted and embraced by GHS, and demonstrates the continuum of education through practice as a hallmark of the partnership between USCSOM Greenville and the Greenville Health System. The Lifestyle Medicine Curriculum reinforces and builds on this approach to patient care, specifically through patient centered prevention and wellness programs centered around lifestyle.

**Electives** - First-year and second-year students may take noncredit elective courses that provide supplemental educational experiences in areas of special interest. Second year students may take elective courses for credit at the end of their M2 year. The list of second year electives is intended to provide students early opportunities to explore career options available through the National Residency Match Program that are not typically offered until later in an academic program. These elective opportunities include:

- Adult and Pediatric Palliative Care
- Anesthesiology
- Emergency Medicine
- Genetics
- Multidisciplinary Oncology
- Pathology
- Physical Medicine and Rehabilitative Medicine
- Radiology

The Academic Bulletin contains a list of required and elective courses for each academic year. For a list of electives for third and fourth-year students please refer to this listing. Opportunities also exist for away electives at other LCME or ACGME accredited institutions. For more information on third and fourth year electives, please contact the Office of Student Affairs.
Modules, Clerkships and Credit Hours

<table>
<thead>
<tr>
<th>Module name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Emergency Medical Technician</td>
<td>5</td>
<td>GMED G605</td>
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<tr>
<td>Molecular and Cellular Foundations of Medicine</td>
<td>3</td>
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</tr>
<tr>
<td>Structure and Function of the Human Body I</td>
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Subtotal Credit Hours: 40

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Subtotal Credit Hours: 35

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Subtotal Credit Hours: 52

For a complete list of clerkships and electives please refer to this listing.

Student Evaluation of Modules and Clerkships

At the conclusion of each required module and clerkship, medical students are required to complete anonymously an online module / clerkship evaluation form developed by personnel in the Office of Educational Affairs. These forms are submitted to the Office of Educational Affairs where data are collated
and reported annually to the module / clerkship director, department chair, Dean’s Office and the Curriculum Committee and its subcommittees.

Course Descriptions

LONGITUDINAL MODULES

Integrated Practice of Medicine 1 - 6

Integrated Practice of Medicine (IPM) is a four-year longitudinal module that prepares students for the multi-faceted aspects of the practice of medicine, including psychosocial, behavioral, ethical and professional aspects of clinical doctor-patient relationships, as well as effective communication skills, clinical reasoning, history, physical examination and procedural skills, team based health care delivery, ethical and medico-socioeconomic issues, professionalism, life-long learning, research and problem-solving.

The IPM module series provides the longitudinal foundation for professional practice that supports the continuum from undergraduate to graduate medical education. These modules focus on preparing physicians that are capable of meeting the needs of society, providing health care in an era of transformation, and participating in the comparative effectiveness study and research of clinical medicine.

The problem- and case-based component of IPM focuses on acquisition of patient information and data through appropriate history and physical examination, critical analysis of literature, application of evidence-based medicine, determination of required diagnostic imaging and testing, and interpretation of laboratory and imaging results for case resolution. A “Case of the Week” is resolved within small groups that encompass aspects of all material presented in that week; i.e., basic science, history and physical, cultural/psychosocial/ professional issues. Thus, each case/problem is multi-dimensional and requires synthesis of information from the biomedical and clinical science modules, literature, and peer discussion.

With an emphasis on the compassionate care of individuals, inherent to IPM is learning the behaviors and attitudes that exemplify professionalism for a physician including, but not limited to, cultural competency, patient-physician boundaries, conflict resolution, accountability, and integrity.

As a longitudinal module series, Integrated Practice of Medicine is designed to integrate all the major components of physician education; communication, interpersonal skills, and interprofessional health care teams; psychosocial, cultural, and professionalism and life-long learning and the scientific approach to medicine.

YEAR 1 MODULES

Emergency Medical Technician:

The goal of EMT is to prepare students to become active members of pre-hospital emergency response teams. The students study the management of medical emergencies for critically ill and injured patients including patient assessment, trauma, shock, airway management and basic pharmacology. Students also learn the basics of operations, and emergency care of special populations such as pediatrics and obstetrical emergencies. At the conclusion of this module
**Integrated Practice of Medicine 1 and 2:**
The goal of *Integrated Practice of Medicine 1* is to introduce students to the many aspects of doctoring outside of basic science knowledge including communication skills, ethics, epidemiology and biostatistics, diversity, the medical record, research, and behavioral aspects of medicine. After completing EMT training, students begin to develop the communication, professionalism, and behaviors essential for a Total Health approach to patient-centric care. Students learn to educate patients with respect to lifestyle and treatment adherence for health and wellness; identify factors and their epidemiological basis that affect the health of populations; propose preventive solutions for individuals and communities; recognize issues that arise when interacting with patients different from themselves; and demonstrate skills in life-long learning. At the conclusion of *Integrated Practice of Medicine 1 and 2*, students also apply their knowledge of scientific inquiry and research to a project focused on comparative effectiveness, improving health services, and/or application of translational research. In addition, *IPM 1* and 2 focus on a team-based approach to clinical problem solving that includes the application of basic science knowledge to clinical reasoning, and learning important communication, history taking and physical examination skills. Weekly, teams of students focus on a clinical case related to the information and experiences from different aspects of their overall educational program. In this module, students begin to develop strategies to formulate differential diagnoses, acquire essential patient information through history and physical exams, and explain the underlying basic science principles that lead to their hypotheses. They are expected to personally reflect on their own values and beliefs that may lead to cognitive biases in the diagnostic and treatment process. Students explore cultural, psychosocial and epidemiological issues relevant to patient care and apply evidence-based medicine and information resources in their approach to the development of patient care plans.

**Molecular and Cellular Foundations of Medicine:**
This instructional module vertically integrates the disciplines of biochemistry, molecular biology, genetics, and cell biology, and the early phases of embryology as the foundation of understanding the human body at the molecular and cellular level. Students are introduced to cellular structure and its influence on cellular communication, organization and integration of cellular functions, utilization of biomolecules in metabolic pathways, and processes of cell division and transmission of genetic information. The goal of this module is an understanding of the biology and biological processes of healthy humans from the molecular to cellular scale. Topics include interdisciplinary discussions of nucleic acids, proteins, carbohydrates, steroids, lipids, and metabolism. The role of genomics in medicine is also discussed and applied in patient cases.

**Structure and Function 1 and 2:**
The *Structure & Function 2* module is a multidisciplinary approach to fully integrate the basic disciplines of Anatomy, Radiology, Histology, Embryology, Biochemistry and Physiology of the human body. The instructional module builds upon the information in the Foundations module to understand the interaction and communication of cells to form tissues, the embryological development and differentiation of tissues into organ systems, the organization and function of tissues and organ systems, and the dynamic relationship between structure and physiological functions. Within the anatomy component of this module imaging techniques including x-ray, ultrasound, computerized tomography and magnetic resonance are applied and compared with respect to information they provide in the clinical analysis of structure function relationships and the consequences of abnormalities in health and disease.

**Neuroscience:**
The *Neuroscience* module provides the basis for understanding the structure and function of the nervous system from the cellular level, to the living patient. The electrochemical basis of neurotransmission, autonomic vs. somatic systems, feedback mechanisms, reflexes, and special senses will all be addressed,
from the peripheral nerves to central monitoring and processing within the brain. Students will incorporate imaging techniques with dissection to visualize the three dimensional perspective of the nervous system.

**Defenses and Responses:**
The Defenses and Responses module is focused on understanding the immune systems and mechanisms by which the body defends against pathophysiological and pathological influences, including infectious organisms and malignant transformations. This module also addresses how abnormalities in the immune system lead to disease, from infection to autoimmune disorders. Integrated within this module is the basic introduction to pathology, understanding pathogenesis, and the study of the body’s response to disruptions including those induced by trauma, infection, congenital defects and drugs.

**YEAR 2 MODULES**

**Integrated Practice of Medicine 3 and 4:**
*Integrated Practice of Medicine 3 and 4* are the continuum of *IPM 1 and 2*, representing the longitudinal focus on an interprofessional approach to the application of basic knowledge for clinical problem solving. Teams of students continue to focus on a clinical case related to the information and experiences from their educational program during the week. They identify the problem, formulate hypotheses, and develop a comprehensive approach to the case. Resolution of these cases requires development of a differential diagnosis, explanation of underlying basic science principles of the problem, and development of diagnostic, treatment, and long term follow-up and maintenance plans for each patient case. Each case is enriched with cultural, psychosocial, and epidemiological considerations. The comprehensive patient care plans developed by these teams demonstrate the use of evidence based medicine and information resources, and an understanding of the validity of these sources based on levels of evidence.

Throughout the year, *IPM 3 and 4* also build on the knowledge, skills, attitudes and behaviors learned in IPM 1, with increasing emphasis on developing procedural skills, focused history and physical examinations based on patient presentation; fully integrated with the current organ system at that time. Students increase their ability to function as members of an integrated health care team through SOAP notes and EMR documentation. EMT experiences continue throughout the M2 year and reflect the students’ increasing knowledge and skills.

**Biomedical Principles of Disease and Therapy:**
The *Biomedical Principles of Disease and Therapy* module presents core concepts underlying organisms of infectious disease, disease vectors, modes of transmission, mechanisms of pathogenesis, and pharmacologic principles of treatment. These principles lay the foundation to an understanding of the infectious diseases of the different organ systems and a basic epidemiologic approach to prevention and treatment. In addition, basic principles of pharmacokinetics are discussed as related to an understanding of the development of therapeutic regimens, the importance of pharmacogenomics, manipulation of kinetics for enhanced therapeutic response or treatment of drug overdose, and avoidance of adverse drug interactions. Pharmacodynamics explore the mechanisms of drug action as related to receptor signaling mechanisms, mechanisms of resistance, toxicity and margins of safety.

**Musculoskeletal and Dermatology Systems:**
The *Musculoskeletal and Dermatology Systems* module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of disorders related to these organ systems. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence.
Diagnostic methods and procedures, their indications, contraindications, and complications will be discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans is integrated into the topics presented in this module.

**Hematology and Oncology:**
The Hematology and Oncology module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of disorders related to the hematopoietic systems, and to an understanding of the principles of neoplastic diseases. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence. Diagnostic methods and procedures, their indications, contraindications, and complications will be discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans is integrated into the topics presented in this module.

**Endocrine and Reproductive Systems:**
The Endocrine and Reproductive Systems module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of disorders related to these systems. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence. Diagnostic methods and procedures, their indications, contraindications, and complications will be discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans will be integrated into the topics presented in this module.

**Cardiovascular, Pulmonary and Renal Systems:**
The Cardiovascular Pulmonary and Renal Systems module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of disorders related to these systems. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence. Diagnostic methods and procedures, their indications, contraindications, and complications will be discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans will be integrated into the topics presented in this module.

**GI and Hepatic Systems:**
The GI and Hepatic Systems module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of disorders related to these systems. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence. Diagnostic methods and procedures, their indications, contraindications, and complications will be discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans will be integrated into the topics presented in this module.

**Mind, Brain and Behavior:**
The Mind, Brain and Behavior module focuses on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of neurological disorders including psycho-affective disorders. This module emphasizes the ongoing development of clinical reasoning skills, an understanding of the clinical-pathologic correlations of the diseases, and skills of critical judgment based on evidence. Diagnostic methods and procedures, their indications, contraindications, and complications will be
discussed. An understanding of ethical, psychosocial, and cultural factors that affect patient behavior and influence treatment plans will be integrated into the topics presented in this module.

**YEAR 3 AND 4 CLERKSHIPS AND ELECTIVES**

The M3/M4 years are designed to provide students exposure to the numerous residency match career choices available, while continuing to develop their clinical skills and accepting increased clinical responsibility. The biomedical science foundations of medicine are reinforced through case presentations and discussions during the 7th week following each clerkship, known as the CAPP week (Consolidation, Assessment and Personal and Professional Development). Consolidation occurs through student-led interprofessional grand rounds and panel discussions, while assessment includes clerkship specific OSCEs and subject exams. Personal and professional development encompasses topics such as point of care use of evidence based medicine, systems-based practice issues, legal and ethical issues in medicine, the business of medicine, and reinforcement of the longitudinal curricular themes.

Once students have identified a residency program interest in the fourth year, they will be placed into a specialty-specific intensification track. This track will meet the Year 4 requirement for an acting internship and exposure to either intensive care or emergency medicine. After discussion with their specialty advisors, a menu of suggested electives will be provided to each student. In addition, five weeks are dedicated to the final skills intensification experience at the conclusion of the M4 year. All students complete two weeks of core skills, procedures practice, and assessment for competency assurance in those that are identified as essential for graduating medical students, regardless of their chosen specialty (examples: blood draw, i.v. insertion, catheter insertion). An additional three weeks of practice and competency assurance are designed to be specialty specific; (example: knot tying and suturing for surgery). This intensification process is intended to better prepare students for their residency training program. Twelve weeks of elective opportunities are available during the fourth year beyond this intensification track.

The Academic Bulletin contains a list of required and elective courses for each academic year. For a complete list of clerkships and electives please refer to this listing.

**ACADEMIC CALENDAR**

The current Academic Calendars are located at:
http://greenvillemed.sc.edu/StuAff_Calendar.shtml