



Student Handbook To Clinical Rotations 2024-2025

(May 2024)

This handbook is compiled by the Office of Curricular Affairs and Media Resources. It is updated on an annual basis and with input from all parties involved in the education of USC SOMC third and fourth year students. Changes may be made periodically, based on the dynamic nature of both medical education and health care. Please note that further explanation of some policies may be found in the [Policies for Curriculum Administration](#) (on the SOM website).

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INTRODUCTION

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

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

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

The student should recognize the following general principles:

1. USC SOMC students are responsible to the clerkship director and the department chair of their respective rotations.
2. Students are expected to comply with all established policies and procedures of each affiliated institution.
3. Evaluation of personal and professional conduct, clinical skills, attitudes, behaviors, and knowledge factors are included in the grading procedures of each clerkship.
4. Students are responsible for both didactic and experiential aspects of the learning process.

CONTACT INFORMATION

Clerkship Administration

Columbia

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Family Medicine Information

COLUMBIA		
Clerkship Director:	Dr. Andrew Vaughan	Andrew.vaughan@uscmed.sc.edu
Clerkship Coordinator:	Felicia Hunter	Felicia.hunter2@prismahealth.org
Phone number:	803-434-6152	
AI Director:	Dr. Andrew Vaughan	Andrew.vaughan@uscmed.sc.edu
AI coordinator:	Felicia Hunter	Felicia.hunter2@prismahealth.org
Chair:	Dr. Jamee Steen	Jamee.steen@prismahealth.org
Academic Vice-Chair:	Dr. Chuck Carter	Chuck.carter@uscmed.sc.edu
Address:	3209 Colonial Drive, Columbia, SC 29203	
FLORENCE		
Site Director:	Dr. Frank Moskos	Frank.moskos@mcleodhealth.org

Location and time to report on first day of Clerkship (Columbia)

Family Medicine Center (3209 Colonial Drive) 2nd floor conference room at 8:00 AM

Location and time to report on first day of Clerkship (Florence)

Florence students join virtually

Grade breakdown of clerkship (by percentage)	
Clinical evaluations	50%
Aquifer exam	10%
NBME exam	25%
OSCE	15%

Internal Medicine Information

COLUMBIA		
Clerkship Director:	Dr. Andy Sides	Andrew.sides@uscmed.sc.edu
Clerkship Coordinator:	Faith Anderson	Faith.anderson@uscmed.sc.edu
Phone number:	803-545-5317	
AI Director:	Dr. Sean Battle	Sean.battle@uscmed.sc.edu
AI coordinator:	Keyasha Mills	Keyasha.mills@uscmed.sc.edu
Chair:	Dr. Sharon Weissman	Sharon.weissman@uscmed.sc.edu
Academic Vice-Chair:	Dr. Majdi Alhasan	majdi.alhasan@uscmed.sc.edu
Address:	2 Medical Park, Suite 402, Columbia, SC 29203	
FLORENCE		
Site Director:	Dr. Paul DeMarco	pdemarco@fmarion.edu

Location and time to report on first day of Clerkship (in Columbia)

TBD contingent upon date @ 8:30 AM

Location and time to report on first day of Clerkship (in Florence)

Orientation is in Columbia

Grade breakdown of clerkship (by percentage)	
Neurology Clinical Evaluations	10%
Neurology Departmental Exam	10%
Internal Medicine Clinical Evaluations	30%
Article Presentations, Physiology quizzes and ultrasound	10%
Internal Medicine NBME exam	20%
Internal Medicine OSCE	20%

OB-Gyn Information

COLUMBIA		
Clerkship Director:	Dr. Katelyn Fisher	katelyn.fisher@prismahealth.org
Clerkship Coordinator:	Helen Mowery	Helen.Mowery@uscmed.sc.edu
Phone number:		
AI Director:	Dr. Kerry Sims	kerry.sims@prismahealth.org
AI coordinator:	Helen Mowery	Helen.Mowery@uscmed.sc.edu
Chair:	Dr. Berry Campbell	Berry.campbell@uscmed.sc.edu
Academic Vice-Chair:	Dr. Kerry Sims	kerry.sims@prismahealth.org
Address:	2 Medical Park, Suite 208, Columbia, SC 29203	
FLORENCE		
Site Director:	Dr. Eric Coughlin	eric.coughlin@mcleodhealth.org

Location and time to report on first day of Clerkship (in Columbia)

2 Medical Park, Suite 208 @ 8:00 AM

Location and time to report on first day of Clerkship (in Florence)

Orientation is in Columbia

Grade breakdown of clerkship (by percentage)	
Clinical Evaluations	40%
NBME exam	40%
OSCE	20%

Pediatrics Information

COLUMBIA		
Clerkship Director:	Dr. Jimmy Stallworth	james.stallworth@prismahealth.org
Clerkship Coordinator:	Patty Freytag	Patty.Freytag@PrismaHealth.org
Phone number:	803-434-7945	
AI Director (Wards):	Dr. Jimmy Stallworth	james.stallworth@prismahealth.org
AI Director (PICU):	Dr. Emily Ingram	Emily.foreman@prismahealth.org
AI coordinator:	Patty Freytag	Patty.Freytag@PrismaHealth.org
Chair:	Dr. Caughman Taylor	Caughman.taylor@uscmed.sc.edu
Academic Vice-Chair:	Dr. Jimmy Stallworth	james.stallworth@prismahealth.org
Address:	14 Medical Park, Suite 400, Columbia, SC 29203	
FLORENCE		
Site Director:	Dr. Ben Elder	belder11103@gmail.com

Location and time to report on first day of Clerkship (in Columbia)

9 Medical Park, Suite 130 @ 8:00 AM

Location and time to report on first day of Clerkship (in Florence)

Orientation is in Columbia

Grade breakdown of clerkship (by percentage)	
Clinical Evaluations	50%
In-house written exam/OSCE	20%
NBME exam	30%

Psychiatry Information

COLUMBIA		
Clerkship Director:	Dr. Courtney Sanchez	courtney.sanchez@prismahealth.org
Clerkship Coordinator:	Ashley Stull	ashley.stull@prismahealth.org
Phone number:	803-434-4300 ext 1926305	
AI Director:	Dr. Shilpa Srinivasan	Shilpa.srinivasan@uscmed.sc.edu
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Academic Vice-Chair:	Dr. Richard Frierson	richard.frierson@uscmed.sc.edu
Address:	1301 Taylor Street Suite 6J Columbia, SC 29201	
FLORENCE		
Site Director:	Dr. Nik Modi	drnikunjmodi@gmail.com
Site Coordinator:	Amy Morgan	amy.morgan@uscmed.sc.edu

Location and time to report on first day of Clerkship (in Columbia)

Time: 8:30 AM

*Location:

1301 Taylor Street

Suite 5K Psychiatry Administration Classroom

Columbia, SC 29201

*subject to change based on availability – email sent out prior to start of rotation with most up to date reporting instructions.

Location and time to report on first day of Clerkship (in Florence)

Virtual orientation and didactics start at 8:30 AM. Virtual meeting link sent prior to start of rotation.

Grade breakdown of clerkship (by percentage)	
Clinical Evaluations	50%
OSCE	25%
NBME exam	25%

Surgery Information

COLUMBIA		
Clerkship Director:	Dr. Phillip Prest	phillip.prest@prismahealth.org
Clerkship Coordinator:	Whitney Ayers	Whitney.Ayers@uscmed.sc.edu
Phone number:		
AI Director:	Dr. Phillip Prest	phillip.prest@prismahealth.org
AI coordinator:	Whitney Ayers	Whitney.Ayers@uscmed.sc.edu
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Address:	2 Medical Park, Suite 306, Columbia, SC 29203	
FLORENCE		
Site Director:	Dr. Howard Farrell	howardfarrellmd@gmail.com

Location and time to report on first day of Clerkship (in Columbia)

2 Medical Park, Suite 306 @ 8:00 AM

Location and time to report on first day of Clerkship (in Florence)

Orientation is in Columbia

Grade breakdown of clerkship (by percentage)	
Clinical Evaluations	25%
Written examination	5%
Oral examination	5%
Defined task list	10%
Case presentation	15%
NBME exam	35%
OSCE	10%

M3 and M4 2024-2025 Academic Calendar

M-III

2024

M-III Orientation July 1 – 3, 5

Fall Semester

Internal Medicine/Neurology Block 1 twelve weeks July 8 - September 27

Internal Medicine/Neurology Block 2 twelve weeks September 30 – December 20

OB/Gynecology or Psychiatry Block 1 six weeks July 8 – August 16

OB/Gynecology or Psychiatry Block 2 six weeks August 19 – September 27

OB/Gynecology or Psychiatry Block 3 six weeks September 30 – November 8

OB/Gynecology or Psychiatry Block 4 six weeks November 11 – December 20

Surgery/Family (E)/Pediatrics Block 1 eight weeks July 8 – August 30

Family Medicine: July 8 – August 16 Two 1 week electives: August 19 & August 26

Surgery/Family (E)/Pediatrics Block 2 eight weeks September 3 (Tu) – October 25

Family Medicine: September 3 (Tu) – October 11 Two 1 week electives: October 14 & October 21

Surgery/Family (E)/Pediatrics Block 3 eight weeks October 28 – December 20

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

Thanksgiving Day November 28

Winter Break December 21, 2024 – January 5, 2025

2025

Makeup day for M-III subject exams (if needed) January 10 (Fall Semester Blocks)

Spring Semester

Internal Medicine/Neurology Block 1 twelve weeks January 6 – March 28

Internal Medicine/Neurology Block 2 twelve weeks April 7 – June 27

OB/Gynecology or Psychiatry Block 1 six weeks January 6 – February 14

OB/Gynecology or Psychiatry Block 2 six weeks February 17 – March 28

OB/Gynecology or Psychiatry Block 3 six weeks April 7 – May 16

OB/Gynecology or Psychiatry Block 4 six weeks May 19 – June 27

Surgery/Family (E)/Pediatrics Block 1 eight weeks January 6 – February 28

Two 1 week electives: January 6 & January 13 Family Medicine: January 21 (Tu) – February 28

Surgery/Family (E)/Pediatrics Block 2 eight weeks March 10 – May 2

Two 1 week electives: March 10 & March 17 Family Medicine: March 24 – May 2

Surgery/Family (E)/Pediatrics Block 3 eight weeks May 5 – June 27

Two 1 week electives: May 5 & May 12 Family Medicine: May 19 – June 27

Martin Luther King Jr. Service Day January 20

Interession 1 (*students finishing Surgery, Pediatrics, & Family Medicine*) March 3 - 7

Interession 2 (*students finishing Internal Medicine/Neuro, OB/GYN, & Psychiatry*) March 31 – April 4

Makeup day for M-III subject exams (if needed) July 11 (Spring Semester Blocks)

MIV

2024

Rotation 1	July 8 – August 2
Rotation 2	August 5 – August 30
Rotation 3	September 2 – September 27
Rotation 4	September 30 – October 25
Rotation 5	October 28 – November 22
Rotation 6	November 25 – December 20
Thanksgiving Day	November 28
Deadline for Taking the Step 2 CK Examination	December 20

Winter Break December 21, 2024– January 5, 2025

2025

Rotation 7	January 6 – January 31
Martin Luther King Jr. Service Day	January 20
Rotation 8	February 3 – February 28
Rotation 9	March 3 – March 28
Match Day	March 21
Rotation 10 (Capstone)	March 31 – April 25
Commencement	May 9

2024-2025 NBME Subject Examination Test Administration Times

NBME Subject Examinations are administered on the last day of each rotation. Students should arrive at least 15 minutes before the start of the exam. All exams will be web-based and all exams will be given in the M2 Classroom unless otherwise communicated. Florence NBME Subject Exams will be administered at 9:00 am in the computer testing lab of the Health Science Building.

PLEASE NOTE THE TIMES LISTED ARE FOR EXAMS GIVEN IN COLUMBIA. ALL TESTING THAT OCCURS IN FLORENCE WILL BEGIN AT 9:00 AM UNLESS SPECIFICALLY INDICATED OTHERWISE.

DATE (all testing dates are Fridays)	TIME	CLERKSHIP EXAMS	PROCTORING DEPARTMENTS
July 12, 2024	9:00 – 12:00 AM	Remediated exams from Spring 2024	N/A
August 16, 2024	1:00 – 4:00 PM	Family Medicine OB/Gyn Psychiatry	Ashley Stull (Psych)
August 30, 2024	1:00 – 4:00 PM	Pediatrics Surgery	Dr. Stallworth (Peds)
September 27, 2024	1:00 – 4:00 PM	Internal Medicine OB/Gyn Psychiatry	Faith Anderson (IM)
October 11, 2024	1:00 – 4:00 PM	Family Medicine	Whitney Ayers (Surgery)
October 25, 2024	1:00 – 4:00 PM	Pediatrics Surgery	Whitney Ayers (Surgery)
November 8, 2024	1:00 – 4:00 PM	OB/Gyn Psychiatry	Ashley Stull (Psych)
December 6, 2024	1:00 – 4:00 PM	Family Medicine	Ashley Stull (Psych)
December 20, 2024	9:00 AM – 12:00 PM	Internal Medicine OB/Gyn Psychiatry	Helen Mowery (OBG)
December 20, 2024	1:00 – 4:00 PM	Pediatrics Surgery	Felicia Hunter (FM)
January 10, 2025	1:00 – 4:00 PM	Remediated exams from Fall 2020	N/A
February 14, 2025	1:00 – 4:00 PM	OB/Gyn Psychiatry	Helen Mowery (OBG)
February 28, 2025	1:00 – 4:00 PM	Family Medicine Pediatrics Surgery	Dr. Stallworth (Peds)
March 28, 2025	1:00 – 4:00 PM	Internal Medicine OB/Gyn Psychiatry	Faith Anderson (IM)
May 2, 2025	1:00 – 4:00 PM	Family Medicine	Felicia Hunter

		Pediatrics Surgery	(FM)
May 16, 2025	1:00 – 4:00 PM	OB/Gyn Psychiatry	Felicia Hunter (FM)
June 27, 2025	9:00 AM – 12:00 PM	Internal Medicine OB/Gyn Psychiatry	Ashley Stull (Psych)
June 27, 2025	1:00 – 4:00 PM	Family Medicine Pediatrics Surgery	Faith Anderson (IM)
July 11, 2025	9:00 – 12:00 PM	Remediated exams from Spring 2022	N/A

GRADING

- a. MIII and MIV Clerkships and Electives. All MIII and MIV clerkships and electives will record a grade within four weeks of the conclusion of the clerkship or elective.
- b. Departmental Grading Policies. Grading medical students is the responsibility of each individual department. At the beginning of each course, clerkship, and elective, each department, through the course director, will provide to students and the Office of Curricular Affairs and Media Resources, in writing or through online access, an explanation of the method(s) of evaluation and the grading system to be utilized in the course, clerkship, and elective. These policies will remain in effect for that course, clerkship, or elective for the entire academic year.
- c. Standardization of Alphabetic vs. Numeric Grades. The relationship between numeric and alphabetic grades in courses has been standardized, as follows:
 - 100 – 90 A
 - 89 – 85 B+
 - 84 – 80 B
 - 79 – 75 C+
 - 74 – 70 C
 - 69 – 65 D
 - Below 65 F
- f. Rounding of Numeric Grades. Any final numeric grade in a course or clerkship whose first decimal place is calculated to be .5 to .9 shall be rounded up 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.

- ***Clinical Skills Attainment Documentation (CSAD)***

Departmental Skills

To document accomplishment of certain technical or clinical skills, the CSAD cards were created. The cards are blue in color, and there are separate Departmental Skills cards for each one of the six required M-III clerkships and the M-IV acting internship. Neurology, while housed in the Internal Medicine rotation, has its own separate CSAD card. The technical skills that are **required** to be completed during the clerkship are listed on the front of the card. Skills which may be strongly recommended are listed separately. Students must complete the required skills during the clerkship or they will receive an “Incomplete” grade for the clerkship. To document completion of the required skills, students should receive a copy of the blue card on the first day of the clerkship during orientation. When a student has the opportunity to accomplish one of the required skills, a faculty member or senior resident (**not** a PGY-1/first year resident/intern) must observe him/her performing the skill, then date and initial the card showing that the student was successful in performing the particular skill. Some of the clerkships have listed additional requirements on the reverse sides of their respective cards.

Each of the six core clerkships (Neurology is exempt) provides unique opportunities to use nutrition principles in patient care, and thus completion of a case study per clerkship is a required activity. A quiz follows the case study; credit for the activity requires a passing score (10/10 – more than one attempt is permitted).

At the end of the clerkship, the cards are to be collected by the Clerkship Director and submitted to the Office of the Assistant Dean for Curriculum and Assessment to be recorded.

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

**University of South Carolina
School of Medicine**

**Department of Family Medicine
Clinical Skills Attainment Document
M-III Family Medicine (Class of 2026)**

Required Clinical Skill	Date	Certification
Complete an observed History and Physical		
Present a patient on inpatient rounds		
Assess a Dermatologic complaint		
Assess an MSK complaint – acute or overuse		
Assess a nursing home patient		
Perform a monofilament diabetic foot examination		
Perform goals of care counseling with a patient		
Perform weight management counseling with a patient		
Perform smoking cessation counseling with a patient		
Perform an evaluation of an adult with SN		
Required Clerkship Activity		
Participate in a formative feedback session		
STRONGLY RECOMMENDED:		
Observe or participate in a Diabetes Education course		
Observe or participate in a microscopic examination		
Perform an aortic ultrasound for AAA screening		

Patient Encounter Information

Students should perform the clinical encounter with appropriate supervision unless otherwise indicated that it is acceptable to participate or observe (to be entered into New Innovations for formal documentation)

Topic	Venue*	Documented by
Chronic Kidney Disease	Inpatient or Outpatient	
Back Pain	Inpatient or Outpatient	
Heart Failure	Inpatient or Outpatient	
Dementia	Inpatient or Outpatient	
Depression and Anxiety	Inpatient or Outpatient	
Diabetes	Inpatient or Outpatient	
Dyspepsia OR GERD	Inpatient or Outpatient	
Hypertension	Inpatient or Outpatient	
Pain Management	Inpatient or Outpatient	
COPD	Inpatient or Outpatient	
MSK Complaint	Inpatient or Outpatient	
Headache	Inpatient or Outpatient	
Thyroid disease	Inpatient or Outpatient	
Tobacco abuse	Inpatient or Outpatient	
Upper Respiratory Infection	Inpatient or Outpatient	
Vaginitis	Inpatient or Outpatient	
Urinary Tract Infection	Inpatient or Outpatient	

**University of South Carolina
School of Medicine**

**Department of Internal Medicine
Clinical Skills Attainment Document
M-III Medicine (Class of 2026)**

Required Clinical Skill	Date	Certification
Complete Written History and Physicals (1 per admitting day) and Progress Notes (daily for patients you follow)		
Perform Observed History (turn in signed form)		
Perform Observed Physical Examination (turn in signed form)		
Interpret Basic Chest Radiographic Findings		
Interpret Basic Electrocardiographic Findings		
Complete Admission Orders (Review with Team)		
Complete Discharge Instructions		
Required Clerkship Activity		
Participate in Mid-Rotation Feedback Session		
Complete H&P and Progress Note Feedback Forms (bring to midrotation feedback session)		
Observe Endoscopic Procedure		
RECOMMENDED:		
Participate in / Observe Cardiac Resuscitation (Code) Utilizing Basic Cardiac Life Support (BCLS) skills		
Perform or Observe Lumbar Puncture		

Perform or Observe Central Venous Line Placement		
Observe Cardiac Catheterization		

Patient Encounter Information

Students should perform the clinical encounter with appropriate supervision unless otherwise indicated that it is acceptable to participate or observe

(to be entered into New Innovations for formal documentation; you do not need to fill out this card in addition, it just lets you know which types of patient encounters we want to provide)

Minimum number and types to enter

New acute diagnosis (2 encounters)	Dx:
New acute treatment (2 encounters)	Tx:
Chronic condition (2 encounters)	Dx:
Acute exacerbation (2 encounters)	Dx:
Cultural competency (patient with cultural beliefs affecting their medical decisions)	
Geriatrics	
Patient with limited access to care	
CHF / CAD	
Diabetes	
Dyspnea	
Fever / infection	
MSK pain	
Anemia	
Abdominal Pain or GI bleed	
Renal failure	
Electrolyte abnormality	
Substance abuse	

OTHER REQUIRED CLERKSHIP ACTIVITIES (no signature required, we will verify separately):

Submit Required Ultrasound Scans
Complete Online Nutrition Assessment Case Study
Complete Physiology Review Videos and Related Blackboard Quizzes
Enter Required Patient Encounter (PEC) Data into New Innovations (see above table)
Evaluate the Rotation and your Teaching Physicians Online

University of South Carolina School of Medicine

Department of Neurology Clinical Skills Attainment Document Neurology (Class of 2026)

Required Clinical Skill	Date	Certification
Perform history and neurological examination		
Document Consult/ H&P Notes – cosigned by resident/attending		
Perform a patient evaluation of suspected stroke		
Interpret a neuroimaging modality (examples: CT, CTA, CTP, CTV, MRI, MRA, MRV)		
Required Clerkship Activity		
Demonstrate knowledge of treatment of neurologic emergencies (Stroke/Status epilepticus/Cord Compression/Myasthenic Crisis/Brain Herniation)		
Participate in or demonstrate knowledge of Lumbar puncture		
Demonstrate knowledge of use of EEG		
Recommended		
Demonstrate knowledge of carotid ultrasound		
Demonstrate knowledge of transcranial doppler study		
Participate in evaluation of TIA, headache, neuropathy, multiple sclerosis, movement disorders, epilepsy, Guillain-Barre		
Participate in evaluation of the comatose patient		
Participate in brain death evaluation		
Perform / demonstrate knowledge of Evidence based medicine research		
Demonstrate Knowledge of basic EMG/NCS		



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE

Clinical Skills Attainment Document
Class of 2026
Third Year Clinical Clerkship in Obstetrics & Gynecology

	R/A	Date
Required Clinical Skills		
Perform collection of a cervical cytology specimen (e.g. Pap test)		
Perform collection of specimens to detect sexually transmitted infections		
Perform collection, preparation and interpretation of a wet mount (KOH and NaCL)		
Perform a comprehensive breast examination		
Perform management of a normal laboring patient at term		
Required Clerkship Activities – Clinically-related		
Assist in the interpretation of a pelvic ultrasound (nonOB)		
Assist in a vaginal delivery		
Assist in a cesarean delivery		
Observe a laparoscopy		
Observe a hysterectomy		
Observe an OB anatomic ultrasound		
PATIENT ENCOUNTERS – Students should <u>perform</u> the clinical encounter with appropriate supervision unless otherwise indicated Personal Interaction & Communication Skills		
Perform a comprehensive women’s medical interview including sexual history, DV screening and substance abuse screening		
Perform an evaluation of and manage an obstetrical or gynecologic patient that requires collaboration with other health care teams		
Gynecologic Care		
Perform counseling of a woman on appropriate screening procedures and recommended time intervals through the lifespan.		
Perform counseling of a patient on the physiology of the normal menstrual cycle		

	R/A	Date
Perform an evaluation of a patient with vulvo-vaginal symptoms		
Perform an evaluation of a patient presenting with pelvic pain		
Perform an evaluation of a patient presenting with abnormal uterine bleeding/ menstrual cycle abnormalities		
Perform an evaluation of a patient with an abnormal first trimester pregnancy		
Perform an evaluation and/or discuss workup and differential diagnosis of a patient presenting with infertility		
Perform an evaluation and care for a patient presenting with abnormal cervical cytology		
Obstetrical Care		
Perform counseling of a patient on how a pre-existing medical condition and medication exposure may interact with her pregnancy		
Perform counseling of a patient regarding genetic risks and screening options in pregnancy		
Perform a complete history and physical exam on a new OB patient and interpret prenatal laboratory data		
Perform a determination of the most appropriate due date based on LMP, clinical exam, and/or ultrasound		
Perform counseling on a patient on the physiologic changes of pregnancy		
Perform counseling of a patient on the signs and symptoms of labor		
Perform postpartum care of a patient undergoing vaginal delivery		
Perform postoperative care of a patient undergoing cesarean delivery		
Perform counseling of a patient on the benefits of breastfeeding		
Perform an evaluation and care of a patient with third trimester bleeding, PPRM, or PTL		
Perform an evaluation and care of a patient with hypertension in pregnancy		
Required clerkship activities		
Complete online nutrition case study		
Participate in mid-rotation feedback session		

**University of South Carolina School
of Medicine**

**Department of Pediatrics
Clinical Skills Attainment Document
Pediatrics (Class of 2026)**

Required Clinical Skills	Date	Certification
Perform Written Pediatric History and Physical Examination		
Perform Physical Examination on an Inpatient Pediatric Patient		
Perform Physical Examination on an Outpatient Pediatric Patient		
Obtain Pediatric History on an Inpatient		
Obtain Pediatric History on an Outpatient		
Perform an Observed Physical Examination on a Newborn Infant		
Interpret History on Newborn Infant		
Calculate Parenteral Fluid Administration		
Generate a Prescription Accurately		
Perform a well child care visit		
Required Clerkship Activities		
Participate in Mid-Rotation Feedback Session		
Complete On-line Nutrition Assessment Case Study		
Demonstrate working knowledge of Pediatric Ultrasound		
Review Growth Curves including BMI		
Demonstrate Working Understanding of Child Abuse		
Completed 15 Aquifer cases		
Present Evidence Based Medicine Research		
STRONGLY RECOMMENDED		
Demonstrate Understanding of Immunization Schedules		
Interpret Tympanogram		
Perform Lumbar Puncture		

Obtain Pediatric Blood Pressure		
Participate in Adolescent Counseling		
Attend virtual home visit with a special needs child		

Students should perform the clinical encounter with appropriate supervision unless otherwise indicated that it is acceptable to participate or observe (to be entered into New Innovations for formal documentation)

Essential Clinical Conditions	Clinical Setting	Documented By
Respiratory Distress	Inpatient or Outpatient	
Upper Respiratory Complaint	Inpatient or Outpatient	
Febrile Illness	Inpatient or Outpatient	
Infant with Fever	Inpatient or Outpatient	
Jaundice	Inpatient or Outpatient	
Rash	Inpatient or Outpatient	
Vomiting, Diarrhea, Abdominal Pain	Inpatient or Outpatient	
Lethargy, Seizure, Altered Mental Status	Inpatient or Outpatient	
Oncologic Abnormality	Inpatient or Outpatient	
Heart Murmur	Inpatient or Outpatient	
Behavioral/Developmental Problem	Inpatient or Outpatient	
Child with Weight Issues	Inpatient or Outpatient	
Hematuria, Proteinuria, UTI	Inpatient or Outpatient	
Child with Musculo-Skeletal Complaint	Inpatient or Outpatient	
Child with Genetic Syndrome	Inpatient or Outpatient	
Child Abuse/Neglect	Inpatient or Outpatient	
Anemia	Inpatient or Outpatient	

University of South Carolina School of Medicine

Department of Neuropsychiatry & Behavioral Science Clinical Skills Attainment Document M-III Psychiatry (Class of 2026)

Required Clinical Skills	Date	Certification
Obtain a Psychiatric History, Conduct an Observed Patient Interview and Mental Status Examination and Present Results to Attending, #1		
Obtain a Psychiatric History, Conduct an Observed Patient Interview and Mental Status Examination and Present Results to Attending, #2		
Patient Encounters		
Perform evaluation of a Patient with a Psychotic Disorder		
Perform evaluation of a Patient with Bipolar Disorder		
Perform evaluation of a Patient with Depressive Disorder		
Perform evaluation of a Patient with an Anxiety Disorder		
Perform evaluation of a Patient with a Neurocognitive Disorder		
Perform evaluation of a Patient with a Substance-Related or Addictive Disorder		
Perform evaluation of a Patient with a Personality Disorder		
Participate in the Care of a Suicidal Patient		
Required Clerkship Activities		
Participate in Mid-Rotation Feedback Session		
Participate in Tutoring Sessions		
Complete On-line Nutrition Assessment Case Study		
Complete Alcoholics Anonymous Reflection Assignment		

**University of South Carolina
School of Medicine**

**Department of Surgery
Clinical Skills Attainment Document
M-III Surgery (Class of 2026)**

Required Clinical Skills	Date	Certification
Complete 4 History and Physical Examinations		
Perform Postoperative Evaluation (Post-Op Check with note)		
Perform one patient presentation on morning rounds		
Perform Foley Catheter (Female) placement		
Perform Foley Catheter (Male) placement		
Perform Arterial Blood Gas draw		
Perform Intravenous Line placement		
Perform F.A.S.T.		
Perform Naso- or Orogastic Tube placement		
Demonstrate Wound Management Techniques (dressing changes)		
Perform one skin incision closure		
Observe or Perform Central Venous Catheter		
Observe or Perform Chest Tube		
Required Clerkship Activity		
Participate in Mid-Rotation Feedback Session		
Complete Nutrition Assessment Case Study (online)		

**University of South Carolina School of
Medicine**

Department of Surgery
Clinical Skills Attainment Document
M-III Surgery (Class of 2026)

H&P Number:	Person Given To:
H &P #1	
H &P #2	
H &P #3	
H &P #4	
Write Post-op Note	

**University of South Carolina
School of Medicine**

**Acting Internship
Clinical Skills Attainment Document
(Class of 2025)**

Program Objective(s)	Required Curricular Activity	Date	Certification
2.3, 4.1	Obtain an observed complete patient history and present to the healthcare team		
4.1	Perform an observed comprehensive specialty-specific clinical exam		
2.3	Appropriately document an admission History and Physical Exam		
2.3, 7.1, 7.2	Participate in discharge/transfer planning and document discharge/transfer summary		
7.1	Successfully enter orders into the EMR with supervision, as applicable		
7.1	Perform specialty-specific procedural skills, as applicable		
5.1, 5.2	Participate in a Mid-rotation feedback session		
2.1, 2.2	Demonstrate appropriate communication skills with patients, families, and the health care team including consultants		
6.1, 6.2, 6.3, 6.4	Demonstrate professionalism in all aspects of the rotation		
STRONGLY RECOMMENDED:			
3.1, 4.2	Student demonstrates appropriate clinical decision making		
1.1, 1.3, 7.4	Addresses/acknowledges social determinants of care in a patient interaction		
7.3	Demonstrates high-value care in their medical decision making concerning cost, quality and safety		

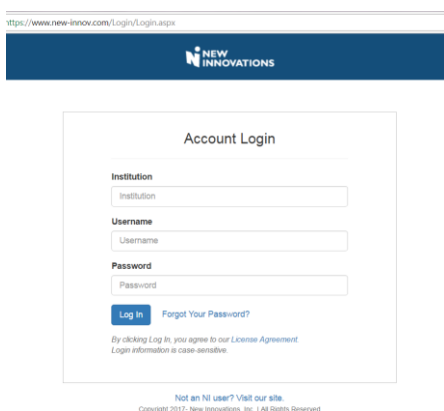
Logging Patient Encounters

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

Medical Students

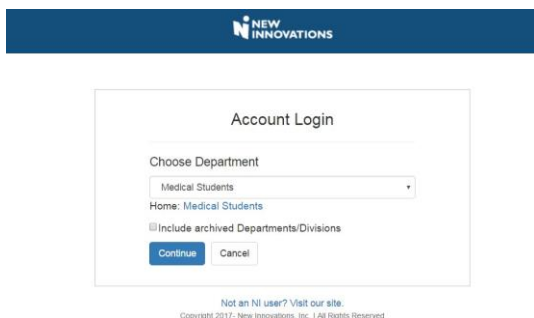
How to Login; Add Patient Encounters (PEC Data)

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



The screenshot shows the top of the New Innovations website with a dark blue header containing the logo. Below the header is a white box titled "Account Login". Inside this box are three input fields labeled "Institution", "Username", and "Password". Below these fields is a blue "Log In" button and a link for "Forgot Your Password?". At the bottom of the box, there is a small disclaimer: "By clicking Log In, you agree to our License Agreement. Login information is case-sensitive." Below the white box, there is a link "Not an NI user? Visit our site." and a copyright notice "Copyright 2017: New Innovations, Inc. | All Rights Reserved".

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



This screenshot shows the same "Account Login" page as the previous one, but with the "Choose Department" dropdown menu open. The dropdown menu shows "Medical Students" as the selected option. Below the dropdown, there is a link "Home: Medical Students" and a checkbox labeled "Include archived Departments/Divisions". At the bottom of the white box are two buttons: "Continue" and "Cancel". Below the white box, there is a link "Not an NI user? Visit our site." and a copyright notice "Copyright 2017: New Innovations, Inc. | All Rights Reserved".

8. Click **Continue**

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

Logging Patient Encounters (PEC Data)

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

Log Books

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

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

Procedure 1		
	Remaining Characters: 5000	
Save and Retain	Save and Clear	Cancel and Return

All patient encounters should be submitted by the last day of each required M-III and M-IV rotation. If you do not complete Patient Encounter Data for each rotation, you will receive an Incomplete for your grade. Further clerkship specific directions and/or requirements regarding submissions may be provided at the clerkship's orientation.

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

USC School of Medicine Columbia Educational Program Objectives

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

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

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

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

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

University of South Carolina Program Objectives	
Graduates from the University of South Carolina School of Medicine Columbia meet the following core competencies.	
1. Diversity, Equity, and Inclusion	
Primary Objective: Demonstrate awareness & commitment to ensuring equitable access to high-quality care for patients, fostering a diverse and inclusive workplace for colleagues, and cultivating and sustaining relationships with suppliers and community partners to enhance a physician’s understanding of the communities they serve.	
Competencies	
1.1	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in age, culture, disabilities, gender, race, religion, and sexual orientation.
1.2	Show evidence of self-reflection on how personal identities, implicit & explicit biases, and lived experience may influence one’s perspectives, clinical decision-making, and practice.
1.3	Practice cultural humility and, when appropriate, provide culturally relevant recommendations and care to patients.
1.4	Explain the role of the health care system in identifying and meeting the needs of the local community (e.g., the role of the community health needs assessment or the community health improvement plan).

1.5	Differentiate between inclusive and exclusive policies and practices within local health care systems to help ensure people from a variety of backgrounds and abilities have equitable access to services and resources.
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2. Interpersonal and Communication Skills

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

Competencies

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

3. Medical Knowledge

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

Competencies

3.1	Demonstrate knowledge of clinically relevant normal and abnormal structure and function of the human body and its component organ systems at the macroscopic, microscopic, and molecular levels.
3.2	Identify the pathology and pathophysiology of acute and chronic diseases and correlate them with clinical signs and symptoms.

3.3	Apply preventive medicine and currently available evidence-based guidelines for health promotion and disease screening.
3.4	Across the lifespan, differentiate between typical and atypical development and age-related changes.
3.5	Demonstrate comprehension of risks and benefits of clinical interventions and agents, including but not limited to pharmaceutical, surgical, genetic, complementary, nutritional, and rehabilitative therapies.

4. Patient Care

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

Competencies

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

5. Practice-Based Learning and Improvement

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

Competencies

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

6. Professionalism

Primary Objective: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies	
6.1	Demonstrate a commitment to ethical principles regarding care and practice, including adherence to patient confidentiality and autonomy. (EPA 11)
6.2	Demonstrate integrity, respect, and timeliness in professional interactions in clinical and learner settings.
6.3	Identify threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for medical practice.
6.4	Exhibit an ethical and professional standard worthy of a future physician when using social media and other forms of technology in one's personal and professional life.
7. Systems Based Practice	
Primary Objective: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.	
Competencies	
7.1	Work effectively in various health care delivery settings, systems, and teams.
7.2	Coordinate patient care within the health care system.
7.3	Incorporate considerations of cost awareness and risk/benefit analysis in patient care.
7.4	Identify opportunities to advocate for quality patient care and optimal patient care systems.
7.5	Work in interprofessional teams to enhance patient safety and quality of patient care. (EPA 9)
7.6	Participate in system improvement (i.e., identifying errors, assessing causes, and implementing solutions).

Physician Competencies

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

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

USC SOMC Policies

Policy Title:

Clerkship Absence and Attendance

Policy Identifier:

USCSOMC – UME – 1.01

Prepared by: Office of Undergraduate Medical Education	Creation Date: 3-6-24
Reviewed by: Curriculum Committee and Student Affairs Committee	Review Date:
Approved by: MD Policy and Procedures Committee	Effective Date: 6-11-24
Category: Undergraduate Medical Education	

LCME Standards

12.4 - Student Access to Health Care Services

Scope

University of South Carolina (USC) School of Medicine Columbia MD students and faculty.

Policy Statement *Clerkship*

Attendance:

The expectations for quality student performance are different in the clinical training years than those of the first two years. Student attendance is expected at all times deemed appropriate by the clerkship directors and the supervising physicians. Educational experiences (e.g., rounds, conferences, clinics, presentations, etc.) are not considered “optional” unless clearly stated to be so.

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

Absences are considered to be excessive as follows:

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

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

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

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

Attendance Policies Specific to the M4 Year:

- In the event that a student does not take the Step 2 examination during the Step 2 preparation block, only the day of the Step 2 examination would be allowed for time off from a rotation.
- Directors of the M-IV elective rotations are urged to maintain some flexibility in permitting students to interview for residency positions. Students requiring time away from clerkships for interviewing may take up to 15 days off during residency interview season, which extends from mid-October through late-January (in cases of the military match or specialties that match earlier, this timeframe may be shifted forward).
 - Students may request no more than 5 days off for interviewing during any fourweek rotation. This includes partial day absences of greater than four hours. All requests for time off must include written verification of the interview location and date, provided to the rotation director.
 - Students who require more days off than stated above must arrange with the rotation director to make up the missed days. Missed days cannot be made up by taking time from other rotations.
- Acting Internships and the critical care rotation are more time-intensive rotations and thus have different requirements than other elective rotations.
 - Students are encouraged to take one of their unscheduled four-week blocks during interview season and to avoid scheduling a rotation designated as an acting internship and/or critical care during interview season.
 - For these two rotations, students may request no more than 2 days off for interviewing during the four-week rotation.
- All M-IV students are excused from rotations on Match Day.
- In summary, a fourth-year student's responsibility is to fulfill all rotation duties within the dates of that rotation. An M-IV student is allowed one excused absence per four-week rotation and may take additional time off (without penalty) for the Step 2 Exam, residency interviewing, and Match Day, but THE TOTAL TIME OFF FOR ANY GIVEN FOUR WEEK ROTATION SHOULD NOT EXCEED 5 DAYS, REGARDLESS OF THE REASON FOR THE TIME OFF (excused absence, Step 2 Exam, residency interviewing, and/or Match Day).

Reason for Policy

The purpose of this policy is to establish the expectations for attendance, for notification of unavoidable absences, and the reasons for which an absence may be excused. It is intended to provide consistency among students and faculty.

Procedures

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

Emergency Excused Absences

In case of an emergency, the student must contact the clerkship director as well as the Office of Student Affairs and Career Advising and Assistant Dean for Clinical Curriculum and Assessment at the School of Medicine as soon as possible. Students may be granted emergency excused absences under the following circumstances:

- Death or serious illness of a close family member (i.e., grandparents, parents, spouse, children, or siblings)
- Personal illness; a doctor's excuse is required if the student is away for 2 days or longer The student must maintain regular communication with the clerkship director and with the Office of Student Affairs and Career Advising throughout an emergency absence.

Planned Excused Absences

For a planned excused absence, the student must first contact the rotation coordinator and the clerkship director (*at least 6 weeks in advance of the start of the rotation*) to obtain initial approval. Planned excused absences may not be permitted on

specific days of a rotation, due to orientation and exam scheduling, except under special circumstances.

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

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

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

Documentation of some fashion should be obtained by the student and given to the rotation/clerkship director when a planned excused absence is requested.

Excused Absence for Health Care

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

Procedures for Make-Up of Rotation Time

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

Contacts

Office of Student Affairs and Career Advising
Office of Undergraduate Medical Education

History

Date of Change	Change
3-6-24	Transferred draft policy into current template format

Policy Title:

Student Mistreatment

Policy Identifier:

USCSOMC – STA – 1.02

Prepared by: Office of Student Affairs and Career Advising	Creation Date: January 2024
Reviewed by: MD Program Policy and Procedures Committee	Review Date: 6-11-24
Approved by: Executive Committee	Effective Date: 7-9-24
Category: Student Affairs	

LCME Standards

3.6 – Student Mistreatment

Scope

University of South Carolina (USC) School of Medicine Columbia MD students, faculty, and staff.

Policy Statement

The University of South Carolina is committed to providing an environment free from discrimination, harassment, sexual misconduct, and related retaliation. The educational program in the School of Medicine Columbia has been developed to support and encourage the collegiality and professionalism essential to an effective learning environment. The primary objective of this mistreatment policy is to ensure that students who believe that they have been punitively assessed or mistreated because of religion, race, ethnicity, gender, sexual orientation, age, or other factors have their concerns addressed in a fair and just manner.

Reason for Policy

To provide MD students, faculty, residents, and staff clarity on the student mistreatment policy and reporting procedures.

Definitions

Mistreatment can be defined in the following domains:

- 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)
- Discrimination or harassment based on age, ancestry, citizenship status, color, disability, ethnicity, familial status, gender (including transgender), gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy (false pregnancy, termination of pregnancy, childbirth, recovery therefrom or related medical conditions, breastfeeding), race, religion (including religious dress and grooming practices), sex, sexual orientation, veteran status, or any other bases under federal, state, local law, or regulations is prohibited.
- Loss of personal civility including shouting, personal attacks or insults, displays of temper (such as throwing objects), use of culturally insensitive language
- Requests for others 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
- *This is not intended to be an exhaustive list of mistreatment definitions, and other definitions may apply.*

Procedures

Students who feel they have been mistreated by students, faculty, residents, or staff are encouraged to report the incident.

Mistreatment can be reported through several methods.

SAFE (Supporting A Fair Environment) Form – An online mistreatment report form. Forms may be submitted confidentially or anonymously. If filed anonymously, students are advised the Associate Dean for Student Affairs will not be able to contact them about further details and it may limit how the university is able to investigate the complaint. The form is received and reviewed by the Associate Dean of Student Affairs and the M3/M4 Ombudsperson for the Columbia campus. If filed confidentially, contact is made within 24 hours of filing the report. Students have the option to meet by phone, video or in person to discuss the alleged mistreatment. The Associate Dean of Student Affairs and the M3/M4 Ombudsperson for Columbia discuss the case and develop a plan of action. To mitigate a fear of retaliation, the student is given the option of postponement of the investigation until completion of the course, clinical rotation, or longer if desired. If the report was filed anonymously, no notification of the outcome is possible.

Ombudspersons – Students may contact the assigned ombudsperson via telephone or email, located on the USC School of Medicine Columbia website. **Offices and Contacts - My School of Medicine Columbia | University of South Carolina** The ombudspersons are empowered to receive and investigate reports of mistreatment, to mediate between the parties involved, and, in the event mediation is not successful, to make recommendations directly to the dean of the School of Medicine regarding appropriate resolution of any complaints.

Formal Report to the University's Student Grievance Committee – Made through the University's Student Grievance Committee through the procedure outlined in the Carolina Community. (<http://www.sc.edu/policies/staf627.pdf>)

Office of Civil Rights & Title IX- If you or someone you know has been the victim/survivor of discrimination or harassment at the University of South Carolina you can contact an intake coordinator in the Office of Civil Rights and Title IX at 803-777-3854 or civilrights@mailbox.sc.edu. While the Office of Civil Rights and Title IX is not a confidential resource, information is kept private and shared on a need-to-know basis.

Partner Health System – Students may confidentially report concerns regarding the clinical learning environment through the partner health system portal. For the report to be addressed by the USC School of Medicine Columbia, self-identification is encouraged so the reported incident can be forwarded to the Associate Dean for Student Affairs for investigation.

Peer Advocate Liaison (PALs) – Students may contact the assigned elected PAL via telephone, text or email, located on the USC School of Medicine Columbia website, for resources if an incident of mistreatment occurs.

Non-retaliation

The School of Medicine will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith.

Contacts

Associate Dean for Student Affairs
Office of Academic Affairs
Office of Undergraduate Medical Education
Office of Student Affairs
Ombudspersons
Peer Advocate Liaison (PALs)

The School of Medicine Columbia follows the University of South Carolina policies but has in several cases adopted a subset of policies applicable to our school's specific program. This policy is intended to be consistent with the [University of South Carolina Policy Against Discrimination, Harassment & Sexual Misconduct \(CR 1.00\)](#). In the event of any of any conflict University policy shall control.

History

Date of Change	Change
February 2024	Policy formalized into a standard template, LCME Self-Study process



Policy Title:

Medical Student Supervision

Policy Identifier:

USCSOMC - UME – 1.04

Prepared by: Office of Curricular Affairs	Creation Date: 3-1-24
Reviewed by: Curriculum Committee	Review Date:
Approved by: MD Program Policy and Procedures Committee	Effective Date: 8-16-24
Category: Undergraduate Medical Education	

LCME Standards

9.1 - Preparation of Resident and Non-Faculty Instructors

9.3 - Clinical Supervision of Medical Students

Scope

University of South Carolina (USC) School of Medicine Columbia MD students, residents and faculty.

Policy Statement

Medical students should be appropriately supervised by either a senior resident or attending faculty member while engaged in any clinical activity. It is the responsibility of the clerkship director or the clerkship site director to make these assignments and to ensure students are not attempting clinical activities outside the range of expected achievements or those activities formally prohibited by the healthcare system.

Reason for Policy

The LCME expects that a medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Procedures

During the clerkship orientation clerkship directors should inform students about prohibited activities and provide contact information for reaching the attending physician on call should the student have any questions or concerns about appropriate supervision, patient safety, or allowed clinical activities.

Clerkship directors and clerkship site directors are also responsible for informing senior residents on the clinical service about supervision of students and prohibited activities at least on an annual basis.

Contacts

Assistant Dean for Clinical Curriculum and Assessment



History

Date of Change	Change
3-1-24	Policy drafted from Clerkship Director handbook

Policy Title:

Guidelines for Conduct in Teacher/Learner Relationships

Policy Identifier:

USCSOMC – STA -1.03

Prepared by: Office of Student Affairs and Career Advising	Creation Date: April 2024
Reviewed by: MD Program Policy and Procedures Committee	Review Date: 6-11-24
Approved by: Executive Committee	Effective Date: 7-9-24
Category: Student Affairs	

LCME Standards

3.4 – Anti-Discrimination Policy

3.5 – Learning Environment/Professionalism

3.6 – Student Mistreatment

Scope

University of South Carolina (USC) School of Medicine Columbia MD students, faculty, and staff.

Policy Statement

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

Reason for Policy

This policy has been created to provide MD students clarity on the responsibilities of their roles and expectations of conduct in the teacher-learner relationship. LCME expects that a medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. A medical school should have a policy addressing the standards of conduct in relationships among students, faculty, residents, and other health professionals.

Procedures

I. Responsibilities in the Teacher/Learner Relationship A. Responsibilities of Teachers

1. Treat all learners with respect and fairness.
2. Treat all learners equally regardless of race, sex, gender identity, transgender status, age, color, religion, national origin, disability, sexual orientation, genetics, protected veteran status, pregnancy, childbirth, related medical conditions, or any other bases under federal law.
3. Provide current material in a format consistent with best practices for learning.
4. Be on time for didactic, investigational, and clinical encounters.
5. Provide timely feedback with constructive suggestions and opportunities for improvement/remediation when needed.

B. Responsibilities of Learners

1. Treat all fellow learners and teachers with respect and fairness.

2. Treat all fellow learners and teachers equally regardless of age, gender, race, ethnicity, national origin, religion, disability, sexual orientation, genetics, protected veteran status, pregnancy, childbirth, related medical conditions, or any other bases under federal law.
3. Commit the time and energy necessary to achieve the goals and objectives of each course.
4. Be on time for didactic, investigational, and clinical encounters.
5. Communicate concerns/suggestions about the curriculum, didactic methods, teachers, or the learning environment in a respectful, professional manner.

III. Behaviors Inappropriate to the Teacher/Learner Relationship

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

- unwanted physical contact (e.g. hitting, slapping, kicking, pushing) or the threat of the same; • sexual harassment (including romantic relationships between teachers and learners in which the teacher has authority over the learner's academic progress, see [Prohibited Consensual Relationships Policy \(UNIV 2.10\)](#));
- discrimination or harassment in any form based on age, ancestry, citizenship status, color, disability, ethnicity, familial status, gender (including transgender), gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy (false pregnancy, termination of pregnancy, childbirth, recovery therefrom or related medical conditions, breastfeeding), race, religion (including religious dress and grooming practices), sex, sexual orientation, veteran status, or any other bases under federal, state, local law, or regulations is prohibited;
- loss of personal civility including shouting, personal attacks or insults, displays of temper (such as throwing objects), use of culturally insensitive language;
- requests for other to perform inappropriate personal errands unrelated to the didactic, investigational, or clinical situation at hand;
- grading/evaluation on factors unrelated to performance, effort, or level of achievement.

IV. Avenues for Addressing Inappropriate Behavior in the Teacher/Learner Context A. Learners' Concerns

Learners may address situations in which they feel that they have been the object of inappropriate behavior at various levels. At the most basic level, the most effective way to handle a situation may be to address it immediately and non-confrontationally. Oftentimes, a person is simply unaware that his/her behavior has offended someone, or even if aware, will correct the behavior appropriately if given the opportunity to do so in a way that is not threatening. The way to raise such an issue is to describe the behavior factually ("When you said...") describe how the behavior made you feel ("I felt..."), and state that the behavior needs to stop or not be repeated ("Please, don't do that again.") Sometimes, such a request is not successful, the person repeats the behavior, or the learner does not feel comfortable speaking directly to the teacher about his/her behavior. In those cases, it may be helpful to discuss the behavior with course/clerkship directors, laboratory mentors, program directors or department chairs.

Students may also elect to speak to any one of the Assistant Deans, the Associate Dean for Medical Education, the Associate Dean of Student Affairs, or one of the School of Medicine's three ombudspersons for informal advice and counsel about these issues.

These individuals may offer additional suggestions for resolving the matter informally, such as 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 direct intervention to get the behavior to stop.

If no satisfactory resolution is reached after these discussions or the learner does not feel comfortable speaking to these individuals, he/she may bring the matter formally to the attention of the School of Medicine administration via a [SAFE form](#). The avenues for this more formal reporting vary depending upon the status of the reporting individual. In any case the learner always has the option of submitting a formal complaint to the University's Student Grievance Committee through the procedure outlined in the Carolina Community. (<http://www.sc.edu/policies/staf627.pdf>) The student may speak with the Associate Dean of Student Affairs, the Associate Dean for Medical Education and Academic Affairs, or one of the school's ombudspersons.

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 fill out the [Professionalism Concern Form](#). These allegations will be handled on an individual basis as outlined in the Honor Code.

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

- A. If the complaint is lodged against a faculty member, other than those matters referred to the Office of Civil Rights & Title IX, the matter will be handled by the Dean in consultation with the appropriate Associate Dean and Department Chair and, where established, the appropriate School of Medicine and University polices. The Dean may also choose to appoint an ad hoc committee to investigate the complaint.
- B. If a complaint is lodged against a student, it will be handled in the manner as spelled out in the Honor Code.
- C. If the behavior involves unlawful discrimination or sexual or other forms of unlawful harassment, the matter will be handled through University policies established for that office. The student may also directly contact that office.
- D. If the behavior involves unwanted physical contact or other forms of violent or threatening acts, the matter may be referred to the University's campus police or appropriate hospital security.
- E. 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.
- F. The School of Medicine will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith. Individuals who believe that action has been taken against them in retaliation for raising concerns under this policy may address those concerns through the procedures described in this policy or through the Student Grievance Committee. If it is determined that the allegations from the complainant were not made in good faith, the student will be referred for disciplinary action to the Honor Committee.
- G. 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 for teachers and the Registrar's Office for students.

Contacts

Associate Dean for Student Affairs
Office of Academic Affairs
Office of Undergraduate Medical Education
Office of Student Affairs
Ombudspersons

The School of Medicine Columbia follows the University of South Carolina policies but has in several cases adopted a subset of policies applicable to our school's specific program. This policy is intended to be consistent with the [University of South Carolina Policy Against Discrimination, Harassment & Sexual Misconduct \(CR 1.00\)](#) and [Prohibited Consensual Relationships Policy \(UNIV 2.10\)](#). In the event of any of any conflict between the policies, University policy shall control.

History

Date of Change	Change
April 2024	Policy formalized into a standard template, LCME Self-Study process. Updated Anti-discrimination categories, aligned with Honor Code and Professionalism reporting.



MEDICAL STUDENT DUTY HOURS POLICY

● MEDICAL STUDENT DUTY HOURS POLICY

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

Duty Hours

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

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

Medical students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over the clerkship, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical and educational duties.

Adequate time for rest and personal activities must be provided. On-Call Activities

The objective of on-call activities is to provide medical students with a continuity of patient evaluation experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when medical students are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night.

Continuous on-site duty hours, including in-house call, must not exceed 24 consecutive hours. Medical students may remain on duty for up to 8 additional hours to participate in didactic activities and maintain the continuity of medical and surgical care (hospital rounds).

At-home call (or pager call) is defined as a call taken from outside the assigned institution. The frequency of at-home call is not subject to every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each medical student. Medical students taking at-home call must be provided with 1 day in 7 completely free of all educational and clinical responsibilities, averaged over the clerkship. When medical students are called into the hospital from home, the hours the medical student spend in-house are counted toward the 80-hour limit.

The clerkship director and faculty must monitor the demands of at-home call in their clerkships and make scheduling adjustments as necessary.

Monitoring

It is the responsibility of the clerkship director, faculty, and chair of each department to monitor and ensure that medical students do not exceed the limitations of their duty hours. Departments are required to publish their specific duty hour policy and are free to modify the above policy as long as the duty hour limits are not exceeded. The Curriculum Committee and/or the Academic Standards Committee may periodically request verification of monitoring by individual departments.

Students are requested to report infractions of the duty hour policy to their clerkship director and/or the Office of Curricular Affairs and Media Resources. Infractions will be investigated by the Academic Standards Committee and appropriate action taken to ensure infractions do not continue.

Supervision

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

Grade Appeal

XXXX – XX.XX

Prepared by: Office of the Registrar	Creation Date: 3-13-24
Reviewed by: Committee	Review Date:
Approved by: MD Program Policy and Procedures Committee	Effective Date:
Category: Registrar	

LCME Standards

11.6 - Student Access to Educational Records

Scope

University of South Carolina (USC) School of Medicine Columbia students in the undergraduate medical program, faculty, and staff involved with that program.

Policy Statement

Grade Changes. A grade cannot be changed by the instructor of record for a course/block/clerkship or department directly after it has been submitted into the university's Banner grading system. If a grade has been inputted in error or if there is a computation error in the calculation of a final grade, then a request for correction of the grade must be submitted by the instructor of record and/or designee to the Office of the Registrar at the School of Medicine.

Grade Change Committee. A subcommittee of the Academic Standards Committee has been established by the Dean to review all requests; the Associate Dean for Admissions and Student Recruitment serves as chair.

Requests within One Year. Requests for a grade change must be made by the instructor of record for a course/block/clerkship to the Associate Dean for Admissions and Student Recruitment (Registrar), according to the established procedure, and within one year of the completion date of the course, clerkship, or elective.

Student Appeal of Grades. The procedures herein shall not extend to matters of grading student work where the substance of a complaint is simply the student's disagreement with the grade or evaluation of his/her work. Such matters shall be discussed by a student and his/her instructor of record; final authority shall remain with the instructor. Students have the right to be graded in an equitable manner, free from arbitrary bias or capriciousness on the part of faculty members. As such, the sole basis for the appeal of a grade shall be a violation of Teaching Responsibility policies contained in the Faculty Manual (http://www.sc.edu/policies/facman/Faculty_Manual_Columbia.pdf); or a violation of the policies on Protection of Freedom of Expression or Against Improper Disclosure, as stated in Carolina Community (<http://www.sc.edu/policies/ppm/staf628.pdf>).

Student Access to Grades. All current medical students have immediate 24-hour access to grades once they have been posted in the university's Banner system, in Blackboard, and/or in OASIS. Current students can make a written request to the Registrar's Office (SOM) to have a copy of their educational records that will be provided within 1-3 business days. Former students must provide a written request and/or signed release form to the Registrar's Office (SOM) before any verification information and/or student record(s) is released. Upon receipt of the release, the requested information will be provided within 3-5 business days. The School of Medicine does not have access to official transcripts. The official transcript must be requested via the Office of the Registrar at the main University of South Carolina.

Reason for Policy

This policy was created to ensure a fair and equitable appeal process that allows a medical student to access to grades in a reasonable amount of time and to appeal a grade when they can demonstrate that the grade inaccurately reflects their academic performance in a course, block, clerkship, or elective. LCME requires that a medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

Procedures

Students who believe one or more grades have been the result of a violation of the above-stated standards on teaching and freedom of expression should, within ten calendar days of receiving a grade, contact the Associate Dean for Undergraduate Medical Education to review the appeals process.

1) Appeal of a Course Grade and/or Written Evaluation

a) Initiating an Appeal

- i) Students must submit all appeals in writing to the course/block/clerkship director. ii) Students must send copies of the appeal to the Associate Dean for Undergraduate Medical Education.
- iii) The written appeal must clearly state the facts, circumstances, and the particular basis upon which the appeal is based.
- iv) Students must initiate an appeal within ten calendar days of notification of the grade or evaluation.

b) Appeal to the Course or Clerkship Director Level One

- i) The first level of appeal of a course grade and/or written evaluation is to the course, block, or clerkship director.
- ii) Should the course, block, or clerkship director determine that there is a reasonable basis to find that the grade was the result of bias, capriciousness, or a violation of a particular policy, the director will send a request for revision to School of Medicine Registrar, who will in turn take the request to the Grade Change Subcommittee. If no reason for change is found, the course, block, or clerkship director will inform the student that the grade or evaluation stands. In either event, the student must receive written notification of the course, block, or clerkship director's decision within five working days of the student's appeal.

c) Appeal to the Grade Change Committee Level Two

- i) If the student is dissatisfied with the decision of the instructor of record for the course, block or clerkship, the student may submit a written appeal to the Grade Change Subcommittee via the School of Medicine Registrar with a copy of the appeal to the Associate Dean for Undergraduate Medical Education.
- ii) The written appeal must state grounds for the grievance. iii) The appeal must be made within five days of receiving the decision from the department chair.
- iv) The Grade Change Subcommittee will then either:
 - (1) Rule that the appeal lacks the merit to warrant a hearing and will uphold the decision of the department chair.
 - (2) Rule that the appeal has the necessary merit for a hearing and will schedule a hearing on the appeal within five working days.
- v) The Grade Change Subcommittee decision is the final decision for Course grade or Written Evaluation appeals.

2. Faculty Grievance Procedure

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

Contacts

Office of the Registrar
Office of Undergraduate Medical Education

History

Date of Change	Change
3-13-24	Policy drafted in new template



Policy Title:

Assignment of Students for Third- and Fourth-Year Clinical Rotations

Policy Identifier:

USCSOMC – STA – 1.06

Prepared by: Office of Student Affairs	Creation Date: December 2023
Approved by: MD Program Policy and Procedures Committee	Review Date: 6-11-24
Category: Student Affairs	Effective Date: 6-11-24

LCME Standards

10.9 Student Assignment

Scope

University of South Carolina (USC) School of Medicine Columbia MD students.

Policy Statement

The primary goal for our third- and fourth-year students is to ensure adequate educational resources for every student to meet the educational objectives of the curriculum. This policy will outline the procedures and guidelines for the assignment of students to either the Columbia campus or the Florence Regional campus for their third- and fourth-year clinical rotations. In assigning students to a clinical campus, while student preference will be considered, there is no guarantee that a student will be assigned to their preferred campus.

Procedures

Application: Applicants are notified both on the University of South Carolina School of Medicine Columbia's (SOMC's) website and through published material at the time of application that two clinical campuses are available for assignment during the third and fourth years of medical school.

Interview Day: Applicants are invited for interviews based on guidelines established by the Admissions Committee and independent of campus preference. Applicants selected for an interview will be presented with information about both clinical campuses and have an opportunity to ask questions during interview day.

Offer Letter: When applicants are made an offer of acceptance into the SOMC, they are informed that assignment to a clinical campus will occur during their second year. By accepting the offer, the applicant will acknowledge that while they will be able to state a preference, there is no guarantee that they will be assigned to their preferred campus.

Matriculation: During MI orientation, students are given presentations on both clinical learning environments, and scheduled for voluntary tours of the facilities. During these tours, they meet with selected faculty and students to learn more about the campuses and will have the opportunity to ask additional questions.

Assignment: Students may, at any time after the Florence campus visit during MI orientation, commit to or indicate interest in completing their clinical years at the Florence campus on a first- come, first-served basis. If there are more students who wish to commit than there are available Florence positions, these students will be placed on a wait list. Students who are on the interested list will be offered additional time with Florence students and faculty to help with their decision. If needed, a lottery may be held to assign students based on the educational resources of both campuses. Students who mutually agree will be allowed to switch campuses after jointly making that request prior to April first of their MII year. Students who have academic or personal challenges will be assigned to the campus best suited to ensure their success.

Appeal: Students who sign the binding commitment may appeal their assignment to a clinical campus up to February 1 of their MII year. This appeal should be presented by email to the Associate Dean for Student Affairs, who, along with the Associate Dean of Medical Education for the Florence Campus, will make a recommendation to the Associate Dean for Medical Education. Extenuating circumstances are those that are out of the student's control and/or the current assignment would cause undue hardship on the student. Consideration of the appeal will also take into account the availability of educational resources at the other clinical campus.

Contacts

Robert Rhinehart
Alan Sechtin
Eric Williams

History

Date of Change	Change



Policy Title:

NBME Examinations in the M3 Year

Policy Identifier:

USCSOMC – UME – 1.11

Prepared by: M3/M4 subcommittee	
Reviewed by: Associate Dean for UME	Creation Date: Prior to 2017
Approved by: USC SOMC Curriculum Committee	Last Approval Date: June 2024
Approved by: MD Program Policy and Procedures Committee	Effective Date: July 2024
Category: Undergraduate Medical Education	

LCME Standards

9.4 - Assessment System
 9.6 - Setting Standards of Achievement
 9.9 - Student Advancement and Appeal Process
 10.3 - Policies Regarding Student Selection/Progress and Their Dissemination
 10.5 - Technical Standards

Scope

University of South Carolina (USC) School of Medicine Columbia MD students.

Reason for Policy

To clarify requirements and procedures for NBME examinations in the M3 year.

Procedures

1. An NBME examination will be administered on the final day of the clerkship for each of the six core M3 rotations. As Neurology is currently incorporated into the Internal Medicine rotation, there is not a separate NBME examination for Neurology.
2. The NBME testing schedule will be determined by the Office of the Assistant Dean for Clinical Curriculum and Assessment and published in the Student Handbook for Clinical rotations. In general, examinations given in Columbia will occur in the afternoon. Typically, testing in Florence will occur in the morning. Exceptions may be made depending on the availability of testing space. Students should plan to take the examination at the clinical campus where they conduct their M3 rotations. Any exceptions must be cleared through the Office of the Assistant Dean for Clinical Curriculum and Assessment.
 - a. In Columbia, clerkships will assist with proctoring the NBME exams on the School of Medicine campus in consultation with the Office of the Assistant Dean for Clinical Curriculum and Assessment

3. Should a student need to postpone their NBME exam (illness, excused absence, etc.), this must be cleared through the Office of the Assistant Dean for Clinical Curriculum and Assessment in coordination with the rotation's clerkship director. Make-up NBME examinations can only occur on dates when there are other NBME examinations scheduled to be taken on the School of Medicine campus.

4. Students must achieve a minimum score of the 5th percentile to pass a given NBME exam. The 5th percentile is determined by the most up to date "Academic Year" percentile rank as determined by the NBME. If a student fails their initial attempt at an NBME exam, their upcoming grade will be reported as "Incomplete" until this can be remediated. The re-take for NBME examinations will occur on the afternoon of the first Friday of the subsequent semester. The grade will be resubmitted by the clerkship director once this re-take has been successfully completed. If a failed NBME is successfully remediated, the NBME portion of the grade will be determined by the result on the initial attempt, not the re-take.
 - a. In the event that a student fails an NBME exam, a letter stating such will be sent to the Office of Admissions and Enrollment Services from the Assistant Dean for Clinical Curriculum and Assessment. Failure of clinical NBME exams are noted in the MSPE.
 - b. Students who have an initial failure of an NBME exam during a semester will be allowed to continue as scheduled with M3 rotations.
 - c. If the student is unsuccessful on the re-take attempt, a failing grade will be submitted for the clerkship and the student will be required to appear before the Academic Review Committee (ARC).
 - i. In this instance, if all other elements of the given clerkship have been successfully completed, the ARC may recommend that the student complete an abbreviated version of the clerkship (minimum of 4 weeks) concluding with a retake of the NBME examination. Any subsequent failure of the NBME exam would require the student to appear before the ARC.
 - d. If a student is unsuccessful on a subsequent NBME exam during the same semester, the student will be pulled from the next rotation to have sufficient time to make up both NBME exams.

5. Individual clerkships determine the percentage of the overall grade that the NBME examination accounts for.

6. Students requesting accommodations for NBME exams must coordinate this through the Student Disability Resource Center on the USC main campus and the Office of the Assistant Dean for Clinical Curriculum and Assessment.

Contacts

Assistant Dean for Clinical Curriculum and Assessment

History

Date of Change	Change
7-9-24	Added LCME standards and reformatted in updated policy template



Policy Title:
USMLE Step 2

Policy Identifier:
USCSOMC – UME – 1.12

Prepared by: M3/M4 subcommittee	
Reviewed by: Associate Dean for UME	Creation Date: Prior to 2017
Approved by: USC SOMC Curriculum Committee	Last Approval Date: June 2024
Approved by: MD Program Policy Committee	Approval Date: 7/16/24
Category: Undergraduate Medical Education	

LCME Standards

9.4 - Assessment System
9.6 - Setting Standards of Achievement
9.9 - Student Advancement and Appeal Process
10.3 - Policies Regarding Student Selection/Progress and Their Dissemination
10.5 - Technical Standards

Scope

University of South Carolina (USC) School of Medicine Columbia MD students.

Policy

Successful completion of the USMLE Step 2 Examination is a requirement for graduation from the University of South Carolina School of Medicine – Columbia.

Procedures

1. The Step 2 Examination should be taken upon completion of the M3 year. The deadline for taking the Step 2 examination is the final day of the sixth M4 rotation block for students graduating in May. For students that are graduating off-cycle in December the deadline is August 31. Students are highly encouraged to take the exam in time to have the score back for the ERAS application release in late September. Any exceptions to the scheduling portion of this policy would need to be approved by the Assistant Dean for Clinical Curriculum and Assessment.
2. M4 students are required to complete a 4-week, 4 credit hour Step 2 preparation course as one of the required rotations of the fourth-year curriculum. Students are highly encouraged to take the exam at the end of this rotation. A passing score on the Step 2 exam is required in order to receive credit for this course. Students that do not pass on their initial attempt and therefore do not receive credit for the course will need to pick up an additional rotation in order to satisfy the appropriate credit requirement for graduation.

3. Any student who fails their initial attempt on the Step 2 exam will be expected to complete an application for re-examination in a timely manner in order to allow sufficient time for completion of graduation requirements. A second failure of the Step 2 exam would require the student to appear before the Academic Review Committee. A student who fails Step 2 on the third attempt would be subject to dismissal from USC SOM-Columbia.
4. Any student desiring to test under nonstandard conditions should seek assistance from the Assistant Dean for Clinical Curriculum and Assessment if they have not already been granted accommodations from the NBME for this exam. It is the responsibility of the student to ensure that all deadlines are met and that all appropriate documentation is received by the NBME.

Contacts

Assistant Dean for Clinical Curriculum and Assessment

History

Date of Change	Change
7-9-24	Added LCME standards and reformatted in updated policy template



Policy Title:

Worker's Compensation

Policy Identifier:

USCSOMC - STA – 1.05

Prepared by: Student Affairs	Creation Date: 3-26-24
Reviewed by: Student Affairs Committee	Review Date:
Approved by: MD Program Policies and Procedures Committee	Effective Date: 8-16-24
Category: Student Affairs	

LCME Standards

12.6 – Student Access to Health and Disability Insurance

Scope

University of South Carolina (USC) School of Medicine Columbia MD students.

Policy Statement

All medical students are covered by Workers Compensation insurance through the State Accident Fund for any injuries sustained by students during clinical activities that are a part of their medical education. 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 education is provided to students annually and available in the Office of Student Affairs.

Reason for Policy

To provide School of Medicine students clarity on insurance coverage for injuries sustained during the course of clinical activities.

Procedures

Treatment for Workplace Injuries

Students who experience a workplace injury while rotating in Columbia should notify the USC School of Medicine Employee/Student Health Office (803-434-2479). Those rotating in Florence or other locations should obtain initial evaluation in the appropriate Employee/Occupational Health department, or the Emergency Department in the event of an emergency.

Workers Compensation Insurance

All USC School of Medicine medical students are covered by Workers Compensation Insurance through the State Accident Fund for any injuries sustained during the course of those clinical activities that are a part of their medical education. The premium for this insurance is paid by the USC School of Medicine.

A prompt and complete report on appropriate forms [the [University of South Carolina Worker's Compensation Supervisor Report](#) completed by the faculty member and the [University of South Carolina Employee Injury Report](#) completed by the student] must be made to the Workers Compensation coordinator in the Benefits Office of the University of South Carolina [900 Assembly Street, (803) 7775674] in order to ensure that Workers Compensation insurance benefits are available to the injured student. These forms are available online or from the USC SOM Employee/Student Health Office. Completed forms must be returned within five working days of any injury to the Director of Student Health Services, USC SOM Department of Family and Preventive Medicine. These individuals will ensure that the forms are forwarded in a timely fashion to the University Benefits Office.

Contacts
Student Health Office
Office of Student Affairs

History

Date of Change	Change
3-26-24	Drafted in new policy template

Personal and Professional Conduct

The “Policy on Evaluation of Personal and Professional Conduct,” adopted by the USC SOM Executive Committee in 1989, is used in evaluating professional performance in all M-III and M- IV clerkships and electives.

A. General Statement

MEDICAL STUDENTS HAVE THE RESPONSIBILITY TO MAINTAIN THE EVALUATION OF PERSONAL AND PROFESSIONAL CONDUCT,” ADOPTED BY THE USC SOM EXECUTIVE COMMITTEE IN 1989, IS USED IN EVALUATING PROFESSIONAL PERFORMANCE IN ALL M-III AND M- IV CLERKSHIPS AND ELECTIVES.

B. Criteria for Evaluation

Evaluation of the personal and Professional Conduct of medical students will include the following general and specific considerations:

1. The student will show concern for the welfare of patients. He/she will:
 - a. display a professional attitude in all interactions with patients;
 - b. act appropriately and respectfully in all verbal and nonverbal interactions with patients;
 - c. treat patients with respect and dignity, both in the presence of patients and in
 - d. discussions with professional colleagues; and
 - e. display concern for the total patient.
2. The student will show concern for the rights of others. He/she will:
 - a. demonstrate a considerate manner and cooperative spirit in dealing with professional staff, colleagues, and members of the health-care team;
 - b. treat all persons encountered in a professional capacity with equality regardless of race, religion, sex, handicap, or socioeconomic status; and
 - c. assume an appropriate and equitable share of duties among his/her peers and colleagues.
3. The student will show evidence of responsibility to duty. He/she will: . effectively and promptly undertake duties, follow through until their completion, and notify appropriate persons in authority of problems; obligations;
 - a. notify course and clinical clerkship directors (or other appropriate person) of absence or inability to attend to duties;
 - b. see assigned patients regularly and, with appropriate supervision, assume responsibility for their care; and
 - c. ensure that he/she can be promptly located at all times when on duty.
4. The student will be trustworthy. He/she will:
 - a. be truthful and intellectually honest in all communications;
 - b. accept responsibility and establish priorities for meeting multiple professional demands and for completing work necessary for the optimal care of patients;
 - c. accurately discern when supervision or advice is needed before acting; and
 - d. maintain confidentiality of all patient information.
5. The student will maintain a professional demeanor. He/she will:
 - a. maintain appropriate standards of personal appearance, attire, and hygiene for the patient population served;

- b. maintain emotional stability and equilibrium under the pressures of emergencies, fatigue, professional stress, or personal problems; and
 - c. be responsible in the use of alcohol and prescription drugs and avoid their effects while on duty.
6. The student will possess those individual characteristics required for the practice of medicine. He/she will:
- a. be capable of making logical diagnostic and therapeutic judgments;
 - b. communicate effectively with patients, supervisors, and peers;
 - c. establish appropriate professional relationships with faculty, colleagues, and patients; and
 - d. show evidence of the ability to be perceptive, introspective, and insightful in professional relationships.

C. Procedure

The Personal and Professional Conduct component of the clinical clerkship performance evaluation will be equal in importance to the cognitive mastery component of the evaluation [i.e., the letter grade resulting from written and oral examinations, Objective Structured Clinical Evaluations (OSCEs), clinical evaluations, etc.]. Full-time faculty members who have direct knowledge about the student during the clerkship will be responsible for determining the final evaluation of the student, including both the cognitive mastery and Personal and Professional Conduct components of that evaluation. An assessment of Exemplary, Effective, or Unsatisfactory in Personal and Professional Conduct will be assigned, as follows:

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

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

1. notify the student.
2. provide written documentation of the events resulting in the unsatisfactory evaluation. This documentation should be supported by reports from house officers, peers, or other personnel.
3. forward the Unsatisfactory assessment, with supporting documentation, on the appropriate clinical evaluation form to the USC SOM Director of Enrollment Services/Registrar who will provide copies to the Assistant Dean for Clinical Curriculum and Assessment and/or the Assistant Dean for Medical Education-Florence.

The student receiving the unsatisfactory evaluation will then receive a request from the Assistant Dean for Clinical Curriculum or the Associate Dean for Medical Education-Florence to arrange a meeting to review the unsatisfactory assessment.

If the events documented in the unsatisfactory evaluation are violations of the regulations contained in the [Carolina Community](#) student policy manual, the procedures for resolution of those violations will be followed.

A student who receives an unsatisfactory evaluation in the Personal and Professional Conduct portion of an M-III or M-IV clerkship evaluation will receive an Incomplete grade in that clerkship. He/she may or may not be permitted to continue in other clerkships. Remediation may be determined by either the Clerkship Director or by the Honor Council, if the Clerkship Director chooses to refer the issue to this Council. Remediation may include repeating the clerkship or, alternately, repeating the component(s) of the clerkship identified as necessary by the Clerkship Director; or by completing other requirements as outlined by either the Clerkship Director or the Honor Council.

If referral is made to the Honor Council, the Council's recommendations will be referred by the associate dean for medical education and academic affairs to the Student Promotions Committee for review. The Student Promotions Committee will make recommendations to the Dean regarding academic alternatives for a student who has received (an) unsatisfactory evaluation(s) in Personal and Professional Conduct in an M-III or M-IV clerkship.

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

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



M-III AND M-IV INCLEMENT WEATHER POLICY

INCLEMENT WEATHER SCHEDULES: In contrast to the M-I and M-II years, M-III and M-IV medical students' responsibilities to their patients and to their clinical teams require, as consistently as possible, their presence in the inpatient and outpatient environments. Thus, the policy of following closure of the University is not applicable to the M-III and M-IV years. That being said, students' clinical responsibilities must be balanced by concerns for their safety.

Outpatient Responsibilities: In general, during time of inclement weather, students should be present to carry out their clinical responsibilities whenever the outpatient clinic/community medical practice to which they have been assigned by the clerkship director is open and operational. Students should make every effort to determine the operating schedules of these facilities during times of inclement weather and be present, when possible, during those hours when the outpatient facility is operational. The final decision about travel to these facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the outpatient facility to which he/she has been assigned, the student should so inform the clerkship director AND an appropriate person in authority at the facility.

Inpatient Responsibilities: In general, during times of inclement weather, students should be present to carry out their clinical responsibilities in inpatient facilities to which they have been assigned by the clerkship director. Students should therefore make every effort to be present at these facilities, when possible, during time of inclement weather. The final decision about travel to these inpatient facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the inpatient facility to which he/she has been assigned, the student should so inform the clerkship director AND his/her team leader at that facility.



Student evaluation of the clerkships

Clerkship evaluations for all M-III clerkships and select M-IV rotations (Acting Internship, Critical Care rotation) will be sent via email on the final day of the rotation and **must be completed** within 2 weeks. **A student's clerkship grade may not be posted by the Clerkship Director until he or she receives notification that the on-line clerkship evaluation is completed and submitted.** Maintenance of the confidentiality of this data ensures an accurate report by students of their educational experience. A summary report of data derived from clerkship evaluation forms is transmitted to each clerkship director and to each department chair after data analysis has been completed and student grades have been submitted to the Registrar's office. The data from these clerkship evaluation forms is also utilized by members of the USC SOMC Curriculum Committee in making recommendations about potential modifications of the USC SOMC curriculum, in assessing individual clinical rotations, in correcting any problems identified, and in improving the overall medical student learning experience.

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

OVERVIEW OF AFFILIATED HOSPITALS

PRISMA HEALTH RICHLAND

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

McLeod Regional Medical Center

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

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

MUSC HEALTH FLORENCE MEDICAL CENTER

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

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

WILLIAM JENNINGS BRYAN DORN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

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

SERVICES

Insurance

Professional Liability Insurance

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

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

Parking and Security

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

1. Prisma Health Richland (PHR)

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

2. Dorn Veterans Affairs Medical Center (DVAMC)

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

3. McLeod Health

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

4. MUSC Health-Florence

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

On-Call Lounges and Lockers

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

1. Prisma Health Richland

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

2. Dorn Veterans Affairs Medical Center

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

3. McLeod Regional Medical Center

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

Library Services

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

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

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



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

6311 Garners Ferry Rd
Building 3 Room 126
Columbia, SC 29209
(803) 216-3616 -phone
(803) 216-3640 - fax
Eric R. Williams M.D.
Assistant Dean for Student Affairs
University of South Carolina School of Medicine

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

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

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

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

Therefore, in appropriate cases, after obtaining the advice and consultation of the appropriate clinical clerkship director, USC SOM will monitor and modify the clinical activities of infected students who pose unwarranted risks to patients. Examples of infections that should be reported to the clinical clerkship director and the USC SOM Employee/Student Health Office include (but are not limited to) viral hepatitis, HIV/AIDS, varicella, measles, mumps, rubella, influenza, conjunctivitis, and scabies. If there is a question about whether modifications are required for a particular infection, the Medical Director of Employee/Student Health should be contacted for additional instructions. The decision to modify the clinical activities shall be based upon an objective evaluation of the individual student's experience, technical expertise, functional disabilities, and the extent to which the contagious infection and/or disease can be readily transmitted. The infected student shall be afforded full participation in clinical activities that do not

pose unwarranted risks to patients, as determined by the appropriate clinical clerkship director and the Medical Director of USC SOM Employee/Student Health. In all instances where the educational activities of a student are modified, steps shall be taken to ensure that his/her educational experience is equivalent to that of his/her uninfected peers. In such cases, maintaining the integrity of the educational experience afforded such a student shall be of paramount importance.

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

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

PREAMBLE:

Because it is possible for a Health Care Worker (HCW) to be infected with the HIV or viral hepatitis for a prolonged period of time without knowledge of the infection, it is important for USC SOM to establish guidelines for the performance of duties of the HCWs in the professional setting to promote the safety of all persons, especially patients with whom the HCW comes in contact;

Because the only meaningful exposure that the HCW can present to a contact (patient) in the professional setting would be from the exposure of the contact (patient) to blood or other body fluid of the HCW:

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

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

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

- Digital palpation of a needle tip in a body cavity and/or
- The simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.”
(<http://www.cdc.gov/mmwr/pdf/rr/rr6103.pdf>)

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

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

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

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

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

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

Policy Concerning Students Exposed to Personal Risk of Serious Infection

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

Policies for USC SOM to Bloodborne Pathogens

Students caring for patients in University of South Carolina School of Medicine (USC SOM) - affiliated teaching hospitals and clinics experience risk of exposure to several infectious diseases, including hepatitis B, hepatitis C, and human immunodeficiency virus. Consequently, these policies state the required actions expected of all USC SOM students involved in patient care to prevent transmission of such infections to themselves and to prevent or minimize clinical disease in the event they undergo significant exposure.

The Centers for Disease Control and Prevention describe the universal precautions approach to preventing fluid borne infections in health care workers. A thorough discussion of this approach is available online

(www.cdc.gov/niosh/topics/bbp/universal.html), but the approach can be summarized as follows:

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

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

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

- A. Gloves will be worn for all parts of the physical examination in which contact might be expected with the oral, genital, or rectal mucosa of a patient. Gloves are also necessary while examining any skin rash that might be infectious (e.g., syphilis, herpes simplex, etc.)
- B. Gloves will be worn in all procedures that involve risk of exposure to blood or body fluids, including venipuncture, arterial puncture, and lumbar puncture. Gloves will also be worn during any laboratory test on blood, serum, or other blood product, or body fluids.
- C. Prior to performing a venipuncture, obtain a needle (and syringe) disposal box and place it adjacent to the venipuncture site. After venipuncture, insert the needle (and syringe) immediately in the disposal box. DO NOT recap or remove needles by hand. Care must be taken to avoid bringing the needle near the body of other persons in the examining room while transferring it to the container.
OSHA requires the use of syringes and other "sharps" designed with safety features that permit safe recapping/closure using one handed techniques and reduce the overall risk needle sticks. These safety devices should be in use at the locations where students rotate. Students should use these safer devices while on clinical rotations and should obtain training from nurses or physicians experienced with using the particular type of device prior to using it themselves. If a safety device does not appear to be readily available, students are strongly encouraged to ask the nurse manager about the availability of a safety device.
- D. Protective eyewear (such as goggles or a face shield) should be worn when participating in surgical procedures or other activities in which exposure to airborne blood or body fluids (via aerosolization or splashes) may occur.

Post Exposure Evaluation and Follow-Up

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

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
- The source individual's blood shall be tested as soon as feasible in order to determine HBV and HIV infectivity. South Carolina law permits testing of source patients to be performed, even without consent, with proper legal authority.
- Results of the source individual's testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Procedures to Follow After a Potential BBP Exposure

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

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

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

- Jennifer Evans, LPN: 803-216-3374 or cell 618-559-0419
- Eric R. Williams, MD, : 803-216-3616
- Undergraduate Medical Education USCSOM, Office of Curricular Affairs: 803-216-3610

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

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

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

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

During working hours, the student should immediately report to the Employee Health Clinic (call ext. 6530, Room 21B104 (Bldg. 103) for evaluation and treatment. After working hours, report to the DVAMC Urgent

Care. If there is a problem receiving treatment at the Urgent Care, the student should call the Medical Officer of the Day (MOD) directly or by asking the operator to page him/her.

As soon as possible on the next business day, the student should notify Jennifer Evans, LPN the employee health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-618-559-0419 cell).

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

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

As soon as possible on the next business day, the student should notify Jennifer Evans, LPN the student health nurse at the USC School of Medicine Employee/Student Health Office (803-216-3374 or 803-296-6031; cell 618-559-0419).

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

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

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

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

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

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

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

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

Prevention of Other Infections in the Healthcare Setting

A number of other significant infections can be acquired in the healthcare setting. For this reason, frequent handwashing and/or hand cleansing with antimicrobial cleansers is recommended. In addition, all isolation

requirements must be observed. Patients who are on isolation should be identified by the healthcare institution, and the types of precautions necessary should be described outside the patient's room. Students are required to abide by all isolation/infection control policies of the institution where they are rotating.

When in contact with patients with certain respiratory infections, the use of OSHA-certified N- 95 respirators is required. All medical students must undergo respirator fit testing prior to beginning the third (m-3) year and again approximately one year thereafter. Students should only use the specific model and size of respirator for which they were fitted. Those who have a beard or did not pass fit testing must use a powered air purifying respirator (PAPR) rather than an N-95 mask and should familiarize themselves ahead of time with the procedures for obtaining a PAPR if needed, in the institution where they are rotating.

Requirements for USC SOM Students: Medical History, Physical Examination and Immunizations

I. Entering and Transfer Students

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

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

- A. **Measles (Rubeola), Mumps, Rubella:** Two doses of MMR vaccine or IgG titers documenting immunity to each. A student is considered exempt from this requirement if he/she was born prior to January 1, 1957.
- B. **Tetanus, Diphtheria, Pertussis:** Each student must have received the Tdap vaccine after age 11. This became available in 2006.
- C. **Tuberculosis (TB):** Documentation of TB testing within three months of matriculation is required. Initial TB testing should be a "two-step" procedure with the two TB test being placed within 7-21 days of each other.
 1. If results of TB testing are positive, the student must provide a statement from his/her physician regarding evidence of active tuberculosis and information on the course of treatment, if indicated.
 2. If the student has tested positive previously, repeat skin testing is not indicated. A chest x-ray done in the USA within the previous two years is required. A copy of the X-ray report along with a completed TB symptom survey (available from Student Health Services) must be provided. Documentation of the previous positive TB test is required.
 3. A history of BCG is not a contra-indication to TB testing.
 4. QuantiFERON gold may be submitted in place of TB testing.
- D. **Varicella:** Documentation of two doses of the Varicella vaccine, at least one month apart, or a copy of a positive Varicella IgG titer.
- E. **Hepatitis B:** Students must have received the full Hepatitis B immunization series prior to beginning classes (3 shots at 0, 1-2, and 6 months). They must also provide documentation of immunity (Hepatitis B surface antibody). Students who would like to refuse the hepatitis B series may do so by filling out an informed refusal form. They can obtain this form from the Employee/Student Health Office. (Hepatitis B immunization is **STRONGLY** encouraged unless contraindicated.)
- F. **Information on allergies or other contraindications** to any of the above immunizations should be provided to the Employee/Student Health Office.
- G. **Influenza:** All students are required to receive an annual influenza vaccine, unless it is medically

contraindicated. This can be obtained through Thomson Student Health in the Allergy, Immunization and Travel Clinic, or elsewhere, at the student's discretion. We request that documentation of influenza vaccination be provided to the School of Medicine's Employee/Student Health office on a yearly basis.

H. **Drug Testing:** Please refer to the Student Drug Testing policy located within the student handbook.

II. Continuing Students

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

Requirements for USC SOM Students: Medical Insurance

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

Workers Compensation Insurance and Treatment for Workplace Injuries

All USC SOM medical students are covered by Workers Compensation Insurance through CompEndium for any injuries sustained during the course of those clinical activities that are a part of their medical educations. The premium for this insurance is paid by USC SOM.

A prompt and complete report on appropriate forms [**the University of South Carolina Worker's Compensation Supervisor Report** completed by the faculty member and the **University of South Carolina Employee Injury Report** completed by the student] must be made to the Workers Compensation coordinator in the Benefits Office of the University of South Carolina [900 Assembly Street, (803) 777-5674] in order to ensure that Workers Compensation insurance benefits are available to the injured student. These forms are available online or from the USC SOM Employee/Student Health Office. Completed forms must be returned within five working days of any injury to the Director of Student Health Services, USC SOM Department of Family and Preventive Medicine. These individuals will ensure that the forms are forwarded in a timely fashion to the University Benefits Office.

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

Requirements for Visiting Students

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

Health Services for Students

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

I. University of South Carolina (USC) Student Health Services

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

- A. Thomson Student Health Center (TSHC). TSHC is located on the main University Campus, directly behind the Russell House. One of 115 nationally accredited student health centers, TSHC provides primary care medical services for all enrolled students. The permanent medical staff includes seven board-certified physicians and five certified nurse practitioners. Clinical services include General Medicine, Women's Care, and Psychiatry. Orthopedics and Sports Medicine clinics are also provided weekly by consultant staff physicians during the fall and spring semesters. TSHC offers on-site lab, x-ray, physical therapy, allergy/immunizations, travel consults and prescription refills. Students can request prescription refills on line at:
http://sc.edu/about/offices_and_divisions/student_health_services/pharmacy/prescriptions/rx-update-sign-up.php or by calling the automated refill number at 803- 777-4890.
- B. During the fall and spring semesters, the operating hours for the TSHC are 8:00 a.m. to 5:00 p.m., Monday through Friday, and 4:00 to 8:00 p.m. on Sundays (urgent conditions only). Operating hours during the summer months and University breaks are 8:30 a.m. to 4:30 p.m., Monday through Friday. TSHC is closed on University holidays. Appointments are available and required for patients who do not need immediate care. Students who are acutely ill or injured may report directly to the TSHC for evaluation. Metered parking is available in the new parking garage situated directly behind TSHC. For urgent conditions that arise when TSHC is closed, treatment may be sought at Prisma Health Richland or other providers of the student's choice. (students can easily make or cancel appointments on line at <http://www.sa.sc.edu/shs/online.shtml>) Please call 803-777-3175 for General Medicine appointments, 803-777-6816 for Women's Care appointments, and 803- 777-3174 for general information.
- C. Students who have paid the University activity fee are seen by USC Student Health Services providers at no charge. In addition, they are covered by a group insurance plan which will reimburse them up to \$500.00 for out-of-pocket costs for emergency medical treatment outside the student health center. Students who have not paid the University activity fee are charged for each visit. All students are charged for laboratory, x-ray, physical therapy, and pharmacy services on a fee-for-service basis. Students are also responsible for payment of all charges by community providers, including hospitalization.
- D. Health and Wellness Programs/Open Door. A wide variety of services and special programming is available to all University students through the Health and Wellness Office. Most services are provided at no cost to students. The office is staffed by four permanent health educators and supported by a number of graduate assistants and student peer educators. The Open Door Drop-In

Center, located on the first floor of TSHC, is open from 10:00 a.m. to 3:00 p.m., Monday - Friday. Students may drop in without an appointment for one-on-one consultation or to pick up materials on health concerns (e.g., weight control, exercise, nutrition, eating disorders, stress management, and smoking cessation). For information on available health and wellness programs and services or for an appointment, please call 777-8248.

- E. The Sexual Assault and Violence Intervention and Prevention (SAVIP) office provides services, support and advocacy for sexual assault, relationship violence and hate crimes. 24-hour crisis assistance is available through the USC Police Department at (803) 777-4215. The dispatcher will refer you to a Sexual Health & Violence Prevention on-call advocate.
- F. Counseling and Human Development Center (CHDC). A wide range of mental health services, including short-term counseling, psychotherapy, testing, and social work services, is available through CHDC. Staffed by seven psychologists, 3 doctorate interns, one post-doctorate intern, two psychiatrists, and 2 clinical social workers. CHDC is located in the Byrnes Building 7th floor on Sumter Street across from the Horseshoe. All students who have paid the University activity fee are seen at no charge for up to 12 visits. Those who have not paid the University activity fee or have greater than 12 visits are must pay a fee-for-service for counseling, testing, or treatment. CHDC is nationally accredited by the International Association of Counseling Services. For information concerning CHDC services or for an appointment, please call 803-777-5223.

II. Florence

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

Open seven days a week

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

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

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

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

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

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

Saturday 9:00am-1:00pm

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

Dress Code

I. Purpose Statement

THIS POLICY DOES NOT CREATE AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. IT MAY BE MODIFIED OR REMOVED AT ANY TIME.

The McLeod Health Dress Code policy has two purposes: (1) to ensure all workers present a professional healthcare image which conveys a high standard of pride, quality, and care to our patients and the communities we serve; and (2) to ensure compliance with related laws and regulatory healthcare agencies, which include but are not limited to, the CDC (Centers for Disease Control) and OSHA (Occupational Safety and Health Administration).

II. Policy and Accommodations

Dress code requirements are in place to help define a professional healthcare image and to comply with the CDC (Centers for Disease Control) and other workplace safety and OSHA requirements. All dress code accommodations (*cultural, religious, medical, or other*) must be approved by Human Resources to ensure proper documentation of the request and the approval.

The dress code policy applies anytime an employee is clocked in for work, whether onsite or in a remote work environment, while wearing their McLeod Health ID badge or participating in video meetings. If an employee is representing McLeod Health within or outside of the hospital (ex. *news story, community events, business trips*) the dress code guidelines apply.

III. Procedure

Standard Dress Code Requirements – All Employees

1. Good judgment, which includes presenting a professional healthcare image, is the primary expectation for appropriate dress at work.
2. Employees should avoid any extremes in attire, appearance, shoes, and accessories.
3. **Personal Hygiene:** Employees are expected to maintain cleanliness of themselves. This includes regular showering or bathing and the use of antiperspirant or deodorant.
4. **Perfumes/Other Fragrances:** The use of perfume, cologne, or any other heavy fragrance should be used in moderation and is not allowed in patient care areas. Strong fragrances and odors can cause serious health issues and other allergic reactions for patients and coworkers.
5. All clothing should be clean, fit appropriately, and in good repair. (i.e. No holes, rips, or tears).
6. Hats, head wraps or other head coverings are allowed if part of an approved department specific uniform or for an approved accommodation.

7. **T-Shirts:** McLeod Health T-shirts, including Mission, Vision, Values T-shirts, are permitted and must be clean, ironed and in good condition. A tucked in t-shirt presents more of a healthcare professional image while un-tucked appears more casual. McLeod Health t-shirts can be worn with scrubs also. To maintain a professional image, we expect employees to use personal judgment when deciding when to tuck or not tuck in their t-shirts. As a reminder, denim/jeans are not allowed at any time. T-shirts where McLeod is one of many sponsors (i.e. Heart Walk, March of Dimes, Relay for Life, etc.) are not allowed.
8. **Jewelry and Piercings:** Jewelry should be professional in style and should not interfere with the performance of job duties or present a safety or infection control hazard. All body piercings (*including facial piercings*) should maintain a professional healthcare image.
 - Stud earrings only are permitted for facial piercings.
 - For increased safety, loop/hoop nose and eye piercings are not allowed.
 - For safety, ear lobe piercings greater than 20 gauge requires a plug. Where plugs may be necessary to increase employee and patient safety, the gauge or plug should be professional in nature.
9. **Tattoos:** Employees with visible tattoos that could reasonably be considered degrading, offensive, or demeaning to patients, family members or co-workers will be required to have the tattoo always covered. Employees may be required to cover a tattoo if a patient complains about it while under the employee's care. Department Directors can ask employees to cover tattoos if they feel the tattoo is offensive, extreme, or distracting.
10. **Hair:** Hair must not contaminate the work area. If long hair presents a safety hazard, employees may be required to pull the hair back to eliminate or minimize the hazard. Beards and mustaches should be neatly trimmed, and not interfere with wearing Personal Protective Equipment (PPE).
 - Extremes in hairstyles and colors should be avoided. This also applies to hair extensions. An extreme hair color is generally defined as "any color that someone wouldn't have as a natural hair color." While we can't list every extreme color, a few examples are pink, fuchsia, purple, green, royal blue etc. We do understand that shades of red have become more professional thus deeper burgundies and deeper reds are allowed. While we are not attempting to define all natural colors, in general, natural hair colors include brown, blonde, black, gray, and natural red.
11. **Fingernails:** Nails should be neat and clean. Per infection control guidelines, fingernail polish must not be chipped. Nails should be of an appropriate and professional length to avoid safety and infection control hazards. Per CDC guidelines, healthcare personnel should not wear artificial nails and should keep natural nails less than one quarter inch long if they care for patients. Nails should be of short to medium professional length when working in non-clinical settings.
12. **Identification Badges:** McLeod Health issued identification badges must be worn by employees at all times while at work, in a training class, or a meeting on any McLeod Health campus. The badge picture may not be covered, punctured, or altered in any way. ID badges will be replaced for name, department, or title changes or due to normal wear. Lost badges may require a fee for replacement. McLeod Health encourages employees to update badges every five (5) years or with any significant change in appearance.
 - **ID Badge Backers:** The Lewis Blackman Hospital Patient Safety Act requires that all clinical staff, clinical trainees, medical students, interns and resident physicians in a hospital shall wear badges

clearly stating their names, using at a minimum either first or last names with appropriate initials, their departments and their job or trainee titles. Badge Backers (also referred to as hang tags) with the approved position title approved list will be issued to employees who may enter a patient's room.

McLeod Health will issue badge backers with the approved position title based on an approved list that is easy for patients to understand. This allows consistency in size, color, format, and title and minimizes confusion for patients, visitors and family members. Employees are not allowed to wear non-McLeod Health issued badge backers. *Please reference Human Resources Policy "Employee Identification" for further clarification on ID badge expectations.*

- ***Please note, the list of approved badge backers is still in process and new badge backers will be ordered. This may take a few months.
- Human Resources will send additional communication when this process is complete. ***

- **Employee Name on ID Badge:** The standard ID badge will contain the employee's first and last name. However, for increased privacy, an employee can request only their first name and last initial be printed on their name badge.
- **Credentials on ID Badges:** Employees will be allowed to add up to 2 job related credentials or certifications to their ID badges. The employee's department director will be asked to validate clinical credentials to be added.
 - ****A badge credential request form will be included in the Employee Identification policy when released. ****
- **ID Badge Reels:** Employees are required to use McLeod Health issued badge reels only. McLeod Health badge lanyards are acceptable and can be purchased at the employee's expense in the McLeod Health Logo store. *See link to Logo Store*

13. **Shoes:** Footwear should be professional and not pose a safety risk. Due to infection control guidelines, open toe shoes are prohibited in patient care areas. Casual shoes such as flip flops and slippers are prohibited in any work area. Athletic shoes, where appropriate, should be clean and without damage. *See more details for shoes under each job specific category.*

14. **Department Specific Dress Code Expectations:** Because of variations in work environments and conditions, Department specific dress codes are allowed. Employees should consult with Department leaders on any department specific dress code policies that may deviate from the McLeod Health standardized dress code policy. Department leaders should consult with their HR Business Partner for department specific dress code guidelines and approvals before implementation and communication with employees. **Inappropriate Work Attire – All Positions**

The list below is a non-inclusive list of attire, shoes, and accessories that are unacceptable in **any** McLeod Health environment unless otherwise stated in an approved department specific dress code policy:

1. Shorts of any type or style including skorts.
2. Tight fitting pants or leggings unless covered by a knee length tunic or dress. Sheer or see-through blouses or any attire in which undergarments are visible.

3. Denim of any color is not permitted.
4. Sweatpants, athletic jogging pants, yoga pants or fleece pants.
6. Tank tops, halter tops and sleeveless tops and dresses not covered by a blazer, jacket, or sweater. Professional sleeveless shirts and dresses are allowed in business casual designated areas. Cold shoulder shirts are not allowed.
7. Sweatshirts are not permitted *except* in clinical and business casual departments. Hoodies are not permitted. Employees are expected to use good judgement and not wear visual logos and brands that may be offensive to others. Non-McLeod logos should be limited in size to 3 to 4 inches on the left or right chest.
8. Any tight fitting or revealing clothing including skirts or dresses that are shorter than three (3) inches above the knee or with high slits/splits. We expect employees to use good judgement and to consider 3 inches a guideline. We will not use rulers to measure.
9. In general, certain visual logos, other than McLeod Health are not appropriate for a business professional, business casual, or patient care area. However, we recognize there are several brands that are associated with and make attire specifically for healthcare or other business professional and business casual environments. Examples of common brands permitted include: Nike, Adidas, Polo, Under Armor, etc. Employees are expected to use good judgement and not wear visual logos and brands that may be offensive to others. Non-McLeod logos should be limited in size to 3 to 4 inches on the left or right chest.
10. Flip flops, house slippers, open back shoes, t-strap sandals, excessively high heeled shoes, or shoes with lights, wheels, sequins, etc.
11. Heels greater than four inches are considered excessively high and are not allowed because of OSHA safety guidelines for shoe and foot protection.
12. Costumes, full face masks, or any medical face masks not approved by McLeod Health are not allowed.

Professional Standards of Appearance – Direct Patient Care Positions

Direct patient care positions include any position with high interaction with patients, visitors, and the general public. This group includes employees who go into patient rooms even if they do not provide hands on care. Most direct patient care employees are required to wear uniforms as designated by McLeod Health. All uniforms must be clean and wrinkle free.

1. **Approved Scrub Colors:** Teal, Caribbean Blue, White, Wine/Burgundy, Pink, Grey, or Black
2. A solid color top may be worn under scrubs.
3. Prints are generally prohibited unless approved in a department specific dress code policy.
4. Athleisure wear designed like scrubs for healthcare workers are permitted.
5. Sweaters, sweatshirts, or fleece jackets must be appropriate to the work environment and approved by the Department Director. Only the Logos described in this policy are permitted.
Employees are expected to use good judgement and not wear visual logos and brands that may be offensive to others.

6. Lab coats must be white. Scrub jackets should match scrub color.
7. Due to safety regulations, body piercings should not be worn in the operating room or other procedural areas. *Refer to "Guidelines for Surgical Attire" policy in PolicyStat for further*
8. Jewelry should be professional in style and should not interfere with the performance of job duties or present a safety or infection control hazard. All body piercings (*including facial piercings*) should maintain a professional healthcare image.
9. Stud earrings only are permitted for facial piercings.
10. Loop/hoop ear, nose and eye piercings are not allowed.
11. For safety, ear lobe piercings greater than 20 gauge requires a plug. Where plugs may be necessary to increase employee and patient safety, the gauge or plug should be professional in nature.
12. If attending training, meetings or hospital events on campus, the standard dress code policy applies unless otherwise noted.
13. Artificial fingernails of any type including acrylics, gels, overlays, and wraps are prohibited in any direct patient care or food preparation areas. Per CDC guidelines, healthcare personnel should not wear artificial nails and should keep natural nails less than one quarter inch long if they care for patients.
14. McLeod Health Standard Shoes for Clinical Areas follows the OSHA foot protection and CDC infection control guidelines which states shoes should provide optimal protection of feet in clinical and patient care areas. Shoes should be constructed of an impervious, non-absorbent material, clean, and in good repair. Shoes are also required to be non-skid and closed toe. No croc style shoes with holes are authorized.
15. Ear buds are prohibited in patient care areas except for employee breakroom areas. *Please refer to the Personal Electronic Devices Policy in Policystat for further clarification of the use of personal devices during working hours.*
16. Employees are required to consult with the Department Director regarding any department specific dress code policies.

Professional Standards of Appearance – Business Professional Positions

Business professional positions are typically areas that interact minimally with patients, visitors, or the general public.

1. Suits, pants or skirts with jackets, sport coats, sweaters, blouses, dresses, and dress suits are considered Business Professional attire.
2. Sleeveless shirts can be worn with a jacket in business professional environments.
3. Open toe dress shoes and dress sandals with an ankle strap are allowed. For safety, and to minimize the hazards of slips and falls and provide foot protection: mules and backless shoes, t-straps, or casual sandals are not allowed.

4. Professional Standards of Appearance – Business Casual Positions

5. Business casual positions typically are not patient facing with little to no contact with patients, visitors, or the public except over the phone. The McLeod Health Business Casual dress code allows for workplace appropriate but casual attire. The goal of the business casual policy is to still present a professional image with

more relaxed guidelines. Therefore, extremes in color, patterns, and designs are not allowed.

6. Khaki pants or any other cotton or synthetic pants, and golf slacks are approved. Ankle length pants are allowed. Calf length, capri type pants are not allowed.
7. Collared shirts, golf shirts, sweaters, button up shirts, and other professional blouses not listed in the inappropriate work attire section of this policy are allowed.
8. Open toe dress shoes and dress sandals with an ankle strap are allowed. For safety, to minimize the hazards of slips and falls and provide foot protection: mules and backless shoes, t-straps, or casual sandals are not allowed.

Responsibility to Adhere to the Dress Code Policy

1. Every McLeod Health employee is responsible for maintaining a professional, neat, and clean image in compliance with this dress code policy.
2. Department leaders should observe the appearance of their employees to ensure compliance with this policy.
3. Employees who make inappropriate choices in appearance, attire, shoes, or accessories may be sent home without pay to address dress code policy violations.
4. The purpose of the McLeod Health dress code is to ensure all workers present a professional healthcare image and to comply with regulatory agencies requirements, therefore repeated offenses of this dress code policy may result in corrective action up to and including termination of employment.

Human Resources

Medical University Hospital Authority

Entity MUHA	Policy # MUHA HR-8	Personal Appearance and Dress Code	
Responsible Department: CHSCorp - MUSC Health Human Resources			
Date Originated 08/01/1977	Last Reviewed 04/19/2024	Last Revised 04/19/2024	Effective Date 04/19/2024

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE MEDICAL UNIVERSITY OF SOUTH CAROLINA OR ANY AFFILIATED ENTITIES (MUSC). MUSC RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Printed copies are for reference only. Please refer to the electronic copy for the official version.

Policy Statement:

The workplace appearance of all MUHA care team members is important to the image the organization conveys to patients, visitors, co-workers, and other care team members, to the general public MUHA care team members come in contact with in the performance of their assigned duties and must be appropriate for the work performed.

Scope:

MUHA Catawba Division
MUHA Charleston Division
MUHA Midlands Division
MUHA Pee Dee Division

Policy:

- A. **ID Badges:** Must be worn with the name and photo clearly visible at lapel level on a standard collar clip.
- B. **Hair:** Hair, beards, and mustaches shall be clean and neatly kept. Direct patient care team members may wear hair at shoulder length; long hair, including loose multiple braids, should be styled off the shoulders, pulled back and secured.
- C. **Perfume/Fragrances:** The use of perfume, cologne, or heavy fragrances should be used in moderation.
- D. **Fingernails:** Fingernails must be clean, short, and neatly trimmed and not interfere with daily duties. Artificial fingernails, tips, wraps or fillers may not be worn by direct patient care team members. Decorative fingernails should not be worn in patient care settings.
- E. **Jewelry:** Dangling earrings and bracelets/bangles should not be worn by direct patient care team members. Jewelry is to be removed if it is excessive and/or interferes with safe delivery of patient care.

F. **Tattoos:** May be construed as vulgar or offensive, must be covered.

G. **Clinical (direct patient care) Attire:** Direct patient care team members will wear scrubs as designated for each role and are responsible for the purchase of scrubs. The scrubs must be neat, wrinkle-free, and clean. Midriff must be covered.

Scrub colors are determined by MUSC Health Division. Please see the appendices below for a reference list of scrub colors corresponding to each role.

Clinical (Direct Patient Care) Footwear
Shoes worn by direct patient care team members must be clean, well-kept and should have an enclosed toe. Athletic style shoes, nursing shoes, or department approved rubber clogs may be work by those providing patient care.

The listing of scrub colors does not apply to care team members working in areas required to change into scrubs at work to ensure sterility. These unaffected areas include but are not limited to: Labor and Delivery, ORs, Heart and Vascular Center, and Interventional Radiology.

Unacceptable Work Attire Clinical (Direct Patient Care)

• Torn, tattered or ripped pants, slacks Shorts • • Bold logo or branded clothing • V-neck t-shirts or tops which fall between the pectoral muscles • Active wear items/sweat pants, sweat suits Beach attire • • See through tops (transparent) • • Denim • Head coverings (unless for religious medical or safety reasons) • Midriff exposed	• Torn, tattered or ripped pants, slacks Shorts • • Bold logo or branded clothing • V-neck t-shirts or tops which fall between the pectoral muscles Active wear items/sweat pants, sweat suits Beach attire • • See through tops (transparent) • • Denim • Head coverings (unless for religious medical or safety reasons) • Midriff exposed

Unacceptable Daily Footwear Clinical

• • Flip flops • Athletic rubber sandals • Crocs • Open toe shoes	• • Flip flops • Athletic rubber sandals • Crocs • High heels • Open toe shoes

- H. Nurses working in an Advanced Clinical Nurse role may wear business attire and a lab coat when not performing direct patient care. When performing direct patient care, the expectation will be to wear scrubs.
- I. Lab Coats: A clean, neatly pressed, white lab coat will be worn when individuals are not in uniform.
- J. T-shirts, turtleneck tops and “dickies” (of designated color or white) may be worn under the scrub top. Approved MUSC (approved by MUSC Brand Committee) shirts may be worn in place of the scrub top.
- K. **Non-Clinical Attire** roles may wear business attire or, for some positions, business casual attire. Attire must be clean, neat and conservative. Below are examples of acceptable and unacceptable non-clinical attire.

Acceptable Work Attire Non-Clinical

• Suit • Ties • Slacks • Blazer or Jacket • Dress Shirt • Collared Knit/Cotton Shirt or turtleneck V-neck sweater/sweater vest with collared shirt underneath • Crew neck sweater • Polo shirt • MUSC approved shirt • Casual/collarless shirts without any bold logos	• • Suit • • • Dress • • Slacks • • Jumper • • • Skirt/dress (less than 5 inches above the knee) • • Dressy Culottes/gauchos/capris • • Blazer/jacket • Blouse • Sweater • Turtleneck • MUSC approved shirt • Casual/collarless shirts without any bold logos
Footwear	
• Loafers • Dress shoes • Sandals (no flip-flops)	• • Sandals • Flats/loafers • Dress shoes
• Docksidiers Boots •	• Boots (below the knee) Heels • (4 inches or less)

Acceptable Dress Down Work Attire Non-Clinical (When approved)

• Denim clothing • Cargo pants • Holiday/special occasion attire	• • Denim clothing • Cargo pants • Holiday/special occasion attire
Footwear	

• Hiking boots • Tennis shoes • Sandals (no flip flops) • Loafers • Docksidiers • Dress shoes	• • Hiking boots • • Tennis shoes • Sandals • Flats/loafers • Dress shoes • Boots (below the knee) • Heels (4 inches or less) • Open toe shoes (not flip-flops)
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Unacceptable Work Attire Non-Clinical

• Torn, tattered or ripped pant, slacks • Shorts • Bold logo or branded clothing • V-Neck t-shirts or tops which fall between the pectoral muscles • Active wear items/Sweat pants, sweat suits • Beach attire • See through tops • Denim • Head covering (unless for religious, medical, cultural or safety purposes)	• Torn, tattered or ripped pants, slacks Shorts/Skort • • Tank tops, backless, or strapless tops without appropriate covering such as a sweater, jacket etc. • Bold logo or branded clothing V-neck t-shirts or tops in general with visible cleavage showing Casual cotton/Knit collarless shirts with bold logos or graphics • Skirts or dresses that are more than 5 inches above the knee • Beach attire • See through tops (transparent) • Denim • Athletic wear/Sweat pants, Sweat suits • Head covering (unless for religious, medical, cultural or safety purposes)
Footwear	
• • Flip flops with rubber soles • Athletic rubber sandals • Crocs • Sneakers	• • Flip flops with rubber soles • Athletic rubber sandals • Crocs • Sneakers • Heels over 4 inches • Boots above the knee

- L. If for religious, medical or cultural reasons, there is a need to deviate from this policy, the care team member must:
1. Make a request to the department or Human Resources in writing;
 2. Be willing to provide required documentation; and
 3. Have written approval from the department manager or Human Resources.
- M. Care team members who are found in violation will be subject to disciplinary action.
- N. Department(s) may develop more specific guidelines to ensure patient safety. Care team members in such departments should adhere to the departmental guidelines.
- O. Job applicant finalists should be advised of the Personal Appearance and Dress Code Policy and the department's workwear requirements as part of the department's new-hire orientation. It is recommended that this policy also be discussed during the interview process.

Resources / Related Policies:

Internal / External References / Citations:

Appendices:

- A. [MUSC Health Charleston Division Scrub Colors](#)
- B. [MUSC Health Florence Scrub Colors](#)
- C. [MUSC Health Catawba Division Scrub Colors](#)
- D. [MUSC Health Marion Scrub Colors](#)
- E. [MUSC Health Kershaw Scrub Colors](#)
- F. [MUSC Health Columbia Scrub Colors](#)

Distribution:

APPENDIX A

MUSC Health Charleston Division Scrub Colors

In addition to these scrub colors, care team members may also wear a scrub top and/or a lab jacket with prints with the background color being the primary color as designated for each role.	
Role	Scrub Color
ASB (Unit Secretary)	Ceil Blue Lab coat or scrubs / warm-up jacket with business attire
PCT, CMA	Black Scrubs
TA/ATA/LTA/CC	Sea Mist Scrub Top (Landau) or Sea spray by White Swan Fundamentals and Black Scrub Pants
Lab	Wine Scrubs (Landau)
LPN	Turquoise Scrubs (Cherokee)
OT (IP)	Red Scrub Top/ black scrub pants

OT (OP)	Business attire /white lab coat with logo
Pharmacy	Pewter Gray top and Black bottoms
PT (IP)	Steel Gray Scrubs
PT (OP)	Business attire/white lab coat with logo
Radiology	Teal Scrub Top and Black Scrub Pants
RN	Royal Blue Scrubs. May combine royal blue with white. Must have royal blue color in the uniform.
RT	Caribbean Blue Scrubs
Speech (IP)	Misty Gray Scrubs
Speech (OP)	Business attire/white lab coat with logo
Tech*	Sea Mist Scrubs by Landau or Sea Spray by White Swan Fundamentals
Storm Eye Institute	Navy Blue Scrubs
ECHO/EKG/VascularTech (Adults and Pediatric)	Navy and Seal Blue Scrubs
Virtual Monitor Tech	Kelly Green Scrubs
Milk Bank Tech	Pink Scrubs
Patient Safety Companion	Yellow(dandelion) Scrub Top and Black Scrub Pants
*Tech Positions include the following: Vascular Ultrasound, Radiation Therapy, CNPS, Dialysis	

APPENDIX B MUSC Health Florence Scrub Colors

UNIT/POSITION	Scrub Colors
Ambulatory Surgery Center	Hospital Owned Scrubs
Bruce Hall	Nurse - Royal Blue / White / Combo
	CNA: Black
Carolinas Medical Alliance	Align with MUHA employees
Day Hospital	Nurse - Royal Blue / White / Combo
	CNA: Black
Endo/GI (Main & Pre-Op)	Hospital Owned Scrubs
Engineering/Maintenance	Red Polo Shirt, Khaki Pants
Environmental Services	Housekeepers: Caribbean blue scrubs
	Supervisors: Wine scrubs
	Floor/Waste techs: HHS sea green polo with khaki pants
Food Service	Retail: Light green shirt w/ black pants
	Catering Associates: Light blue shirt w/ black pants
	Tray Line: gray chef coat w/ black pants
	Supervisors: gray oxford w/ black pants
	Utility: gray polo w/ black pants

ICU/CCU / Telemetry	Nurse - Royal Blue / White/ Combo
	CNA: Black
Materials Management	MUSC Polo Skirt, Khaki Bottoms
LPN	LPN: Turquoise (Brand: Cherokee)
PCT/C.N.A./ CMA / Unit Secretary– All areas	Black
Med/Surg RN	Nurse - Royal Blue / White / Combo
Mobility Tech	Lavender
Operating Room (Main OR & ASC OR)	Hospital Owned Scrubs
PACU	Nurse: Royal Blue / White / Combo
	CNA: Black
Radiation Oncology	Teal Scrub Top / Black Scrub Pants
Radiology	Teal Scrub Top / Black Scrub Pants
Radiology – Transporters	Teal Scrub Top / Black Scrub Pants
EKG/EEG and Sleep Lab	Navy & Seal Blue Scrubs
Echo	Navy & Seal Blue Scrubs
Vascular	Nurse: Royal Blue / White / Combo
	Sea Mist Scrubs (Landau) OR Sea Spray (White Swan Fundamentals)
The Women’s Center	Nurse: Royal Blue / White / Combo
	CNA: Black
	Hospital Owned Scrubs
Therapy at TCU/CRH (Speech, PT, OT) / CORF	OT (IP): Red Scrub Top / Black Scrub pant, OT (OP): Business attire with white lab coat with logo Speech (IP): Misty Gray Scrubs, Speech (OP): Business attire with white lab coat with logo PT (IP): Steel Gray Scrubs, PT (OP): Business attire/ white with lab coat with logo
Wound Center	Nurse: Royal Blue / White / Combo
	CNA: Black
Respiratory Therapy	Caribbean Blue Scrub
Cath Lab	Hospital Owned Scrubs
Laboratory	Wine Scrubs (Brand: Landau)
Pharmacy	Black Scrub Bottom & Pewter Gray Scrub Top
	Hospital Owned Royal Blue Scrubs (only in IV room)

Cardiac Rehab	Nurse: Royal Blue / White / Combo
Rehab	Nurse: Royal Blue / White / Combo
	CNA: Black
Emergency Room	Nurse: Royal Blue / White / Combo
	CNA: Black
Education	Nurse: Royal Blue / White / Combo
Quality, Case Management, & HIM Nurses	Royal Blue or Professional Dress
Clinical Nurse Leaders	Royal / White Scrubs or Professional Dress
Registration	Black bottom / jacket with white or pastel collar button down shirt. Bottoms must be business casual, not jegging or legging. Friday – khaki & MUSC blue top

APPENDIX C

MUSC Health Catawba Division Scrub Colors

In addition to these scrub colors, care team members may also wear a scrub top and/or a lab jacket with prints with the background color being the primary color as designated for each role.	
Role	Scrub Color
Nursing: Supervision	Ceil Blue & Light Grey & White (Fri/Sat/Sun – Any Solid Color)
Nursing: RN	Ceil Blue & Light Grey & White (Fri/Sat/Sun – Any Solid Color)
Nursing LPN	Ceil Blue & Light Grey & White (Fri/Sat/Sun – Any Solid Color)
Nursing: CAN/PCT	Pink & Black
Admitting/Registration	Any Color Scrubs
Central Monitoring	Black & Wine
Laboratory	Purple & Black
OR (Edgewater)	Ceil Blue
PACU (Edgewater)	Any Color Scrubs
Pharmacy	Dark Grey & Black
PT	Red & Burgundy
Radiology	Navy
Respiratory	Royal Blue
Quality	Teal

APPENDIX D MUSC Health Marion Scrub Colors

UNIT/POSITION	Scrub Colors
Ambulatory Surgery Center	Hospital Owned Scrubs

Bruce Hall	Nurse - Royal Blue / White / Combo
	CNA: Black
Carolinas Medical Alliance	Align with MUHA employees
Day Hospital	Nurse - Royal Blue / White / Combo
	CNA: Black
Endo/GI (Main & Pre-Op)	Hospital Owned Scrubs
Engineering/Maintenance	Red Polo shirts, Khaki Pants
Environmental Services	Housekeepers: Caribbean blue scrubs Supervisors: Wine scrubs
	Floor/Waste techs: HHS sea green polo with khaki pants
Food Services	Retail: Light green shirt w/ black pants
	Catering Associates: Light blue shirt w/ black pants
	Tray Line: gray chef coat w/ black pants
	Supervisors: gray oxford w/ black pants
	Utility: gray polo w/ black pants
ICU/CCU / Telemetry	Nurse - Royal Blue / White/ Combo
	CNA: Black
Materials Management	MUSC Polo Shirt, Khaki Bottoms
LPN	LPN: Turquoise (Brand: Cherokee)
PCT/C.N.A./ CMA / Unit Secretary– All areas	Black
Med/Surg RN	Nurse - Royal Blue / White / Combo
Operating Room (Main OR & ASC OR)	Hospital Owned Scrubs
PACU	Nurse: Royal Blue / White / Combo
	CNA: Black
Radiation Oncology	Teal Scrub Top / Black Scrub Pants
Radiology	Teal Scrub Top / Black Scrub Pants
Radiology – Transporters	Teal Scrub Top / Black Scrub Pants
EKG/EEG and Sleep Lab	Navy & Seal Blue Scrubs
Echo	Navy & Seal Blue Scrubs
Vascular	Nurse: Royal Blue / White / Combo
	Sea Mist (Landau) OR Sea Spray (White Swan Fundamentals) Scrubs
The Women's Center	Nurse: Royal Blue / White / Combo
	CNA: Black
	Hospital Owned Scrubs

Therapy at TCU/CRH (Speech, PT, OT) / CORF	OT: Red Scrub Top / Black scrub pant, Speech : Misty Gray Scrubs PT: Steel Gray Scrubs
Wound Center	Nurse: Royal Blue / White / Combo
	CNA: Black
Respiratory Therapy	Caribbean Blue Scrub
Cath Lab	Hospital Owned Scrubs
Laboratory	Wine Scrubs (Brand: Landau)
Pharmacy	Black Scrub Bottom & Pewter Gray Scrub Top
	Hospital Owned Royal Blue Scrubs (only in IV room)
Cardiac Rehab	Nurse: Royal Blue / White / Combo
Rehab	Nurse: Royal Blue / White / Combo
	CNA: Black
Emergency Room	Nurse: Royal Blue / White / Combo
	CNA: Black
Education	Nurse: Royal Blue / White / Combo
Quality, Case Management, & HIM Nurses	Royal Blue or Professional Dress
Clinical Nurse Leaders	Royal / White Scrubs or Professional Dress
Registration	Business Casual

Appendix E

MUSC Health Kershaw Scrub Colors

UNIT/POSITION	Scrub Colors
Cardiology/Cardiac Rehab	Gray/Dark Gray
Cath Lab	Hospital issued scrubs
EVS	Burgundy
Nursing	Royal Blue / Black / White / Combo
	U/S & PCT: Navy
Pharmacy	Pewter Gray Tops / Black Pants
Plant Ops	Navy or Black Shirt / Dark Work Pants
Radiology	Black / Gray / Teal
Rehab, Inpatient	Caribbean Blue / Pewter Gray
Rehab, Outpatient	Any solid color polo w/khakis

Respiratory	Navy / Forest Green
Sleep Center	Adult care givers – Any solid scrub color
	Child care givers – Any patterned scrub color
Lab	Wine / Gray / Black Combo
Senior Retreat – Activity Therapists	Teal

Appendix F
MUSC Health Columbia Scrub Colors

UNIT/POSITION	Scrub Colors
Cardiology/Cardiac Rehab	Gray/Dark Gray - RNs
Cath Lab	Hospital issued scrubs
EVS	Burgundy
Nursing	Royal Blue / Black / White / Combo
Nursing Unit Secretary and PCT	Navy
Pharmacy	Pewter Gray Tops / Black Pants
Radiology	Black / Gray / Teal
Rehab, Inpatient	Steel Gray
Rehab, Outpatient	Business Attire / White Lab Coat
Respiratory	Navy / Forest Green
Lab	Wine (Landau)

HEALTH

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

HR 5.02 Standards of Appearance: Prisma Health

Approved Date: 09/19/2024	Effective Date: 09/19/2024	Review Date.● 09/19/2025
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SCOPE:

	ACUTE CARE Prisma Health...		POST-ACUTE CARE Prisma Health...
X	Baptist Easley Hospital Baptist Hospital Baptist Hospital Behavioral Care Baptist Parkridge Hospital Greenville Memorial Hospital Greer Memorial Hospital Hillcrest Hospital Laurens County Hospital Marshall I. Pickens Hospital North Greenville LTACH Oconee Memorial Hospital Patewood Hospital Richland Hospital Richland Springs Hospital Tuomey Hospital	X	Center for Prosthetics & Orthotics (ALL) Emergency Medical Services Equipped for Life (ALL) Home Health Home Health - Midlands Home Health - Upstate Hospice - Midlands & Midlands Newberry Hospice of the Foothills Roger C. Peace Hospital SeniorCare PACE Tuomey Acute Rehabilitation Tuomey Home Health Tuomey Hospice
	MEDICAL GROUP, PROVIDER BASED CLINICS, URGENT CARE Prisma Health...		AMBULATORY CARE Prisma Health...
X	Medical Group Provider based facilities associated with Prisma Health Hospitals Urgent Care b WellStreet LLC		Advanced Family Medicine Blue Ridge Women's Center Cardiovascular Services - Simpsonville Clemson-Seneca Peds - Clemson Clemson-Seneca Peds - Seneca Family Medicine - Bishopville Family Medicine - Powdersville Family Medicine - Walhalla Family Medicine - Winnsboro Laurens Family Medicine - Gray Court Laurens Family Medicine - Main
	AMBULATORY LLC Prisma Health...	X	
x	Endoscopy Center - Parkridge Endoscopy Center - Patewood Imaging Center - Orchard Park Imaging Center - Sunset Orthopedic Surgery Center Lexington		

	CORPORATE Prisma Health...	Mountain Lakes Family Medicine Pediatric Associates - Powdersville Premier Women's - Powdersville Primary Care - Fountain Inn Seneca Medical Associates Ijstate Family Medicine Upstate Pharmacy - ALL Locations Walk-in Care - North Greenville
X	Corporate inVio Health Network Promise Health Plan	

Policy Statement:

Prisma Health strives to deliver the highest quality of care to our patients, their families, and the communities we serve. As an organization, our goal is to lead the nation in caring, healing, teaching, and discovering, and continue to be the place people think of first when in need of healthcare services.

Team members have a critical role in how our organization is perceived. Team members effect where people choose to come for healthcare. Part of this role is in the professional image that team members present in their work with patients and the community.

To ensure that image is consistent throughout our facilities, Prisma Health has standards of appearance guidelines. These guidelines recognize the diversity and uniqueness of each of our team members, creating an inclusive environment while maintaining professional image standards.

Associated Policies and Procedures:

Cell Phone Use and Other Portable Communication Devices: Human Resources - Prisma Health Equal Employment

Opportunity: Human Resources - Prisma Health

HR 5.15 Team Member Counseling: Prisma Health Lewis Blackman Patient Safety

Act: Prisma Health paid Time Off (PTO) & Donation: Human Resources - Prisma

Health Social Media: Human Resources - Prisma Health

Solicitation: Human Resources - Prisma Health Tobacco-Free Policy: Prisma Health

Associated Lippincott Procedures:

N/A

Definitions:

1. Business and Business Casual Dress - Suits, dress pants or skirts with jackets, sport coats or sweaters, business dresses, dressy two-piece knit suits, or twin sets. Skirts and dresses are to be conservative in length. Professionally owned or supplied white lab coat worn over business attire. Dress footwear (no tennis shoes).
2. Business Casual - Any of the items listed above under Business, in addition to button-down or pullover shirts with a collar, sweaters, cardigans, dressy 3/4-length pants, blouses/shirts, and turtlenecks. Dress footwear (no plastic shoes i.e., Crocs or mesh tennis shoes etc.)
3. Smart Casual Dress - This is comfortable clothing for the workplace. Anything listed under Business and Business Casual clothing is accepted. Additionally, chinos, khaki pants, any other cotton or synthetic pants, golf slacks, wool pants, or pants that match a suit jacket. Shirts (men are to have a collar), collared polo shirts or tops, vests, jackets, Capri pants. Athletic or tennis shoes.

4. Scrubs - Traditional, classic scrubs required by pre-approved locations, departments, or units. The color of the scrubs (both top and bottom) may depend upon the individual's job classification and work area.
5. Job-Specific Uniforms - Certain team members are required to wear only job-specific uniforms. Team members who are in the category, will be given specific information by their departmental leadership.

Responsible Positions:

- ██████████ All Prisma Health Team Members
- _ Students
- _ Healthcare Providers with Clinical privileges
- ██████████ Vendors
- ██████████ Contract Workers

Equipment Needed:

N/A

General Guidelines

1. Prisma Health trusts its team members to dress within the categories known as business and business casual attire, smart casual attire, scrubs, or job-specific uniforms.
2. Being well groomed and neat is the main guideline to follow in dressing for work. Good judgment is most important when deciding whether one looks groomed and neat. In general, the appearance that Prisma Health expects is as follows:
 - 2.1 All clothing is to be clean, neat, correctly sized (including length), wrinkle-free, and in good condition.
 - 2.2 Footwear is to be right for the work area. Shoes must be professional, in good condition, clean, tied, and properly fitted (correct size).
 - 2.3 Safety is to be the major factor when selecting footwear for work. For this reason, shoes in patient care areas and other areas that may pose a safety hazard are to have a solid top surface and closed toes. In some departments, slip-resistant shoes are required. Team members should speak with their leader about the specific requirements of their department.
 - 2.3.1 House slippers, flip flops, light-up shoes, excessively high platform shoes, or stiletto heels (higher than 4") are not allowed in any unit or department.
 - 2.3.2 Team members are responsible for ensuring their shoes are replaced as needed. This again is related to safety, risk, and infection prevention.
 - 2.4 Clothing is not to show bare midriffs (body between the chest and hips), cleavage (front or backside), or be bare over the shoulders. Dresses or skirts are to be conservative in style and length. Undergarments are not to be seen.
 - 2.5 Any item with an image, message, slogan, or logo endorsing a person, place, or cause should not be worn. Notwithstanding, team members may wear stickers such as "I voted" or "I gave blood" if they otherwise comply with this policy.
 - 2.6 Hats or bandanas on the head are not to be worn unless they are part of an approved uniform. Fashion scarves and headbands are acceptable if they don't otherwise violate this policy.
 - 2.7 Sunglasses are not to be worn inside any building for safety reasons.

- 2.8 Earbuds, headphones, or other listening devices are not to be worn without leadership permission and/or without a specific job-related function and may never hinder customer service, patient care, or safety.
- 2.9 Hands must be able to be easily cleaned when working in patient care areas. Numerous rings and bracelets could get in the way of this cleanliness. Because of this, team members are to be moderate in wearing rings and bracelets. Jewelry is not to dangle into the patient care space or hang over the patient in the delivery of care. Jewelry and other accessories are to be conservative and are not to interfere with the performance of job duties or cause a safety risk for the team member, patient, or others.
- 2.10 Acrylic or other artificial nail tips/ornamentation increase risks of transferred bacteria to patients. This includes acrylic nails, dipped nails, bending, tips, gels, wrappings, jeweled, pierced, lettering, and tapes. These nails and products are not acceptable for team members working in certain high-risk patient areas due to the safety and infection prevention concerns. If there are no patient safety or infection prevention concerns with artificial nails for a specific job, then artificial nails etc. are acceptable. Team members, especially those in clinical areas, are strongly encouraged to speak with their leader about their specific work area's expectations before using these products.
- 2.10.1 Examples of team members who work with high-risk patient populations are those who work in: Oncology, NICU, Perioperative Services, and Transplant units.
- 2.11 Nails are to be clean, neat, and trimmed. Nail length may not interfere with job duties or performance; team members in clinical areas or handling patient supplies, medications, food, ice, or specimens are not to have nails that exceed one-fourth (1/4) inch past their fingertip. Nail polish designs are not to be distracting (to the reasonable person), and polish colors are to be moderate and not chipped.
- 2.12 The health system's focus is our patients and their safe care. Body piercings, gauged ears, dental or tongue jewelry, hairstyle and color, and tattoos are not to cause safety risks, distractions in the workplace, or otherwise disrupt the ability to meet business needs. In some instances, body piercings, gauged ears, dental or tongue jewelry may pose a safety concern in certain areas and/or in certain jobs within the health system. If safety is deemed by leadership to be a concern, they do not meet the expectations of this policy and are not permitted. Otherwise, body piercings, gauged ears, dental or tongue jewelry are otherwise acceptable within these guidelines :
- 2.12.1 Gauged ears approximately the size of a quarter, or less, in diameter generally meet the standards outlined in this policy.
- 2.12.2 Tattoos that have profanity or are offensive (to the reasonable person) or otherwise disruptive are to be completely covered during work time. Team members are to be sensitive and cover any tattoo that may cause fear or discomfort to patients or children (skeletons, monsters, and such).
- 2.12.3 The health system embraces its team members' individuality and modes of expression. Any decision to limit or prohibit a teammate from expressing themselves through body piercings, gauged ears, dental or tongue jewelry, hairstyle or color, tattoos or other similar forms of individual expression will be done in a thoughtful, respectful manner and only for the purpose of maintaining safety, cleanliness, a work environment free of disruption, and respect for those we care for.
- 2.13 Hair is to be clean and well groomed. Hair decorations such as feathers, tinsel, or tiaras are not acceptable. Facial hair is to be neatly trimmed and ensure the fit of any required respiratory masking. Anyone providing direct patient care with shoulder-length or longer hair is to secure it away from their face. Anyone in food service is to secure hair so as not to interfere with sanitary food service.

2.14 Due to allergies of those in the workplace, including our patients, use of colognes, perfumes, or scented lotions is to be used conservatively. Team members may be asked to avoid use of these items depending upon the allergies, sensitivities, and/or safety of others. For example: oncology patients, or recent transplant recipients, are two (2) patient populations where fragrance is not appropriate. For the same reason, team members are not to have the odor of tobacco smoke when on duty.

2.15 Use of tobacco is not allowed on health system property (including leased properties). This includes cigarettes, electronic cigarettes, vapor sticks, cigars, pipe tobacco, chewing tobacco, and snuff. Nicotine replacement products, including gum, lozenges, nasal spray, and inhalers, may be used during work hours. Use is to be discrete and in line with doctor or product manufacturer directions.

3. Professional dress is always acceptable in any workplace. If a team member is visiting another facility, unit or department, the team member's clothing and appearance are to follow or go beyond the standards of the area being visited. If the unit or department requires wearing a uniform, it is to meet the organization guidelines.

4. The purpose of photo identification badges ("ID badges"), badge cards ("badge buddies") and badge holders (clip or lanyard) is one of safety. These items allow patients, coworkers, and visitors to easily identify team members and other persons working in the health system. The ID badge is also used for the automated time and attendance system, access to buildings, offices, secured areas, and parking lots, certain campus retail charges/purchases, and for team members to make cafeteria charges.

4.1 ID badges are to be worn at all times while working, face out and at chest level or above, so they can be seen and read by others (including patients). ID badges are to be displayed on the Prisma Health provided/approved badge holder. Team members should not wear their badges to work when they are entering Prisma Health as a patient or visitor. Loose or damaged badges are to be replaced.

4.2 Badges are color coded to help identify a team member's role

4.2.1 Plum Bar: Physicians and team members, including non-employed credentialed providers, not in Women's or Children's Services

4.2.2 Pink Bar: Team members and physicians assigned to Women's Services or Children's Services department.

4.2.3 Yellow Bar: non-employed/non-credentialed, including volunteers, vendors, contractors, and students.

4.2.4 Tangerine Bar: Contractors not allowed in patient-care areas.

4.3 Prisma Health complies with the Lewis Blackman Patient Safety Act which requires,

among other things, providing either the first name or the last name of team members be fully spelled out on their ID badge.

4.3.1 Most Prisma Health team members (employed and non-employed) have their preferred first name and last initial displayed on their ID badge.

4.3.2 Physicians, Dentists and Podiatrists' (employed and non-employed) have Dr. immediately before their preferred first name and last name displayed on their ID badge.

4.3.3 Credentialed providers (employed and non-employed) and persons with specific terminal degrees have their preferred first name and last name displayed on their badge, followed by their credentials.

4.3.4 Not every team member's credential(s) will be listed on their badge. Prisma

Health lists the following credentials on ID Badges; Medical Doctor (MD); Doctor of Osteopathic Medicine (DO); Doctor of Optometry (OD); Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Podiatric Medicine (DPM); Doctor of Optometry (OD); Doctor of Philosophy (PhD); Doctor of Education (EdD); Doctor of Psychology (PsyD); Doctor of Pharmacy (PharmD); Doctor of Nursing Practice (DNP); Doctor of Physical Therapy (DPT); Doctor of Public Health (DrPH); Nurse Practitioner (NP); Physician Assistant (PA); Certified Registered Nurse Anesthetists (CRNA); Certified Nurse Midwives (CNM); Clinical Nurse Specialist (CNS); Registered Nurse (RN); and Licensed Practical Nurse (LPN).

- 4.4 Work-related adornments, tape, pins, stickers, or clips may not be placed on the ID badge itself. If a badge card is provided to the team member, system-issued pins may be worn, provided they do not restrict the view of the ID badge.
- 4.5 Team members may not use personalized or themed Badge holders, Prisma Health provides every team member with a badge holder for their use.
- 4.6 The ID badges, and badge holders are all part of the expected standards of appearance. Team members are expected to replace damaged ID badges; however, the badges remain the physical property of the health system.
- 4.7 For contractors or vendors, a request must be made by Facilities Planning, or a leader of the department where the contractor's/vendor's service is needed. The request is to be made through the appropriate e-mail, which can be accessed here.

4.7.1 Prisma Health Baptist: PHBAccess&ID@prismahealth.org

4.7.2 Prisma Health Parkridge: PHBPAccess&ID@prismahealth.org

4.7.3 Prisma Health Richland: PHRAccess&ID@prismahealth.org

4.7.4 Prisma Health Tuomey: Brian.matula@prismahealth.org

4.7.5 Prisma Health all Upstate: badqe.security@prismahealth.org

4.7.6 Requests must include: first name, last name, company, what access is needed to perform their work, and duration the vendor/contractor will be working.

- 5. The unit or department leader will counsel team members who make incorrect clothing or accessory choices. Team members may be sent home using Paid Time Off (PTO) to change into correct clothing. If the team member does not have enough PTO in their PTO bank to cover the time away, non-paid time will be used. This process will be applied in accordance with Human Resource (HR) policies and the Fair Labor Standards Act. If a team member continues to make incorrect standard of appearance choices, this could cause formal counseling, up to the end of employment with the health system.
- 6. The standards of appearance set forth above apply to all team members. In addition, team members may have additional standards of appearance based on their workplace. Below are some of the considerations a unit or department may require:
 - 6.1 Some units or departments may require scrubs, masks, shoe covers, safety shoes, and/or gloves. Some clinical areas may allow themed scrubs, such as sports, cartoon, or seasonal themes. An example of this

would be a team member wearing cartoon-themed scrubs in an area caring for pediatric patients. Acceptable patterns on scrubs are ultimately determined by the area Vice President.

- 6.2 Scrubs, masks, shoe covers, safety shoes, and/or gloves are to be worn only in areas directed by unit or department policy and are not to have monograms, logos, or the name of another healthcare provider or organization. Only team members directed to wear any of these items are to wear them.
 - 6.3 Units or departments may specify uniform, shoe, and sock colors. The unit or department may also specify the material for each. Colored and/or patterned socks are to match the colors of the uniform. If permitted, patterned socks may not be unpleasant or disruptive in nature (examples would be patterns/images of sex, violence, or defaced religious symbols.)
 - 6.4 Any of these items that are laundered by the health system are not to be worn offcampus.
7. There may be times when the standards of appearance may be relaxed for a specific event, reason, or occasion. This only happens for a brief period of time, and a Vice President, or equivalent, may allow limited exceptions to this policy. Examples could include, but are not limited to, a reward for campaign participation, a severe weather event (emergency event), a physical work location move, or an off-site or after-hours event.
8. Team Member Responsibilities
 - 8.1 Team members are to know, understand, and follow the standards of appearance. Good judgment in clothing and appearance decisions is the team member's responsibility. If there are any questions about this policy, team members are encouraged to ask their leader for guidance.
 - 8.2 Items not to wear include, but are not limited to cargo pants (unless part of the department's uniform/standards), jogging or athletic wear, tank tops, midribs, muscle shirts, spaghetti straps (unless covered), strapless shirts, tube tops, spandex, shorts, hoodies, jerseys, sweatshirts, cocktail dresses, camouflage, leather pants, capris higher than mid-calf, mini-skirts, T-shirts, denim, bib overalls, sheer fabrics, leg warmers, thigh high boots, and fishnet.
 - 8.2.1 Team members may wear black or white, long-sleeve shirts and short sleeve shirts, under their uniform/ scrubs. In addition, team members may wear long-sleeve or short sleeve shirts that align with the uniform and scrub color associated with their role.
 - 8.2.2 Team members may wear Prisma Health approved vests and fleece/ lined jackets unless the team members' scrubs are provided/ laundered by Prisma Health. Jackets and vests must be royal blue, black, or white. Prisma Health branding is also acceptable.
9. Leadership Responsibilities
 - 9.1 Leaders are to communicate the standards of appearance with new team members. This is to be part of the team member's departmental orientation.
 - 9.2 Leaders may more clearly define the necessary and correct work clothing in a unit or department. For example, a unit or department may require a certain scrub color. Departments may select whether professional dress or business casual dress is required; this decision requires Vice President approval.
 - 9.3 Leaders are expected to adjust whenever possible in the standards of appearance for requesting individuals based on any medical or religious reasons. If further guidance is needed, please do not hesitate to contact Human Resources.

- 9.4 Leaders may contact their HR Business Partner (HRBP) or Employee Relations for assistance with interpretation, counseling, or any other needs in relation to this policy.

References:

N/A

Appendices:

N/A