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## **UNIVERSITY EQUAL OPPORTUNITY POLICY**

The University of Southern California complies with all laws prohibiting discrimination against students or applicants on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or status as a disabled veteran. An otherwise qualified individual shall not be excluded from admission, employment, or participation in educational programs and activities solely by reason of his/her physical handicap, or medical condition.

This policy applies to all personnel actions such as recruiting, hiring, promotion, compensation, benefits, transfers, layoffs, return from layoff, training, education, tuition assistance and other programs.

Inquiries concerning the application of the various rules and regulations concerning equal opportunity and affirmative action should be addressed to Laura LaCorte, Office of Compliance, UGB 105, University Park Campus, Los Angeles, California, 90089-8007. The office can be reached by telephone at (213) 740-8258.

### **UNIVERSITY POLICY ON ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

The University of Southern California is committed to full compliance with the Rehabilitation Act (**Section 504**) and the Americans with Disabilities Act (ADA). As part of the implementation of this law, the University has adopted a policy that assures continued reasonable accommodation will be provided for students with disabilities so they can participate fully in the University's educational program and activities. It is the specific responsibility of the University Administration and all faculty serving in a teaching capacity to ensure the University's compliance with this policy.

The general definition of a student with a disability is any person who has "a physical or mental impairment which substantially limits one or more of such person's major life activities," and any person who has "a history of, or is regarded as having, such an impairment." Reasonable academic and physical accommodations include but are not limited to: extended time on examinations; time extensions on papers and projects; special testing procedures; advance notice regarding booklists for visually impaired and some learning disabled students; use of academic aides in the classroom such as note takers and sign language interpreters; early advisement and assistance with registration; accessibility for students who use wheelchairs and those with mobility impairments; and need for special classroom furniture or special equipment in the classroom. Other accommodations include the format or time allowed for an exam as well as substitution of similar or related work for a non-essential requirement. USC is not required by law to change the "fundamental nature or essential curricular components of its programs in order to accommodate the needs of disabled students," but the University must provide reasonable academic accommodation.

#### **SERVICES**

Disability Services and Programs are administered through the University Park Campus.

Students with learning disabilities as well as physical disabilities may register for accommodations at Disability Services and Programs on University Park Campus located in the Student Union Building, 3601 Trousdale Parkway, Room 301. The telephone number is (213) 740-0776. Students who anticipate the need for accommodation during exams should register with the Office of Disability Services and Programs well in advance of the testing date. Four weeks notice should be allowed in order that their needs may be appropriately evaluated and addressed by the Curriculum Office.

## UNIVERSITY POLICY ON OBLIGATION FOR PAYMENT

All students must register, settle their bills or make satisfactory arrangements to do so with the Collections Office by the assigned registration dates. The University currently assesses a late charge of \$100/week for students not registered by the third week deadline and a monthly finance charge thereafter on all past due balances. A "Returned Check Charge" will be assessed by Financial Services for any check that is returned by the bank for any reason.

Students who are prevented from registering because of a legitimate activity restriction (registration hold) **are not permitted to file an exception request (petition) to register late**, whether or not their restriction is lifted at a later time. If such students are unable to clear their holds before the deadline, **they must stop attending classes at the end of the third week.** Students are urged to plan ahead and meet all financial aid deadlines and ensure that all needed documents are complete, have been signed, and have been submitted on time. If financial aid is still pending prior to a semester, the University Collections Office will work with the student and the Financial Aid Office to defer the amount due, or in other cases will often work out a payment plan, but students must initiate contacts with University Collections as early as possible and follow through with promises made **before the end of week three!** Failure to make payments of tuition, fees, deposits, or other amounts owed the University when they fall due, or to arrange for such payments before their delinquent dates, is considered sufficient cause, until the debt has been adjusted, to (1) bar the student from class or examinations, (2) withhold diploma, transcript of records and/or (3) suspend the student.

The Dean, Senior Associate Dean for Educational Affairs and Associate Dean for Student Affairs are responsible for the administration of this policy. Any request for any exception to the policy must be presented to the Associate Dean for Student Affairs in writing.

### EMERGENCY LOANS

Interest-free emergency loans in amounts up to \$500.00 are available to students with a good credit history through the University. Repayment of such loans must be made in 90 days or by the end of the academic year, whichever falls first. Loans must be paid in full before a diploma is released. Please contact the Financial Aid Office for further details, (323) 442-1016.

## STUDENT DISABILITY INSURANCE

All medical students enrolled full-time in the School of Medicine will be covered in an AMA-sponsored group disability insurance program (\$61.00/year during 2005-2006), which will be added to your student fee bill. Should you become disabled due to illness (including pregnancy) or accidental bodily injury which occurs while you are insured, the plan will provide you with an income of approximately \$1,000.00 per month, after a 90 day elimination period, during your disability. Students may continue their coverage upon entering a residency program by purchasing the conversion policy at a rate determined by the provider. Terms and cost cited above are accurate as of time of printing, but students should verify this information by consulting the actual policy.

A full description of your benefits while in school and, potentially for the remainder of your professional career, is contained in print materials distributed during orientation week furnished by the Guardian Life Insurance Company. Any questions regarding coverage may be directed to the Broker (Western Physicians Financial & Insurance Services, Inc., at 1-800-628-2861).

Enrollment in this program establishes a relationship between the student and the insurer independent of the University and the Keck School of Medicine. Changes in coverage, terms, fees and other attributes of this insurance are at the discretion of the insurer. Neither the School nor the University has responsibility for any aspect of the relationship between the student and the insurer.

## **POLICY ON CORRESPONDENCE**

Official correspondence from the Medical School to students will be considered to have been delivered if sent to the student's home, MDL mailbox, or University email account. Students are responsible for checking these on a regular basis, and will be held accountable for materials sent via any of these routes. Communication from students to the School or University should be addressed to the department or administrative unit in question. If uncertain, students should address communications to:

Office of Student Affairs  
Keck School of Medicine  
University of Southern California  
1975 Zonal Avenue, KAM 100-B  
Los Angeles, CA90089-9020

For first and second year students, mailboxes are located in the MDL to which they are assigned. For third and fourth year students, mail is forwarded to the student's home address of record. Students should attempt to have all personal mail sent to their home address; however, if mail must be sent to the School in an unusual circumstance, address mail to:

### Years 1 and 2

(Name, MDL Number if known)  
(Medical Student, Year 1 or 2)  
Keck School of Medicine  
1975 Zonal Avenue, KAM 100-B  
Los Angeles, CA 90089-9020

### Years 3 and 4

(Name)  
(Medical Student, Year 3 or 4)  
Keck School of Medicine  
1975 Zonal Avenue, KAM 100-B  
Los Angeles, CA 90089-9020

The Keck School of Medicine encourages students to have publications and any other personal mail sent to the student's home address.

## **TELEPHONE REGULATIONS**

Incoming calls should be directed to the Office of Student Affairs (323) 442-2553. We will try to locate you for urgent calls; otherwise, phone messages for Years 1 and 2 students will be placed in their MDL boxes.

Students in Years 3 and 4 should be aware that the hospital switchboard is a direct dial system. All offices on the grounds may be contacted by dialing the appropriate station. Students may use the hospital phones for calls regarding their patients placed to other areas of the hospital or to areas outside the hospital which are within the metropolitan Los Angeles area. Long distance calls regarding patients must be placed through the Resident on the service. The hospital phone is not to be used for personal calls.

## RECORD RETENTION POLICY

### Applicant Records

Admission applications are submitted electronically by each applicant. Letters of recommendation are sent to the Admissions Office, scanned into a PDF format and stored electronically. Original documents are destroyed once a year in the summer immediately following the application term. Electronic documents are destroyed once a year in the summer for the prior year's term.

To balance effective resource use with professional standards and legal requirements, the following standards will guide document retention:

Applicant Status	Retention Period
Applicants who do not enroll	1 year after end of application term
Applicants who enroll	5 years after graduation or date of last attendance <i>Documents retained indefinitely: AMCAS application, Essential Characteristics form, Applicant Update Sheet.</i>

Admission documents will be purged according to the schedule above. The Registrar will be responsible for adhering to this schedule. Once each year, documents will be purged based on the retention schedule, with the process completed by the end of September.

### Student Records

Official school records are kept in the Keck School of Medicine Office of Student Affairs. After graduation, portions of the student's record are stored electronically. The original folder will be stored with contents intact for 5 years. After that time, all material except the electronic record of the items listed below will be destroyed.

*Medical Student Performance Evaluation (Dean's Summary Letter)*  
*Transcripts (All years)*  
*Original AMCAS application*  
*Curriculum Schedule*  
*CPX results*  
*Photograph of Student*  
*Other material, as designated by the Registrar*

The University reserves the right to disclose education records without the student's consent to officials of another school or educational program in which a student seeks or intends to enroll.

Questions regarding these procedures should be addressed to the Registrar of the Keck School of Medicine at (323) 442-2553.

## UNIVERSITY POLICY CONCERNING NARCOTICS AND DANGEROUS DRUGS

(Adapted from *SCampus*)

### Federal and California Laws

Federal and State of California laws on drug abuse provide for stringent penalties for illegal use, possession, sale, transportation or administration of any drug; more stringent penalties for those convicted of previous narcotics offenses than for first offenders; and extremely stringent penalties for those who in any way involve minors in the use of narcotics. A person is subject to prosecution also if he/she illegally uses or is under the influence of narcotics, or if he/she knowingly visits a place where illegal narcotic use is occurring. Marijuana is covered by similar laws, and there is an additional injunction against the cultivation or processing of this drug in the state. The barbiturates (e.g., "yellow jackets," "red devils"), and amphetamines (e.g., "bennies," "dexies," etc.) - called "restricted dangerous drugs" in the California Narcotic Act - are similarly covered; penalties for those convicted of illegal use, possession, sale, transportation or administration of these drugs are severe. In 1966, LSD and related hallucinogenic drugs were added to the list of restricted dangerous drugs, and their use for other than authorized research was prohibited by California law. Whatever the merit and chances of success of proposals to legalize the use of certain drugs now defined as illegal, the hard fact is that at the present time possession, use or distribution of illicit drugs, including marijuana, makes anyone involved with such drugs, even in a single experiment or casually in social situations, liable to prosecution. Furthermore, a criminal record as a drug user or even an arrest record for narcotics law violation, may cause serious, long-range harm to the experimenter by barring employment or educational opportunities where both the criminal record and the label of "drug user" may preclude his/her consideration. **Conviction for illegal use of alcohol or drugs will wreak life-long difficulties with licensing and obtaining privileges, and may prevent successful licensure as a physician.**

### USC Position

The University's policy is to conform to all applicable laws and follow the current stance of the medical and mental health professions regarding the use of other psychoactive substances including stimulants, depressants, narcotics, inhalants and hallucinogens including marijuana.

The University expects all students and student groups to comply with all local, state and federal laws. It is the responsibility of each individual to be aware of, and abide by, all federal, state and local ordinances and university regulations. Current laws provide for severe penalties for violations which may result in criminal records (taken from *USC Drug-Free*).

### Counseling and Medical Assistance

In view of the University's interest in the educational welfare of the student, primary concern is given to remedial measures, using the full counseling and medical resources of the University to assist the student to meet constructively whatever problems the student may have, including possible addiction.

Every student concerned about problems resulting from his/her use of drugs is encouraged to seek help from the Student Health Service located in the Healthcare Consultation Center at (323) 442-5980. Regular Alcoholics Anonymous and Narcotics Anonymous meetings are held on campus. The staff will treat such voluntary relationships as confidential and not subject the student to disciplinary action on this basis.

In addition, the University has published the Drug-Free School and Communities pamphlet which provides a summary of policies and available assistance dedicated to preserving a drug-free work and study environment. Copies of this pamphlet are available in the Office of the Vice President for Student Affairs for review.

## UNIVERSITY POLICY CONCERNING ALCOHOL

The possession and consumption of alcoholic beverages on the University of Southern California campus and in university-recognized living units is governed by appropriate state and municipal laws and is further governed by university regulations. All persons, regardless of age or status, are governed by these laws and regulations in their administrative practice as well as in personal conduct. The university expects that individuals and groups who operate within these laws and university regulations will engage in responsible drinking behavior and, if applicable, responsible hosting guidelines.

The university observes all appropriate state and municipal laws.

The university's policy with respect to alcohol follows state and municipal laws of California and the city of Los Angeles. The possession and consumption of alcoholic beverages on campus, in university-recognized living units or sponsored by a university-recognized group (regardless of location) is governed by the laws of the state and the municipal governments where the possession and consumption occurs. In most instances, this will be in the State of California and City of Los Angeles. These laws apply regardless of the state or country from which a person has come or in which the person maintains official residence.

These laws and regulations are found in the California State Constitution, the California State Business and Professional Code, the California State Penal Code, the California State Vehicle Code and the Los Angeles Municipal Code. It is the responsibility of the server or consumer of alcoholic beverages to be aware of, and abide by, all state and local ordinances and university regulations. These statutes and regulations are summarized and highlighted here for general use and may not cover all situations.

In addition, the university expects that every individual and any recognized student organization will follow additional regulations regarding the use of alcoholic beverages (including wine and beer) as set by the University of Southern California. As it is impossible to anticipate every situation that could involve alcohol, this list should not be considered to be all-inclusive. For clarification of this alcohol policy and what activities are included, contact the Office of Student Activities or the Office for Residential and Greek Life. Among the provisions of the state and municipal laws are:

1. The purchase, possession, or consumption of any alcoholic beverages (including beer and wine) by any person under the age of 21 is prohibited.
2. It is not permissible to provide alcohol for anyone under the age of 21.
3. Selling, either directly or indirectly, any alcoholic beverages (including beer and wine) except under the authority of a California Alcoholic Beverage Control Board license is prohibited. This includes selling glasses, mixes, ice, tickets for admission, etc.

A license to serve or dispense alcohol is not necessary if all of the following conditions are met:

- a. There is no sale;
- b. premises are not open to the public during the time alcoholic beverages are being served, consumed or otherwise disposed; and
- c. the premises are not maintained for the purposes of keeping, serving, consuming or disposing of alcoholic beverages.

If all three conditions are met, then no license is required.

If all three conditions are not met, a license must be secured from the Alcoholic Beverage Control (ABC) Department. Information on the ABC is found under State of California listings in the telephone book.

4. Serving alcohol to an intoxicated person is prohibited.

5. Serving alcohol to someone to the point of intoxication is prohibited.
6. The manufacture, use or provision of a false state identification card, driver's license or certificate of birth or baptism is prohibited.
7. Being drunk and disorderly in public view is prohibited.
8. Consumption of alcohol beverages in a public place (unless licensed for consumption of alcohol on premises) is prohibited. This includes a prohibition of alcoholic beverages in public areas such as academic facilities, recreation fields, university housing corridors and lounges.
9. Driving a motor vehicle or a bicycle while under the influence of alcohol is prohibited.
10. Possessing an alcoholic beverage in an open container in a motor vehicle or bicycle is prohibited, regardless of who is driving or whether one is intoxicated.

Applicable university regulations include:

1. An individual or group which sponsors an event at which alcoholic beverages are made available is responsible for adherence to applicable laws (i.e., securing a license to sell/serve), university regulations, and the abuses arising therefrom.
2. Where alcoholic beverages are provided, ample non-alcoholic beverages and food must be provided as well.
3. The intention to serve alcoholic beverages must be registered with the office or department administratively responsible for the facility or location where the event is to be held. Each office or department may have specific regulations which may prohibit the serving of alcohol beverages or may require the use of USC Dining Services. If there is a question as to the responsible person, the facilities coordinator of the Office of Student Activities, Topping Student Center 103, telephone (213) 740-2514, is to be consulted. Any club or class wishing to serve alcohol on campus by or to medical students MUST meet with the Associate Dean of Student Affairs and be registered with the Office of Student Affairs, (323) 442-2553.
4. Approval to serve alcohol on the USC campus must be obtained from Dining Services. If an outside caterer is to be used, a copy of their on-site license must be filed with Dining Services. Contact Mike Stroud, General Manager Town and Gown, (213) 740-6565.
5. Alcoholic beverages may not be present at student organization recruitment efforts.
6. The use of university funds to provide alcohol to students under the age of 21 is prohibited. In addition, the student programming fees and residence hall/apartment fees may not be used to purchase alcohol.

#### **Procedures for Dealing with an Alcohol Violation by a Recognized Student Organization**

1. Anyone with information about an event or incident which violates the university policy regarding alcohol may report it to the Office for Student Affairs.
2. The university will contact the organization's president and advisor(s).
3. A review panel will be convened to determine whether or not the alleged alcohol violation did occur.
4. The university will decide on appropriate sanctions based on the findings of the review panel.

### **Definition of Possible Sanctions for a Student Organization**

Following a proven allegation of violation of the alcohol policy, the student organization can generally expect a period of probation for a minimum of 60 days during the academic year. The probation will begin immediately after a decision finding a violation is finalized. Probationary status for an organization may include suspension of select group activities such as social events, membership drives, officer elections and alcohol use at events. Probationary status may also involve projects, programs and/or other criteria to be met by the organization. These stipulations will be designed to promote positive development of the organization and in particular with regard to responsible use of alcohol.

Following a proven repeat violation of alcohol policy (within a year of the previous incident), the student organization can generally expect its charter and/or recognition to be suspended for a minimum of 60 days during the academic year.

The suspension will begin immediately after a decision finding an alcohol violation is finalized. Suspension of a student organization may end such activities as membership drives, social functions, officer elections, use of the organization's offices, eligibility to schedule university facilities, campus posting privileges or any and all other operations of the student organization. The suspension will be followed by a period of probation for the organization as previously defined.

## **POLICY REGARDING PERSONAL PROPERTY IN THE MULTIDISCIPLINE LABORATORIES**

During Years 1 and 2, each student is assigned a desk and a chair in one of the multidiscipline laboratories in the McKibben or Bishop Buildings. All personal items, (i.e. laptop computer, books, or clothing) are expected to be stored and fully contained within the desk unit. Personally owned equipment, furniture, or animals will not be permitted in the laboratory. Prohibited items include, but are not limited to, chairs, beds, sleeping cots, rugs, drapery materials, electric hot plates or any items of large or unwieldy sports or exercise equipment. Exceptions to this policy will be made only for reasons relating to a medical or physical condition of individual students when items of medically related equipment are deemed necessary or advisable for the proper functioning or comfort of these students. Most house plants will be permitted in the labs and will not require approval. Any exceptions to the policy must be specifically approved by the laboratory director (Bishop 108).

Student desks within the multidiscipline laboratories are set in place prior to the beginning of the school year in such a manner as to allow maximum access by students and lab personnel. **The desks may not be re-arranged without prior approval of the laboratory director.** In addition, shared MDL equipment, (i.e. projectors, view boxes, slides, models, microscopes) may not be removed from the assigned MDL.

No materials may be attached to the outside of the student desks or to the walls of the laboratory. The tack board (bulletin board) on the desk is the only area where students may display photographs, drawings, art work, pictures from magazines, calendars, charts, etc.

All photographs and other visual materials which may be considered unsuitable for display in a physician's office or in a public waiting room are also unsuitable for display in a professional school; many persons find such materials offensive and therefore inappropriate. Individual students must realize and respect the fact that although individual space is assigned in the lab, it is intended primarily for study purposes and the lab facilities as a whole are used by many students and faculty. In addition, student family members, patients and visitors may enter the lab rooms and their sensitivities must also be considered.

The purpose of the policy regarding personal property or graphic material is to **maintain a suitable working environment in the laboratory conducive to instruction and to individual student study.** The addition of privately owned equipment or furniture to the laboratory may obstruct free flow of traffic and result in added congestion and inconvenience to other students and faculty and may violate the City of Los Angeles codes. Equipment and materials (including crepe paper streamers) constructed for home use are often unsuitable for use in a public building because they cannot meet City of Los Angeles codes for fire and public safety. USC is obligated to comply with these codes and is subject to unannounced inspections by City Fire Inspectors.

To prevent damage or theft, bicycles or mopeds may be brought into the building only with the permission of the laboratory director; when in the building, they must be stored or located in a manner which will be designated by the laboratory director so as not to interfere with the normal intended use of the lab rooms. Larger vehicles such as motorcycles may not be brought into the buildings; designated spaces are available for such vehicles in the parking structure.

Students should be aware that the University's insurance coverage does **not** include any personal belongings, even though permission may have been granted for the personal property to be used or stored within University buildings; students are advised that all financial responsibility for loss or damage rests solely with the owner or private insurer.

### **SECURITY IN THE MDL: MDL DOOR KEYS**

MDL doors should be locked except during class times. Students are issued keys which will allow access to his/her own MDL at any time and should observe security standards, especially on evenings and weekends. No key deposit will be charged; however, if a key is lost or stolen, a replacement fee of \$10.00 will be charged. For this reason, and for reasons of laboratory security, students should not leave their keys in visible areas.

Doors must not be propped open when a room is unoccupied. Any doors found open or unlocked after hours will be closed, and locked, so students should carry their keys when they leave the room. Students should note that it is possible to accidentally leave a door in an unlocked condition. Whenever a student enters, he/she should test the knob to verify that it is locked after the key is removed. Any trouble in the use of the lock should be reported to the MDL staff (Bishop 106; phone (323) 442-1119), or to the University Department of Public Safety. Public Safety officers may be summoned at any time by dialing **2-1200** on the phones located in the first and second floor hallways of the Bishop Building.

## **KECK SCHOOL OF MEDICINE STUDENT MISTREATMENT PROCEDURE**

### **I. INTRODUCTION**

The diversity and complexity of the medical education environment require the medical school to reaffirm, on a periodic basis, its expectations of students, faculty, and staff. The spirit of this procedure is to promote dynamic personal and professional growth at all levels of the medical campus. This procedure seeks to limit any breach in the integrity and trust among students and professionals in the health care environment, by establishing standards of conduct, and a means of fairly dealing with problems of student mistreatment. This procedure is an important pillar of support to the mission statement of the university.

The Student Mistreatment Procedure (SMP) has been developed for the Keck School of Medicine with several goals in mind. Before stating those goals, however, it should be emphasized that this procedure is by definition subordinate to:

- 1) State and Federal Law
- 2) USC University Procedure
- 3) Affiliating Institutional Procedure (for problems in other medical education venues)

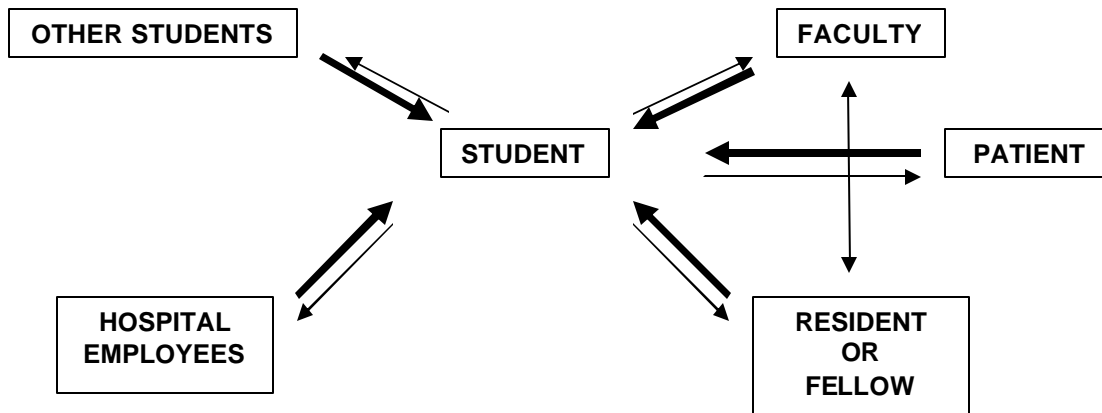
While the subordinate nature of this procedure is a legal necessity, the Student Affairs Committee believes that the medical education environment is unique and that this procedure may address several goals, including:

- 1) Explicate standards of conduct within the medical school and its research community.
- 2) Maximize the opportunity for “local” mutually satisfactory remedies to be reached.
- 3) Delineate an equitable method of investigating and adjudicating student mistreatment complaints.
- 4) Provide a means of monitoring complaint occurrences within the medical school so resources can be directed toward solutions.
- 5) Protect the rights of both the complainant and the accused.

### **II. A UNIQUE ENVIRONMENT: The need for a Keck School of Medicine Student Mistreatment Procedures.**

The medical learning environment is more complex than the undergraduate environment for several reasons. These include:

- 1) Physical intimacy of medical examination and teaching;
- 2) Overnight call environment;
- 3) Prolonged hours in many medical arenas;
- 4) Patient outcome must supersede teaching and learning objectives;
- 5) Intimate partner relationships that may develop between members of the medical community;
- 6) Medical student vulnerability due to career aspirations, residency matching, and the subjective nature of medical education evaluation;
- 7) The teacher, student, and patient all have rights, which must be respected within the teaching and patient care framework.



The complex relationships of the medical education environment:  
student mistreatment may occur along any bold arrow.

---

**FIGURE 1**

In response to these realities, and a perceived need for a more explicit procedure governing the medical campus, the Student Affairs Committee created the Keck SOM Student Mistreatment Procedure. This procedure is designed to maximize student protection in the complex medical learning environment, while providing an opportunity for local rapid solutions without necessarily resorting to legal remedies. To achieve this end the S.A.C. has sought to define the institutional standards, and to create a procedure for reporting and adjudication that does not conflict with other institutional procedures. Examples and definitions of appropriate and inappropriate behavior (see part III) will help both the student and the teacher understand what is and is not professional behavior. This understanding will help all to maintain the value of professionalism, which the university represents and promotes.

Goals of this procedure:

- 1) Define our principles of community and standards of conduct;
- 2) Provide a means of determining if further investigation is warranted;
- 3) Establish a non-threatening and easily accessible mechanism for reporting alleged mistreatment;
- 4) Provide an equitable method of locally investigating and resolving complaints, consistent with other university procedures;
- 5) Guarantee the rights of due process; and
- 6) Appropriately protect both the complainant and the accused.

### III. INSTITUTIONAL STANDARDS AND DEFINITIONS

#### *Principles of Community*

USC is a multicultural community of people from diverse racial, ethnic and class backgrounds, national origins, religious and political beliefs, physical abilities, and sexual orientations. Our activities, programs, classes, workshops/lectures, and everyday interactions are enriched by our acceptance of one another, and we strive to learn from each other in an atmosphere of positive engagement and mutual respect. As professionals, we are responsible for our behavior and are fully accountable for our actions. We each must take responsibility for our awareness of racism, sexism, ageism, xenophobia, homophobia, and other forms of oppression.

Bigotry will not go unchallenged within this community. No one has the right to denigrate another human being on the basis of race, sex, sexual orientation, national orientation, etc. We will not tolerate verbal or written abuse, threats, harassment, intimidation, or violence against person or property. In this context, we do not accept alcohol or substance abuse as an excuse, reason, or rationale for such abuse, harassment, intimidation, or violence. Ignorance or “it was just a joke” is also not an excuse for such behavior. Such behavior will be subject to the University’s disciplinary processes. All who work, live, study and teach in the USC community are here by choice, and as part of that choice, should be committed to these principles which are an integral part of USC’s focus, goals and mission. *(We wish to acknowledge the roles played by the University of California, Irvine and Santa Cruz, in the evolution and wording of “Principles of Community”).*

#### *Standards of conduct in the Keck School of Medicine*

Effective, caring and compassionate health care depends critically on the professional and collegial attributes acquired by medical students during their education. In this regard, the teacher-student relationship is one of the most important, since the teacher is responsible for both imparting information and guiding the personal development of the student. The teacher also stands as a potential role model for any student and it is therefore important that the teacher’s behavior towards her or his students is equitable and professional. At the core of an effective learning environment lies mutual respect between the teacher (including, but not limited to, faculty, residents and staff) and the student, and between each student and their student colleagues.

To this end, the Keck School of Medicine will not tolerate the harassment or abuse of, discrimination against, or favoritism towards a student by a teacher or a student colleague. This includes, but is not limited to:

#### **1. Harassment of a Sexual Nature**

##### **This includes, but is not limited to**

- (i) Unwanted sexual advances,
- (ii) Unwanted and inappropriate touching,
- (iii) Displaying sexually suggestive materials in an unreasonable and inappropriate manner,
- (iv) Unreasonable and inappropriate sexual comments in the presence of, or directed to, any person,
- (v) Making training, advancement, promotion or rewards contingent on sexual favors, and
- (vi) Requesting sexual favors in return for grades.

#### **2. Discrimination, Harassment and Abuse**

Examples include:

- (i) Denying opportunity of training or rewards based on gender, race, color, national or ethnic origin, sexual orientation (or perceived orientation), religious belief, age, disability or military service,
- (ii) Conduct towards an individual intended to insult or stigmatize them,
- (iii) Making inappropriate physical contact with the student,
- (iv) Humiliating/denigrating the student, either privately or in the presence of other students, staff members, faculty or patients,
- (v) Requiring students to perform personal services for a teacher,

- (vi) Grading or evaluating a student's performance on factors other than merit, and
- (vii) Exclusion of a student from any usual education opportunity for any reason other than as a justifiable response to that student's performance or merit.

### 3. Abuse of a student based on his/her failure to perform adequately

Upon occasion, the performance of a student may fall below that expected by the teacher. The teacher must ensure that his/her response to such an event is remedial, without being punitive or harsh. Under no circumstances will abuse directed towards the student be permitted. Abuse includes, but is not limited, to those items listed above.

### 4. Favoritism towards a student or group of students

Although instances may arise when an instructor comes to favor some students over others, this should in no way skew her or his teaching activities such that:

- (i) Some students receive better access to information than others, or
- (ii) Some students and their opinions are neglected in the teaching process.

Teachers are also cautioned against behavior that leads to the perception of favoritism.

Any violation of these Standards of Behavior may be reported according to the procedure outlined below.

## IV. REPORTING PROCEDURES

A student considering making a report should first, if at all possible, attempt to resolve the matter directly with the alleged offender. Should this fail, the student may then report the incident(s) to a **Primary Contact**. Primary Contacts shall include the:

- 1) Assistant Dean for Curriculum and Student Affairs, Basic Sciences
- 2) Assistant Dean for Curriculum and Student Affairs, Clinical Years
- 3) Associate Dean for Women and Disabled Issues
- 4) Assistant Dean for Minority Affairs
- 5) Director of Student Health Services

Complaints should be brought to a Primary Contact as soon as possible, but within 90 days of the incident(s). Delay in taking action with respect to an incident may foreclose other remedies.

A prompt report of harassment, mistreatment or retaliation is very important for several reasons. The Keck School of Medicine is better able to investigate and remedy complaints if they are immediately brought to attention. The recollection of witnesses generally diminishes over time. Many perpetrators will discontinue inappropriate behavior once they understand that it is objectionable. The School's ability to impose a meaningful remedy dissipates with the passage of time. For all these reasons, the Keck School of Medicine urges that complaints be filed promptly.

Note: At any time in the process outlined below, the individual making the complaint may elect to prepare a report for the **Designated Investigator in the Office of the University General Counsel** as provided for in the Complaint Process of the University of Southern California. Alternately, if the alleged offender is an employee of Los Angeles County (or other health care facility), the individual making the complaint may elect to submit the report through the Office of Human Resources at the facility where the alleged violation(s) took place.

In the absence of a complaint, the Keck School of Medicine may initiate an investigation if it has reason to believe that its procedure prohibiting harassment, mistreatment or retaliation has been violated.

#### A. Informal Consultation

The reporting individual may consult **informally** with any Primary Contact for information and assistance. The

Primary Contact's duties shall include but are not limited to:

- a) Counseling the student with respect to his/her rights.
- b) Facilitating communication with the alleged offender, the alleged offender's Program Director or other appropriate supervisors (at student request)
- c) Serving as a sounding board, thus allowing the student to vent his/her feelings
- d) Assisting the student in filing a formal complaint

Any such informal consultation will be confidential unless the student consents to mediation with the alleged offender, or if the alleged offense is reportable by law or otherwise required to be reported. An informal consultation may result in:

- (i) no written record if so requested by the complainant or
- (ii) a confidential memorandum generated by the Primary Contact and retained in the files of the Chair of the Student Affairs Committee. (Confidential memoranda may be made available to the other members of the Student Affairs Committee should more than 3 complaints arise against one individual over the course of a single calendar year, or if the nature or degree of the complaints cause the Chair to believe the matter merits review by the SAC) If a pattern of mistreatment is suspected, the Sub-Committee on Student Mistreatment may initiate an inquiry on its own. After 2 complaints have been received against the same individual, the alleged violator will be warned by the Committee that "some students" (no names given) perceive his/her conduct to be in violation of the School's Behavioral Standards, and that should this conduct continue, further steps will be taken.

## **B. Formal Reporting**

To make a **formal** complaint of an alleged violation of the Behavioral Standards, a written, signed description of the alleged violation should be submitted to the Primary Contact. The student has the option to suggest a possible remedy.

The Primary Contact shall then forward the written complaint to the **Student Affairs Sub-Committee on Student Mistreatment**. The report should be filed with the Primary Contact within 90 days of the occurrence of the alleged act. Early filing is encouraged so that the investigation can be more complete and more detailed. This 5-member sub-committee (consisting of 3 faculty and 2 student members of the Student Affairs Committee) will conduct a preliminary investigation, giving the reporting individual, the alleged offender, and any other persons the sub-committee identifies, the opportunity to express their views on the matter. The sub-committee shall make it clear to all parties that retaliation in any way against any participant in the process is forbidden. The sub-committee shall make a preliminary determination of the events documented in the complaint.

Thereafter, the sub-committee shall issue a written statement of its preliminary findings and recommendations for vote by the Student Affairs Committee. (Note: the Associate Dean for Student Affairs will abstain from voting at this time if the conflict involves 2 students). The decision of the Student Affairs Committee will be sent to the supervising Department Chair and Dean who, in consultation with the Student Affairs Committee, will decide on final disciplinary action. Discipline will be consistent with University and School of Medicine policies on disciplinary actions as set forth in the USC Faculty Handbook, the USC Staff Employee Handbook, and the Keck School of Medicine Student Handbook, as applicable.

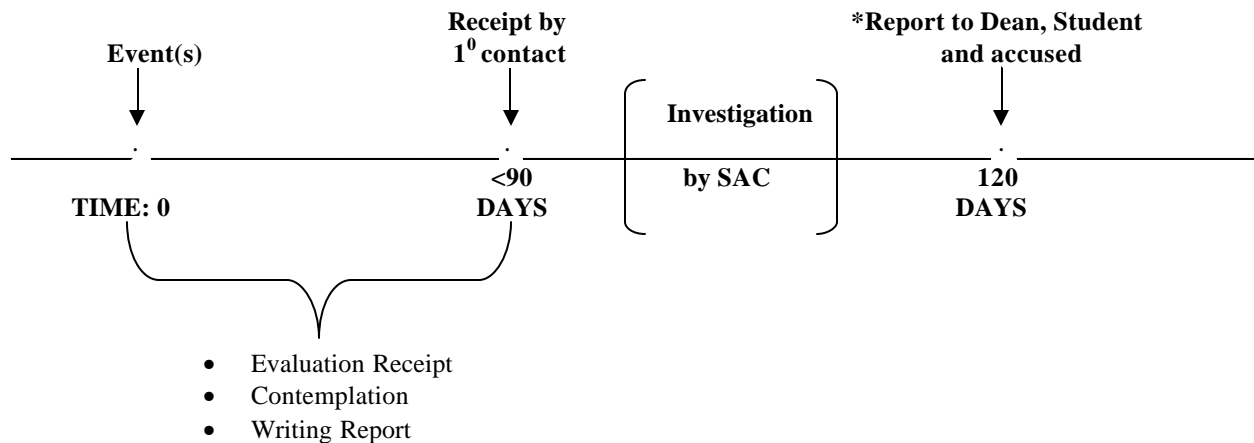
The Student Affairs Committee will issue its recommendation as follows:

- a) If a faculty member is the alleged offender, to:  
Dean of the Keck School of Medicine  
Department Chair  
If faculty is an employee of LAC then Human Resources at LAC may also be advised of findings

- b) If a student is the alleged offender, to:  
Associate Dean for Student Affairs
- c) If a University employee is the alleged offender, to:  
Supervisor or Department Chair
- d) If an LAC employee is the alleged offender, to:  
Department Chair  
Human Resources at LAC as indicated

The final decision will be issued in a statement by the Student Affairs Committee and provided to the individual making the report, the alleged offender, the Department Chair and appropriate Dean, the Vice President of Health Affairs, and the Chair of the Student Affairs Committee. If the sanction or corrective action is not in agreement with the remedy requested by the complainant, the reason for this decision shall be included in the written ruling. Sanctions shall go into effect against the person concerned no sooner than 10 calendar days after she/he has received a copy of the ruling, unless she/he files a written appeal with the Senior Associate Dean for Educational Affairs before 10 days have elapsed (time frames in accordance with the staff/faculty handbook). The Senior Associate Dean for Educational Affairs shall decide the appeal within 14 days of receipt and shall notify the individuals of his/her decision.

**V. REPORTING TIME LINE**



\*Investigation may take longer depending on schedules, availability, and witness related issues.

- 1) Student may stop at the 1<sup>st</sup> contact.
- 2) Student may seek remedy outside the Student Affairs Committee at any time.

**VI. PROTECTION OF COMPLAINANT AND ACCUSED**

Students, hospital employees, patients, residents, fellows and faculty have individual rights, which should be recognized in the application of these procedures. With regard to allegations of student mistreatment, the student and teacher should remain vigilant to each other's rights and responsibilities.

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THE STUDENT	THE ACCUSED (faculty or resident)
<ul style="list-style-type: none"> <li>• <b>Has a right to educational resources and facilities</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Has a right to establish performance standards</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Has a right to a confidential non-threatening reporting process</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Has a right and a duty to maximize patient care</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Has a right to a learning environment consistent with the definitions in Part III</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Has a right to a confidential timely non-threatening notification process</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Has a right to a timely response</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Has a right to protection from false accusation</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Has a right to counseling and support services</b></li> </ul>	

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Since disputes of this nature can be career threatening, all must understand that false accusations must be avoided. Protection of the faculty from false accusation is essential for both the students and the faculty. For these reasons a local investigation to establish the nature of the problem by the S.A.C. (with **both** student and faculty input) is essential. This process will also provide the greatest likelihood of achieving a local solution which is satisfactory (and constructive) to both parties.

Finally, neither the faculty's nor the student's rights supersede the patient's right for care. Both the teacher and the student must be aware of this priority at all times.

## **STUDENT HEALTH REQUIREMENTS UPON ENTRANCE TO THE SCHOOL**

Prior to matriculation, each student is required to submit a physical examination, health history, and proper medical documentation for the following requirements:

**Tuberculosis (TB) clearance:** A negative tuberculin skin test must be placed **two months or less** from your school start date. If the student has a history of a positive tuberculin skin test, he/she must have a negative chest x-ray performed **six months or less** from your school start date.

**Measles, Mumps and Rubella (MMR):** Positive IGG titer

**Tetanus/Diphtheria (Td):** Booster injection within the last 5 years  
(Booster injection must be 5 years or less from your school start date)

**Varicella:** Positive IGG titer

**Hepatitis B:** 3 injections and positive Hepatitis B surface Antibody titer

**\*Note:** Meningococcal vaccine is offered, but may be declined without restricting access to clinical rotations.

**\*Note:** Failure to provide adequate documentation may be grounds for restricting patient contact and/or registration.

## **ONGOING STUDENT HEALTH REQUIREMENTS AFTER ENTRANCE TO THE SCHOOL**

An annual tuberculin skin test (every 6 months for some facilities) is required for all students. An annual chest x-ray is required for those with positive tuberculin skin tests. The Student Health Fee will cover chest x-rays only for those students whose skin tests show conversion **during** their education on the Health Sciences Campus.

## **AIDS POLICIES AT THE KECK SCHOOL OF MEDICINE**

1. It is the policy of the Keck School of Medicine that all health care providers and all students involved in clinical care are expected to attend all patients, regardless of disease. Medical students, residents and faculty members have a fundamental responsibility to provide care to all patients assigned to them. A failure to accept this responsibility violates a basic tenet of the medical profession: to place the patient's interest and welfare first. Faculty have a special responsibility to model the professional behavior and attitudes expected of physicians in training, in their own willingness to provide competent, sensitive, and compassionate care to all patients.

### **Implementation Guidelines:**

- A. A copy of these policies will be circulated to all current students, house officers, and faculty.
  - B. A copy of these policies will be included in the Student Handbook; in the house officers manual; and in orientation materials to new faculty.
  - C. In the event that this policy is violated, such information will be provided to the Chair of the specific Department in question, if the violation has occurred by a faculty member. If such a violation has occurred by a student, or house officer, the Associate Dean(s) for Student Affairs and/or Post-Graduate Education will be informed.
    1. Individuals who have had difficulty adhering to this policy will be referred for counseling and/or education.
    2. If violations persist, despite the measures above, further refusal to care for such patients will result in disciplinary actions, including, but not limited to the possibility of interim and/or permanent suspension.
2. The Keck School of Medicine and its teaching hospitals must accept the responsibility of helping medical students, residents, and faculty members address and cope with their fears and prejudices in treating HIV infected patients. This responsibility includes providing the following: An accurate portrayal to medical student applicants of the personal risks involved in medical practice; up-to-date information on the modes and risks of transmission of the virus; training in the protective measures to be employed by health care workers in the clinical setting, monitoring compliance with protective measures, and defining procedures to be followed in the event of potential exposure.

### **Implementation Guidelines:**

- A. "Universal Infection Precautions" will be adopted as the standard of practice throughout the School of Medicine, as well as its affiliated teaching hospitals. These precautions will be taught to the medical students. Each clinical Department will assume responsibility for training its Faculty and House Officers in the "Universal Precautions" policies, and will develop a plan of implementation, expanded as necessary for special hazards specific to that Department. The "Universal Infection Precautions" should be posted throughout all clinical facilities, in appropriate locations as set forth by the specific Medical Directors and/or Administrators.
- B. A mechanism to determine the effectiveness of the educational efforts will be designed and employed, to determine if a problem exists within our Faculty, House Officers and Students, and if so, to design an appropriate remedial program, including monitoring.
- C. Support services related to HIV infection will be provided by the Keck School of Medicine and its affiliated hospitals to provide counseling, psychological support, and social support to Students, House Officers and/or Faculty who wish or require these services.
- D. A comprehensive plan of medical and social support will be provided to Medical Students, House Officers and/or Faculty who have had apparent exposure incidents to HIV, or who have become infected by HIV during the course of employment.

- E. Persons infected with HIV, whether they have AIDS, symptomatic HIV disease, or are asymptomatic and seropositive, will not be excluded from enrollment in the Medical School or employment in the Health Sciences Campus solely because of their HIV status. However, it may be that judgment in individual cases will establish that exclusion or restriction is necessary for the welfare of the individual, or other members of the Health Sciences community, or of patients.

*The Eric Cohen Student Health Center offers the following advice on communicable disease exposure:*

Upon exposure to a communicable disease, time is of the essence! **It is imperative that the student report to Student Health as soon as possible after the injury. Failure to do so may unnecessarily expose the student to risk.** Students should contact the Eric Cohen Student Health Center Administration at (323) 442-5980 and report to the Family Medicine Practice at the HCC for appropriate follow-up. Most often, these exposures are to tuberculosis, hepatitis, or HIV (by blood or blood product contaminated needlestick). Specific protocols for follow-up of communicable disease contacts have been established. At the place of exposure, delegate someone to collect all available information, including the date, time, place, and how the incident occurred, the patient's name and medical record number, the diagnosis and history (including his tory of hepatitis, liver disease, HIV status, blood transfusions and IV drug or alcohol abuse). Medications for some exposures give best protection if taken within two hours of the exposure. Starting doses are available at the Student Health Center. If after hours or over a weekend/holiday, telephone Student Health at (323) 442-5900 and ask for the physician on duty.

If a needlestick injury has occurred at L.A. County Hospital after our clinic hours, the student should go to Employee Health (or the Emergency Room) at County Hospital. Remember, time is of the essence!

Needlesticks that occur outside of University Hospital or L.A. County Hospital may be treated with the local facility's protocols. Your insurance will cover this service at 90%. Also, be sure to follow-up with the Eric Cohen Student Health Center within 24 hours to avoid further costs to you.

## References for Prevention of HIV and Bloodborne Pathogen Infection, and Treatment Following Accidental HIV Exposure

Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>

*Summary (from reference)*

“The purpose of this report is to clarify and supplement the CDC publication entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings."

“In 1983, CDC published a document entitled "Guideline for Isolation Precautions in Hospitals" that contained a section entitled "Blood and Body Fluid Precautions." The recommendations in this section called for blood and body fluid precautions when a patient was known or suspected to be infected with bloodborne pathogens. In August 1987, CDC published a document entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings." In contrast to the 1983 document, the 1987 document recommended that blood and body fluid precautions be consistently used for all patients regardless of their bloodborne infection status. This extension of blood and body fluid precautions to all patients is referred to as "Universal Blood and Body Fluid Precautions" or "Universal Precautions." Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

“Universal precautions are intended to prevent parenteral, mucous membrane, and non-intact skin exposures of health-care workers to bloodborne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to universal precautions for health-care workers who have exposures to blood.

“Since the recommendations for universal precautions were published in August 1987, CDC and the Food and Drug Administration (FDA) have received requests for clarification of the following issues: 1) body fluids to which universal precautions apply, 2) use of protective barriers, 3) use of gloves for phlebotomy, 4) selection of gloves for use while observing universal precautions, and 5) need for making changes in waste management programs as a result of adopting universal precautions.”

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis.

MMWR June 29, 2001 50(RR11);1-42

[http://www.aidsinfo.nih.gov/guidelines/health-care/HC\\_062901.html](http://www.aidsinfo.nih.gov/guidelines/health-care/HC_062901.html)

*Summary (from reference)*

“This report updates and consolidates all previous U.S. Public Health Service recommendations for the management of health-care personnel (HCP) who have occupational exposure to blood and other body fluids that might contain hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV).

“Recommendations for HBV postexposure management include initiation of the hepatitis B vaccine series to any susceptible, unvaccinated person who sustains an occupational blood or body fluid exposure. Postexposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine series should be considered for occupational exposures after evaluation of the hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the exposed person. Guidance is provided to clinicians and exposed HCP for selecting the appropriate HBV PEP.

“Immune globulin and antiviral agents (e.g., interferon with or without ribavirin) are not recommended for PEP of hepatitis C. For HCV postexposure management, the HCV status of the source and the exposed person should be

determined, and for HCP exposed to an HCV positive source, follow-up HCV testing should be performed to determine if infection develops.

“Recommendations for HIV PEP include a basic 4-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddI] and d4T) for most HIV exposures and an expanded regimen that includes the addition of a third drug for HIV exposures that pose an increased risk for transmission. When the source person's virus is known or suspected to be resistant to one or more of the drugs considered for the PEP regimen, the selection of drugs to which the source person's virus is unlikely to be resistant is recommended.

“In addition, this report outlines several special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen) when consultation with local experts and/or the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEpline] 1-888-448-4911) is advised.

“Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP.”

**POLICY FOR STUDENTS WITH CHRONIC VIRAL HEPATITIS  
(Persistent Hepatitis B or C antigenemia)**

Patients infected with viral hepatitis pose a potential threat to any health care provider caring for them. While this risk is variable depending on the patient and the clinical situation, it is imperative that students observe proper procedure when dealing with all patients. This should include use of Universal Precautions in all patient contact.

Health care providers infected with viral hepatitis can also pose a threat to patients. Cases of hepatitis transmission from physician to patient are documented in the literature, and therefore students infected with viral hepatitis may have additional matters to consider regarding their contact with patients. These considerations will likely extend throughout their education and careers, and form the basis for the following policy.

1. All medical students are required to obtain hepatitis B vaccination before beginning medical school, and certainly before any patient contact. The vaccine is highly effective at inducing immunity to hepatitis B, and its side effect profile is minimal.
2. Students infected with chronic viral hepatitis (hepatitis B or hepatitis C) are required to discuss their condition with a physician or physician assistant in the Student Health Service. This discussion should include an evaluation of their current health status (or review of data previously collected elsewhere), and consider the impact their hepatitis infection may have on patients seen during their training.
3. Students are encouraged but not required to meet with faculty advisors regarding the potential impact hepatitis may have on their future career and specialty choice. This is especially important for any student with chronic hepatitis infection who is considering a surgical career. Appropriate advisors include the Chair or Chief of the specialty being considered, faculty in the specialty being considered, and the Associate or Assistant Dean for Student Affairs.
4. Students are required to meet with the Director or another physician in the Employee Health Service of the LAC+USC Medical Center before beginning clinical rotations to discuss recommendations and potential restrictions on their clinical activities. This will generally take place prior to the beginning of the third year of the curriculum.
5. Students who are Hepatitis e antigen positive, and thus have the potential for significantly greater risk to patients, will not be allowed direct patient contact in operating rooms, burn units, the newborn nursery or other settings where immunocompromised patients would be at risk. Acceptable alternate educational experiences will be developed wherever possible to provide the student with the full educational benefit available, though there may be some instances where an equivalent experience will not be possible.
6. To comply with these policies, students are required to discuss their situation with the clerkship coordinator before beginning their rotation in Surgery, Pediatrics, Obstetrics-Gynecology, and other clinical rotations where their hepatitis status may have an impact on their clinical responsibilities. If the student and clerkship coordinator are unable to reach a mutually acceptable agreement regarding the student's activities, the Associate Dean for Student Affairs will be contacted by either party to arrive at a resolution. This resolution will follow consultation with the Campus Coordinator for Disabled Issues, and/or other individuals or resources as needed.
7. To the extent possible, this process will respect and maintain the confidentiality of all involved parties. The health status of the affected student will not routinely be released to other members of the health care team, staff, faculty or patients.

This policy was adopted November 16, 1995 following input and review by clinical faculty, the Student Health Service of the Health Sciences Campus, the Employee Health Service of the LAC+USC Medical Center, the Campus Coordinator for Disabled Issues, the Associate Dean for Student Affairs, and University legal counsel. Any questions should be directed to the Associate Dean for Student Affairs

**KECK SCHOOL OF MEDICINE  
UNIVERSITY OF SOUTHERN CALIFORNIA  
CALENDAR FOR YEAR I - 2006-2007**

WK	MON	TUE	WED	THU	FRI
1	^14	INTRO 15	AND 16	ORIENTATION 17	18
2	^21	22	23	24	25
3	^28	*29	30	31	1
4	LABOR DAY 4	*5	CORE 6	*7	8
5	^11	*12	PRINCIPLES 13	14	15
6	^18	*19	PART 1 20	*21	22
7	^25	*26	27	28	29
8	2	*3	4	5	6
9	9	10	11	12	13
10	^16	*17	18	*19	20
11	^23	*24	25	26	27
12	30	*31	1	*2	3
13	^6	*7	CORE 8	9	10
14	^13	*14	PRINCIPLES 15	*16	17
15	^20	*21	PART 2 22	THANKS 23	GIVING 24
16	^27	*28	29	30	1
17	^4	*5	6	7	8
18	11	*12	13	14	15
19	18	19	20	21	22
20	25	WINTER 26	27	BREAK 28	29
21	1	2	3	4	5
22	^8	*9	10	11	12
23	MLK DAY 15	*16	HEMATOLOGY 17	*18	19
24	^22	*23	AND 24	25	26
25	29	*30	CLINICAL 31	1	2
26	^5	*6	IMMUNOLOGY 7	*8	9
27	12	*13	14	15	16
28	PRES DAY 19	20	21	22	23
29	26	SPRING 27	28	BREAK 1	2
30	^5	*6	7	*8	9
31	^12	*13	14	*15	16
32	^19	*20	21	*22	23
33	26	*27	NEURO- 28	29	30
34	2	3	SCIENCES 4	5	6
35	^9	*10	11	*12	13
36	^16	*17	18	19	20
37	23	*24	25	26	27
38	30	1	2	3	4
39	^7	*8	9	*10	11
40	^14	*15	MUSCULO- 16	17	18
41	21	*22	SKELETAL 23	24	25
42	MEM'L DAY 28	29	30	31	1
43	WEEK 4	FOR 5	COMPRE- 6	HENSIVE 7	EXAM 8

\* = ICM (TUESDAY AM, THURSDAY PM)

^ = PPM (MONDAY PM)

**KECK SCHOOL OF MEDICINE  
UNIVERSITY OF SOUTHERN CALIFORNIA  
CALENDAR FOR YEAR II - 2006-2007**

WK	MON	TUE	WED	THU	FRI
1	^7	8	9	*10	11
2	^14	*15	CARDIO- 16	*17	18
3	^21	*22	VASCULAR 23	*24	25
4	28	*29	30	*31	1
5	LABOR DAY 4	5	6	7	8
6	^11	*12	13	*14	15
7	^18	*19	20	*21	22
8	^25	26	RENAL 27	*28	29
9	2	3	4	*5	6
10	9	10	11	12	13
11	^16	*17	18	*19	20
12	^23	24	25	*26	27
13	30	*31	RESPIRATORY 1	*2	3
14	6	7	8	*9	10
15	13	14	15	16	17
16	^20	21	22	THANKS 23	GIVING 24
17	27	*28	29	*30	1
18	^4	5	ENDOCRINE 6	*7	8
19	^11	*12	13	*14	15
20	18	19	20	21	22
21	25	WINTER 26	27	BREAK 28	29
22	1	2	3	4	5
23	^8	9	10	*11	12
24	MLK DAY 15	16	17	*18	19
25	^22	*23	REPRODUCTION 24	*25	26
26	29	30	31	*1	2
27	5	6	7	8	9
28	^12	13	14	*15	16
29	PRES DAY 19	20	GASTRO- 21	*22	23
30	^26	*27	INTESTINAL 28	*1	2
31	?5	6	LIVER 7	*8	9
32	?12	13	14	15	16
33	19	SPRING 20	21	BREAK 22	23
34	26	27	SKIN 28	29	30
35	2	3	4	*5	6
36	9	*10	INTEGRATED 11	*12	13
37	16	*17	18	*19	20
38	23	24	CASE 25	*26	27
39	30	1	2	*3	4
40	^7	8	SECTION 9	*10	11
41	14	15	16	17	18
42	WEEK 21	FOR 22	COMPRE- 23	HENSIVE 24	EXAM 25

\* = ICM (TUESDAY PM, THURSDAY AM)

^ = PPM (MONDAY PM)

? = PPM EVALUATIONS

### JUNIOR/SENIOR CONTINUUM CALENDAR 2006-2008

\*Rotation blocks indicated by arrows apply to required clerkships only\*

7/5-7/9/06	↓	7/2-7/8/07	↓
7/10-7/16/06		7/9-7/15/07	↓
7/17-7/23/06		7/16-7/22/07	↓
7/24-7/30/06		7/23-7/29/07	
7/31-8/6/06	↓	7/30-8/5/07	↓
8/7-8/13/06		8/6-8/12/07	↓
8/14-8/20/06	↓	8/13-8/19/07	
8/21-8/27/06		8/20-8/26/07	↓
8/28-9/3/06		8/27-9/2/07	↓
9/4-9/10/06		9/3-9/9/07	
9/11-9/17/06	↓	9/10-9/16/07	↓
9/18-9/24/06		9/17-9/23/07	↓
9/25-10/1/06	↓	9/24-9/30/07	↓
10/2-10/8/06		10/1-10/7/07	
10/9-10/15/06	↓	10/8-10/14/07	↓
10/16-10/22/06		10/15-10/21/07	↓
10/23-10/29/06	↓	10/22-10/28/07	↓
10/30-11/5/06		10/29-11/4/07	
11/6-11/12/06	↓	11/5-11/11/07	↓
11/13-11/19/06		11/12-11/18/07	↓
11/20-11/26/06	↓	11/19-11/25/07	↓
11/27-12/3/06		11/26-12/2/07	
12/4-12/10/06	↓	12/3-12/9/07	↓
12/11-12/17/06		12/10-12/16/07	↓
12/18-12/24/06	Vacation	12/17-12/23/07	Vacation
12/25-12/31/06	Vacation	12/24-12/30/07	Vacation
1/2-1/7/07	↓	1/2-1/6/08	↓
1/8-1/14/07		1/7-1/3/08	↓
1/15-1/21/07	↓	1/14-1/20/08	
1/22-1/28/07		1/21-1/27/08	↓
1/29-2/4/07		1/28-2/3/08	↓
2/5-2/11/07	↓	2/4-2/10/08	
2/12-2/18/07		2/11-2/17/08	↓
2/19-2/25/07	↓	2/18-2/24/08	↓
2/26-3/4/07		2/25-3/2/08	
3/5-3/11/07	↓	3/3-3/9/08	↓
3/12-3/18/07		3/10-3/16/08	
3/19-3/25/07	↓	3/17-3/23/08	↓
3/26-4/1/07		3/24-3/30/08	
4/2-4/8/07	↓	3/31-4/6/08	↓
4/9-4/15/07		4/7-4/13/08	
4/16-4/22/07	↓	4/14-4/20/08	↓
4/23-4/29/07		4/21-4/27/08	
4/30-5/6/07	↓	4/28-5/4/08	
5/7-5/13/07		5/5-5/11/08	
5/14-5/20/07	↓		
5/21-5/27/07			
5/28-6/3/07	↓	<b>Commencement - Sunday, May,</b>	
6/4-6/10/07		<b>18, 2008</b>	
6/11-6/17/07	↓		

## **ATTENDANCE POLICY**

Students are expected to attend all regularly scheduled class sessions. Instruction in basic science laboratories and in clinical case discussion sessions involves acquisition of specific visual or manual skills which must be experienced and performed by the student, often on a repetitive basis. The faculty believes these skills cannot be acquired adequately without class participation.

Laboratory sessions and small group clinical discussion sessions are designed to accomplish several objectives. These sessions are built around visual materials; i.e., microscope slides, gross specimens, biological cultures, kodachrome slides, videotapes, etc. The purpose of these sessions goes beyond viewing or presentation of visual information; the information is designed to develop skills in three-dimensional and microscopic analysis. Techniques and thought processes involved in the analyses of clinical and laboratory data that lead one to a diagnosis are learned by observing, listening, and doing. These skills are impossible to master via reading, and it is often very difficult to test these skills by means of conventional written, multiple-choice examinations. These experiences and training are viewed as extremely important by the faculty; therefore, participation in such sessions is expected of all students on an on-going and regular basis.

The attendance policy for Introduction to Clinical Medicine and Professionalism and the Practice of Medicine are discussed in the course manuals. The attendance policy for students on clerkship assignments in Years III and IV is discussed in Section 6 (Medical Center).

\* Attendance requirements for specific activities will be distributed throughout the year.

## **THE CURRICULUM FOR MEDICAL STUDENTS AT THE UNIVERSITY OF SOUTHERN CALIFORNIA**

The mission of a general medical education at the Keck School of Medicine of the University of Southern California is to enable students to acquire the scientific knowledge, clinical reasoning skills, humanistic skills, and values required to make decisions concerning the diagnosis, care, and management of patients within their family and community; and to lay the foundation for graduate medical education while providing sufficient flexibility for students to pursue individual interests in research and specific clinical areas.

The teaching faculty recognizes that in four years of medical school, the student cannot be taught all the knowledge and skills that will be adequate for the practice of medicine. Therefore, the student is expected to acquire a basic core of concepts, skills, and patterns of behavior that will lead to the acquisition of knowledge continually throughout the student's medical career. To a far greater degree than in the past, the student must be an active participant in the educational process.

In the curriculum, both basic and clinical sciences are taught throughout the four years of undergraduate medical education. Close interaction between individual faculty and students is emphasized.

The student is involved progressively in direct patient care, beginning with patient contact during the first semester of the first year. The student's assumption of responsibility increases as knowledge and skills develop. In the fourth year, the student is assigned responsibility equivalent to that of a first year graduate resident.

### **Years I-II Continuum** (77 instruction weeks)

The first year of the Year I-II continuum begins with 19 weeks of Core Principles of Health and Disease followed by 51 weeks of organ system review ending with a seven-week Integrated Case Study section. There is an eight-week summer break between the first and second years. Students also take Introduction to Clinical Medicine and the Patient and Professionalism and the Practice of Medicine.

Each week of the academic year is composed of approximately 20 hours of lecture and small group sessions with an additional 20 hours of independent directed study, Introduction to Clinical Medicine and the Patient or Professionalism and the Practice of Medicine. Examinations in all systems throughout the first two years are graded Pass/Fail. Dean's recognition is awarded on the basis of year-end comprehensive examinations and special projects.

### **Core Principles of Health and Disease**

This 19-week introductory system provides the student with the fundamental knowledge necessary for the integrated study of the basic and clinical sciences in the 10 human organ systems. Included in this section are these major themes: cell structure and function; the human organism; disease and the body's responses; prevention and treatment of disease, including evidenced-based medicine; and introduction to clinical medicine and the patient. This section is taught in an integrated fashion and includes the use of clinical case studies.

### **Gross Anatomy**

Cadaver dissection remains a unique teaching tool by which the three dimensional organization of the human body is studied. Gross anatomy will begin in the Core Principles of Health and Disease system with the dissection of the body wall and major body cavities followed by head and neck dissection in the Neurosciences system, limbs, dissection during the Musculoskeletal system and pelvic cavity dissection in Reproduction system. Continued study of gross anatomy by use of prosected anatomical specimens as well as computer programs, selected review lectures, and so on, continues throughout the integrated organ systems.

### **Organ System Review**

A sequence of study presenting integrated basic and clinical science instruction involving 10 human organ systems — Hematology and Clinical Immunology, Neurosciences, Musculoskeletal, Cardiovascular, Renal, Respiratory, Endocrine/Metabolism, Reproduction, Skin, Gastrointestinal/Liver — follows Core Principles of Health and Disease.

### Integrated Case Study

This section completes the second year of the Year I-II continuum and will emphasize patient-centered problems that integrate the basic and clinical science presented in the preceding organ systems. Students will explore the multi-organ effects of disease processes and reinforce diagnostic reasoning skills. In addition, concepts of pathophysiology, evaluation and management that can be applied to any organ system will be included. This section will also reinforce the appropriate use of medical information resources, effective self-directed learning skills, and interpersonal and group communication skills.

**Separate review sessions of the important basic science and clinical concepts covered during the previous two years also occur during this seven-week section. These sessions will assist students in preparing to take the United States Medical Licensing Examination (USMLE) Step 1 examination.**

**University of Southern California**  
**Keck School of Medicine**  
**Literature Search Project**  
**Class of 2010**

Objectives

- **Learn to retrieve the full body of literature in Ovid/MEDLINE on a topic based on a clinical scenario**
- **Learn to formulate a searchable question based on a clinical scenario**
- **Learn to select relevant articles from your search results**
- **Understand the role these skills play in life-long learning**

Phase I

**You will be presented with a choice of seven clinical scenarios that have pre-formulated questions. You will choose one out of the seven questions to search. After performing your search in Ovid/MEDLINE, you will submit your search strategy along with 5 relevant citations that are likely to answer your question.**

**Distributed: September 11, 2006**

**Due: September 22, 2006**

Phase II

You will be presented with seven clinical scenarios. You will choose one scenario and formulate a searchable question. You will then submit the question by email to the Library for approval. Once the question is approved, you will perform a search, select relevant citations and submit them with your search history.

Distributed: January 29, 2007

Email due: February 5, 2007

Search due: February 26, 2007

Phase III

You will choose your own topic and searchable question and submit them to the Library for approval. Once they have been approved by email, you will perform a search and submit your search strategy and relevant citations.

Distributed: April 2, 2007

Email due: April 9, 2007

Search due: April 20, 2007

**ALL ASSIGNMENTS MUST BE TURNED INTO THE CURRICULUM OFFICE: ROOM 314 OF THE KEITH ADMINISTRATION BUILDING.**

## YEAR II REQUIRED STUDENT PROJECT (RSP)

All students in Year II are required to do a student project during the academic year. These projects can be varied in their nature: community or medical outreach projects, basic or clinical science research or educational research. One of the recommended objectives of the second year project is to provide experience to our students in a setting beyond the established curriculum. Linking your RSP to your selected pathway is highly recommended but is not a requirement.

### Procedures for identifying your project:

1. Describe the project that you are interested in undertaking during this academic year. Please develop a brief proposal that includes your goals and aims in undertaking this project, and how you will carry out your idea. Projects should be linked to one or more of the Educational Objectives of the Keck School of Medicine. You may find these goals on the Curriculum Office web site at <http://curriculum.usc.edu>. In addition, you must identify a faculty member who will serve as your sponsor. If you are interested in doing a project with someone other than a USC faculty member (e.g. a community-based project), please indicate who that individual is and include a brief biographical sketch. The individual you select must agree to sponsor you, to provide you with supervision, laboratory equipment and supplies if you are doing a research project or other guidance and supplies if you are doing a community or educational project. The Curriculum Office, taking into account the academic standing of the proposed sponsor and the educational potential of the proposed project, will review your project proposal and notify you of acceptance.
2. Return the completed form to the Curriculum Office (KAM 314) or email it to [curriculum.office@usc.edu](mailto:curriculum.office@usc.edu) no later than 5:00 p.m., September 29, 2006.

If you need counseling on possible faculty sponsors and/or help in selecting a project, you may contact Dr. Joel Schechter, Assistant Dean for Curriculum and Student Affairs, Basic Science Education or the Curriculum Office at (323) 442-1763, KAM 314.

3. Students and Sponsors will be required to complete a mid-year evaluation and an end of the year evaluation. At the end of the year, you are required to submit a paper on the project you have completed. The length of your summary paper should be at least 2 pages, but can be longer as you deem appropriate i.e., length is left to your discretion. Sponsors must receive a copy of your two-page summary prior to signing your end of the year evaluation. Your PPM mentors will also review your final summary paper.
4. Time spent on these projects may vary dependent on many factors. However, the **minimum** overall time commitment expected for satisfactory completion of the RSP should be no less than 1-2 hours/week over the academic year.  
Examples:
  - A. Student designs an educational project working with students at Bravo High, meets with them on a regular basis to monitor their progress throughout the project, and evaluates the success of the project through criteria established at the beginning of the project. Sponsor would be expected to be a teacher or administrator at Bravo High, with whom the medical student would consult with throughout the project.
  - B. Student shadows an ER physician to gain experience in the medical demands and professional issues facing the physician throughout the academic year. Student does follow-up and evaluations with selected groups of the patients seen. The ER physician would be the sponsor. Note, students undertaking projects involving patients or patient records must satisfy the following:
    - Take the on-line HIPPA certification at [www.usc.edu/compliance](http://www.usc.edu/compliance).
    - In addition, some clinical studies MAY require submission of an IRB protocol form for approval, which may be obtained at <http://ccnt.hsc.usc.edu/irb/>. Consult with the Curriculum Office for guidance on your specific project proposal.
  - C. Work with a basic or clinical scientist sponsor on a topic of interest to the student, meet with the sponsor and have specific responsibilities with respect to the research project.
  - D. It is acceptable for students to plan their RSP so as to link it to their selected pathway, i.e., RSP may be a continuation or expansion of a project begun in the summer after Year I.

**Eligibility for promotion to Year III requires successful completion of the Year II RSP.**

## **INTRODUCTION TO CLINICAL MEDICINE (ICM)**

The Introduction to Clinical Medicine course is a required interdisciplinary course which spans the first two years of medical school. It is designed to emphasize the patient-centered orientation of the curriculum. A group of five to seven students spends from four to eight hours each week with an instructor from the clinical faculty who remains with the group for the full academic year. Throughout the two-year continuum, interviewing skills, physical examination, and physical diagnosis are taught in a coordinated manner within each organ system.

The patient encounter is the primary vehicle for teaching and learning in ICM. Students are introduced to patients and are involved in patient care activities from their first day in the course. Students are introduced to the principles of patient care and management, and examine what it means to become a physician. Students acquire skills and attitudes of self-directed learning that will serve them throughout their professional lives.

ICM emphasizes the doctor-patient relationship and professional growth and development, as well as the systematic acquisition of the clinical skills of interviewing, history taking, physical examination, and elementary clinical problem solving. The program is designed to encourage the student to focus on communication in the setting of illness, and to apply basic and behavioral sciences knowledge within the role of student-physician. The focus on the unified concept of health and disease enables the student to come to a better understanding of the patient as a person, a dynamic individual struggling with various issues related to or impacted by his/her illness, rather than as a human organism representing a summary of physical problems and findings. This orientation also helps the student progress in self-awareness and develop a professional role as student-physician, utilizing newly acquired knowledge, skills, attitudes, and values.

## **PROFESSIONALISM AND THE PRACTICE OF MEDICINE (PPM)**

Professionalism and the Practice of Medicine (PPM) is a course that was established as part of the new curriculum implemented in fall 2001. The PPM course runs throughout the first two years of the medical curriculum, meeting on selected afternoons for two hours per session. The students meet in groups of 24 with two faculty members who serve as their mentors throughout the two years of the pre-clinical education; one mentor is a clinician and one is a basic scientist.

The purpose of the PPM course is to create a community and social context to provide, identify and facilitate learning with professional role models for students as well as to help students gain skills and competence in the areas of communication, social and community context of health care, ethical judgment, self-awareness, self-care and personal growth, professionalism and life-long learning. Students are prepared to work collaboratively and increase their small group skills to improve participation in Introduction to Clinical Medicine (ICM), Gross Anatomy, MDL laboratories and large group sessions.

The PPM course provides students with an opportunity to build professional identity and make specialty choices and encourages them in their learning from study strategies to case problem solving to independent study. Students are introduced to the nature of professionalism and the ways it is manifested in their own lives. The PPM course encourages self-initiative and leadership in the process of learning and presenting within the cohort group and encourages greater professional maturity as demonstrated through behavior within the mentored cohort course and increases sensitivity and skills in relation to professional issues in medicine. Finally, students are prepared for a transition into the clinical years of the medical curriculum.

### YEARS III AND IV

The last two year continuum starts in early July following Year 2 and continues to graduation, providing approximately fifteen weeks of vacation time during the two-year continuum. Flexibility is provided for the student to schedule required clerkships, to make arrangements for elective clerkships in this area or out of the area, and to further develop a knowledge of basic science. **The curriculum for the junior/senior continuum is reviewed continuously and is subject to change.**

The required curricular material for the junior/senior continuum of medical school is described in detail in the Student Curriculum Handbook of the Junior/Senior Continuum. A current copy of the handbook is distributed to members of the Year II class annually in December; it also contains several forms for scheduling the continuum (see the section which follows for a brief description of the continuum). Students work individually with the Clerkship Coordinator in the Student Affairs Office to schedule components of the continuum to suit their career pathway (Keith Administration Building, Room 100-B; 442-2418).

Each student must satisfactorily complete **ALL** required curricular work to be eligible for graduation, including the following:

1. The basic six-week clerkships in General Surgery, Specialty Surgery, Medicine (Part I), Obstetrics/Gynecology, Pediatrics, Psychiatry and Family Medicine.
2. Four-week clerkships in Neurology and Medicine (Part II).
3. Take the USMLE Subject Examinations in each of the required clerkships.
4. A 16-week selective clerkship program to be taken at the Medical Center or other USC-affiliated hospitals.
5. 16 weeks of electives, which may be taken off-campus. (Note: Unsatisfactory performance receives **no** curricular credit).
6. Take the USMLE Step 2 Examination.
7. Take and pass the Clinical Performance Exam (CPX) scheduled at the end of the junior year.

The Clinical Curriculum Committee also recommends that out-of-town electives, especially clinical clerkships abroad, be delayed until a student has completed most basic clerkships to maximize such an experience. Most clerkships abroad expect a higher level of clinical skills than students possess at the beginning of the third year.

## YEAR III/IV ELECTIVE PROGRAM

The 18 weeks of elective may be taken at USC, affiliated hospitals or in other medical schools or medical centers. An elective catalog which describes all elective programs offered by USC faculty, and catalogs from other schools throughout the U.S. and foreign sites, are housed in the Student Affairs Office. Off-campus electives require documentation from the off-campus preceptor, approval of the student's KSOM advisor, and review and approval by the Clinical Curriculum Committee.

The Clinical Curriculum Committee reviews all elective proposals. On-campus electives which are regularly offered have been approved for listing in an elective catalog. Other on-campus and off-campus electives are reviewed individually. Completed petition forms must be submitted for all selective and elective clerkships at least **6 weeks** prior to the beginning of the elective period. A violation of this requirement puts you at risk of losing curricular credit. You are not officially covered for patient care responsibility or malpractice unless appropriate signed petition forms are submitted to the Student Affairs Office before you begin a clerkship - the paperwork is important!

In general, cash stipends may not be accepted for work receiving curricular credit. However, clinical clerkships which have been approved by the Clinical Curriculum Committee and which offer travel, room and/or board, and compensable research projects approved through competition and accepted by the Committee, are permissible.

Credit is not given for electives until the evaluation has been received from the sponsor. **Students with an academic deficiency (unsatisfactory evaluation) may not schedule electives or selectives away from USC.**

All overseas clerkships will require the student to purchase travel assistance insurance and sign a liability waiver form. The clinical clerkship advisor in the Office of Student Affairs can assist with this requirement.

## **THE M.D./PH.D. PROGRAM**

A joint M.D./Ph.D. degree program is available to medical students who wish to receive specialized training in basic science, in preparation for careers in academic medicine or medical research institutes. All of the basic science departments offering graduate work participate in the joint M.D./Ph.D. degree program. Requirements for the Ph.D. degree for students enrolled in this program are the same as for students enrolled only in the Ph.D. program, but some time-saving can be achieved by granting graduate school credit for approved medical school work when appropriate to the student's graduate training.

In addition to the USC M.D./Ph.D. program, the University of Southern California and the California Institute of Technology have established a joint program for the granting of the M.D./Ph.D. degree. Students complete their Ph.D. work with any member of the CALTECH faculty, including the biology, chemistry, engineering and applied sciences divisions. A general description regarding the joint M.D./Ph.D. degree program, as well as additional information from the individual departments participating in the program, is available in the University Catalogue. For more information, contact the M.D./Ph.D. Program Office at (323) 442-2965, KAM 314.

## **THE M.D./M.B.A. PROGRAM**

The Keck School of Medicine and the Marshall School of Business jointly offer an innovative program for students seeking knowledge in both medicine and business administration. The program prepares graduates with knowledge and skills to assume leadership in business and health care.

The M.D./M.B.A. programs spans five and one-half years. Interested students may apply during their second or third year of medical school, and begin core M.B.A. courses following successful completion of at least the first two years of medical school. At the conclusion of the program, students will have completed 48 units in the Marshall School of Business, and four years of courses in the Keck School of Medicine. Additional information about the application process and business curriculum is contained in the Marshall School's application, available from the Marshall School of Business on University Park Campus, (213) 740-7846.

## **THE M.D./M.P.H. PROGRAM THE M.D./M.P.H. PROGRAM**

The joint MD/MPH Program at the Keck School of Medicine is designed for individuals who envision a medical career that combines public health and medical disciplines. Many individuals entering careers as medical doctors or public health practitioners wish to acquire not only medical practice competencies, but also an understanding of the history, organization, goals, and philosophy of public health. The joint MD/MPH program offers a broad-based orientation to public health while a student completes medical school requirements. The Master of Public Health degree provides increased knowledge of and sensitivity to the political, historical, economic, and social environments of health promotion and health services delivery.

The MD/MPH program spans 5 years (4 years of medical school and 1 year of public health courses). Students begin the core MPH courses following the successful completion of the first two years of medical school. The last two years of the program are devoted to the clinical clerkships of the School of Medicine and to the completion of the elective courses and practicum (field experience) of the MPH Program. At the conclusion of the joint degree program, students will have completed 46 units in the Master of Public Health Program and four years of courses in the School of Medicine.

Students enrolled in the School of Medicine should apply to the Master of Public Health Program no later than January of their second year. All requirements for admission to the regular MPH Program must also be fulfilled by

dual degree applicants.

The MD and the MPH degrees are awarded simultaneously upon completion of the School of Medicine and the Master of Public Health Program requirements. For more information, contact the MPH Program Office at (626) 457-6676.

#### **THE M.D./D.D.S. PROGRAM**

Each year, the Keck School of Medicine accepts two Oral and Maxillofacial Surgery residents into the doctor of medicine program. They must meet the same Student Health requirements as the Year 1 entering students.

#### **TRANSFER STUDENTS**

On occasion, the Keck School of Medicine may accept students from other U.S. medical schools accredited by the LCME. Requests for consideration to transfer into the Keck School of Medicine are made to the Office of Admissions, Keck School of Medicine. Accepted transfer students start their curricular requirements at the beginning of their third year. Transfer students are required to produce original documentation from the National Board of Medical Examiners demonstrating passage of the USMLE Step 1. The Keck School of Medicine also requires a final transcript from the student's original medical school, sent directly from that Registrar's Office, to the Office of Student Affairs. The MD/PhD Program does not accept transfer students. Questions regarding transfer students may be directed to the Office of Admissions, (323) 442-2552.

#### **GRADUATE STUDENT PROGRAM AT THE KECK SCHOOL OF MEDICINE**

The Office of the Associate Dean for Scientific Affairs promotes the education of graduate students at the Keck School of Medicine. Our goal is to encourage graduate students, to foster the development of research, and to encourage the initiation and growth of interdisciplinary research. The office has oversight responsibility for the department-based M.S. and Ph.D. programs in the basic science departments of Biochemistry and Molecular Biology, Cell and Neurobiology, Molecular Immunology and Microbiology, Pathology, Physiology and Biophysics, and Preventive Medicine. The Department of Preventive Medicine offers curricula leading to Ph.D. degrees in Biostatistics, Epidemiology, and Health Behavior Research. Additionally, the Departments of Preventive Medicine, and Cell and Neurobiology, along with the School of Policy, Planning, and Development offer curricula leading to a Masters in Public Health. The office also administers the interdisciplinary and intercampus PIBBS Program (Ph.D. Programs in Biomedical and Biological Sciences), which provides faculty-wide opportunities for research experiences.

Requirements for graduate degrees and course offerings are described in detail in the University Catalogue, which can be viewed on the website [www.usc.edu/schools/medicine](http://www.usc.edu/schools/medicine). Graduate Assistant awards may also be available through individual departments.

For further information regarding graduate studies in the medical sciences, consult the specific department or contact the Associate Dean for Scientific Affairs, Keck School of Medicine, 1975 Zonal Avenue, KAM 110, Los Angeles, CA 90089-9023; (323) 442-1607, fax (323) 442-1610.

## STUDENT EVALUATION OF TEACHING AND QUESTIONNAIRES

Throughout the period of enrollment at the Keck School of Medicine, students will be asked to complete questionnaires and other data collection forms to provide information important to the School Administration. The Keck School of Medicine uses the information provided on these forms for consideration of faculty promotions and annual reviews.

### MSQ and GQ

At the time of registration as first year students and at the time of graduation, students will be asked to complete detailed questionnaires designed and administered by the Association of American Medical Colleges (AAMC). These questionnaires are administered via AAMC websites to all medical students at all U.S. medical schools. The Matriculating Student Questionnaire (MSQ) and the Graduation Questionnaire (GQ) provide the school and the AAMC with background information, career plans, and opinions on various issues. These data are collected for research purposes, and are not used in any way that would identify the student without consent.

### Student Evaluation of Teaching

Students are asked to complete forms which evaluate the School's teaching. **The University requires these forms to be completed.** The School of Medicine uses the information provided on these forms, which consist of numerical ratings and written comments. Ratings are provided to the individual instructor and to the Administration.

The written comments are sent anonymously and verbatim to the individual instructor, and are read by faculty in charge of teaching programs when the teaching is rated particularly strong or weak. Students will be asked, through their elected representatives, for input into this data collection program, and are asked to treat these forms as a serious attempt to monitor student opinion about the quality of teaching.

## LEAVE OF ABSENCE

A leave of absence, for whatever reason, may be arranged by the Associate Dean for Student Affairs.

Leaves of absence are handled differently depending upon the reason for the leave:

1. **LEAVES FOR HEALTH REASONS** are obligatory and handled by the Associate Dean for Student Affairs.
2. **LEAVES FOR ACADEMIC REASONS** are reviewed by the respective Student Performance Committees and recommended to the Dean.

Conditions of return, extensions, etc., are handled by petition (in person or in writing) to that Committee.

3. **LEAVES FOR COMPLETING JOINT DEGREE OR RESEARCH PROGRAMS** or for other reasons (i.e., financial, personal, etc.) are processed through the Office of Student Affairs and initiated by a student petition in writing. Such leaves are considered voluntary leaves.
4. With the exception of the joint degree programs, leaves of absence will not normally be extended beyond one academic year. Exceptions to this policy must be granted by the Associate Dean for Student Affairs.

A petition for a leave of absence should include: the desired start date for the leave; the desired duration and/or completion date of the leave; a description of any activities to be pursued during the leave, including specific planned outcomes, if any; and, for leaves planned to pursue research or other educational programs, the name(s) of any faculty supervisor(s). Where applicable, supporting documentation should also be submitted, e.g., letter from treating physician, faculty supervisor, etc.

Before a decision is rendered, the Associate Dean for Student Affairs will discuss the petition with the student. A decision of approval will guarantee the student a return to school if the conditions of the leave are met and if there is an uncommitted space in the year to which the student will return. Assured space in a class applies only to students who have completed Year II. A review of compliance with the conditions will be made by the Associate Dean for Student Affairs prior to the return of the student. The basis for this review will be a written report from the student outlining his accomplishments.

### Voluntary Leave of Absence

Voluntary leaves of absence are generally discouraged as an educationally unsound practice and because serious scheduling problems occur for the student in the junior/senior continuum as a consequence of the leave. Before deciding to file a petition for leave, students should consider whether:

1. The leave requested will put the student at a disadvantage in scheduling postgraduate education (intern/resident matching plans).
2. The leave will influence any loan commitments, i.e., eligibility, time of repayment.

The student must recognize that:

1. Return after leave requires that the student has met all other requirements for progression to the level on which he/she is returning, whether or not such requirements change during the leave period. In the event of a change of policy, return to the Keck School of Medicine requires meeting the requirement(s) of the new policy.
2. Responsibility for meeting deadlines which may occur during the period of leave, e.g., scheduling deadlines, USMLE exam dates, or NRMP deadline dates, are assigned to the student and not to the Office of Student Affairs.

3. Students who have completed Year II and who are on a Leave of Absence for any reason must pass USMLE Step 1 before they may return to clerkships.

Students who are granted leave of absence should be aware that:

1. A return to school earlier than the time allotted is contingent on whether the student's clerkship requirements can be accommodated in the existing schedule.
2. Extensions of leave must be reviewed and approved by the Associate Dean for Student Affairs annually. A status report will be required from the Guidance Committee advising the graduate student who is seeking the M.D./Ph.D. degree.
3. Exceeding the leave time approved, without an approved extension, abrogates the Dean's authority to guarantee return and may be the basis for a student's withdrawal or dismissal from the medical school.
4. Students approved for leave must file, with the Student Affairs Office, a mailing and email address and phone number at which they can be reached during the leave.
5. Multiple leaves of absence are discouraged.
6. The Student Health Insurance provided through the University is not in effect if a student is on a Leave of Absence. Health insurance may be purchased through the American Medical Student Association at <http://www.studentinsurance.net/> or from an agency of your choice.

#### Process For Leave of Absence Consideration

Students who are considering a leave of absence need to:

1. Submit a written request for a leave of absence, as described above.
2. Meet with the Associate Dean for Student Affairs for consideration of request for leave of absence.
3. Meet with the Financial Aid Office, KAMB-22, to clear loans and other financial obligations.
4. Meet with the Student Affairs Advisor in KAM 100-B (Mandy Garcia or Gina Pineda) to discuss individual leave of absence requirements.

#### Process For Returning From Leave of Absence

Students returning from a Leave of Absence for any reason need to:

1. Contact the Student Affairs office at least one month before returning.
2. Be responsible for all requirements for progression to the level on which student is returning.

## AWARDS

### ACADEMIC ACHIEVEMENT AWARDS

Selections for awards are made in accordance with individual awards' established deadlines; therefore, academic determinations will be based on student achievement officially recorded at the time of the award deadline.

***Medical School Honors (Graduation with Highest Distinction)*** – Awarded for consistent excellence in the sciences, this is the highest accolade bestowed at graduation by the Keck School of Medicine. This designation is awarded to students who achieve more than 50% Honors grades during all four years of medical school. Students must achieve Dean's Recognition in Year I and/ or II and 26 or more weeks of Honors (true Honors grade not Honors-equivalency) in required clerkships during the Junior-Senior Continuum. The words "*with Highest Distinction*" are added to the recipient's transcript and Medical Student Performance Evaluation. Less than 10% of graduating seniors are expected to receive this honor each year.

***Dean's Recognition*** – This designation identifies the consistently superior student. Criteria for selection will be based on performance throughout the year and will be specified by the appropriate Student Performance Committee (Years I to IV).

Years I & II: Dean's Recognition will indicate excellent achievement by a student. Dean's Recognition characterizes students who distinguish themselves in their academic coursework; whose RSP's are especially noteworthy; and who achieve a high level of success in development of their professional skills and attitudes. Dean's Recognition will be recorded on the official transcript and in the Medical Student Performance Evaluation. See page 3-15 for selection process.

Years III & IV: This designation is utilized to identify the consistently superior student. This designation is awarded to students who achieve 33 weeks or more of Honors (or Honors-equivalent, i.e., 1 week High Pass=1/2 week Honors-equivalent) during the junior/senior continuum, based on the 50 weeks of required core clerkships. This information will appear on the official transcript and in the contents of the official Medical Student Performance Evaluation.

***Alpha Omega Alpha National Honor Society*** – This is essentially the "Phi Beta Kappa of medical school." The society was established in Chicago in 1902, and is composed of medical school students, faculty and alumni. According to the AOA Constitution, "...its aims shall be the promotion of scholarship in medical schools, the encouragement of a high standard of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice and related fields."

The major consideration for election is the "promise of future leadership in medicine," either as a practitioner or academician, as reflected in a student's academic record in medical school, and as reflected in subjective considerations of character. Nominations for membership are made by the current student members of AOA. The faculty advisor provides current student members with the information about the academic performance of potential nominees. In addition to academic performance, character and integrity of the applicant and other factors such as extracurricular medical activities and research accomplishments are taken into consideration. The entire membership of the USC Chapter of AOA votes on nominations. Roughly one quarter of the new members are elected in April/May of the junior year, and the remainder in August/September of the senior year. Students must be in the top 25% of their class to be considered for membership, as computed by a formula which covers all years of medical school to the time of election, but only one-sixth of the class may be elected.

Any questions regarding AOA selection or activities should be directed to the AOA Faculty Advisor, Dr. Darin Signorelli (323) 226-5551.

***The Eric Cohen Introduction To Clinical Medicine Award*** – Recognizes the one student who best exemplifies the goals and objectives of the ICM program.

**American Medical Association-Education/Research Fund Clinical Award** – Presented to the student in the senior class with the highest record of achievement during the core clerkships.

**Phi Kappa Phi All University Honor Society** – Graduating seniors may be elected during their last year of medical school. Nominations of qualified students are made to the University which ratifies the selection. Election is based upon undergraduate as well as medical school performance.

**Ama-Erf Medical Student Outstanding Achievement Award** – Presented to the senior medical student with the highest record of achievement in all four years of medical school.

**American College Of Physicians Student Internist Award** – An award to honor an outstanding graduating student who has matched in Internal Medicine. Candidates will have received Honors in both Medicine I and Medicine II and demonstrated leadership and humanistic qualities in medical and extracurricular activities.

**American Medical Women's Association, Janet M. Glasgow Memorial Award** – This award is presented by the AMWA in years when the graduate with the highest record of academic achievement is a woman.

**American Medical Women's Association, Janet M. Glasgow Memorial Achievement Citation** – Presented to those graduating women in the top 10% overall of their class.

**Excellence In Emergency Medicine Award** – Given to recognize a senior medical student who has shown exceptional ability and performance in the field of Emergency Medicine; selected by the Department of Emergency Medicine from students who have rotated through their service.

**Merck Manual Award** – Presented to the four graduating seniors with the record of highest academic achievement during the basic sciences of Years I and II.

**Endocrine Society Student Award** – Given to a senior student with an outstanding academic record in Endocrine Studies, and a demonstrated interest in Endocrinology.

**Medical Student Prize Of Excellence In Neurology** – Selected by the Department of Neurology, based on performance during the Neurology Clerkship. The award is presented by the American Academy of Neurology.

**Jeanette Wilkins, M.D. Memorial Award** – This award was instituted in 1995 in memory of Dr. Jeanette Wilkins, a long-time member of the Keck School of Medicine faculty. Selection is made by a faculty committee to a senior woman who is entering orthopedic surgery, pediatrics, or an infectious disease-related specialty.

**Dr. David A. Berman Pharmacology Award** – Established in 1998 to honor Dr. David Berman, long-time Professor of Pharmacology, this award is given to the graduating senior who had the highest performance in the discipline of pharmacology during the second year.

**Mark S. Ehrenreich Prize In Medical Ethics** – Presented only when the best paper on medical ethics is submitted by a senior, as judged by USC's Pacific Center for Health Policy and Ethics.

**Tom R. DeMeester, M.D., Excellence in Surgery Award** – This award is given in recognition of a senior medical student who has shown exceptional ability and performance in the field of Surgical Medicine and will be entering general surgery or a sub-specialty of surgery; who has an excellent academic record and has attained distinction or provided exceptional service to the Dept. of Surgery in areas such as, but not limited to, student publications, student or University organizations, service to the community, or special achievements, thus bringing honor to the individual, the Department or the University.

**Sagar Gupta, M.D., Memorial Scholarship Award** – Presented to a graduating student with the most outstanding academic record who is entering a surgery residency at LAC+USC Medical Center. In memory of Sagar Gupta, M.D., Class of 1995.

## SERVICE AWARDS

***Skull And Dagger Society*** – This all-University organization selects one or more medical students annually who have an excellent academic record and who have attained distinction or provided exceptional service to the University in areas such as, but not limited to, student publications, student or University organizations, service to the community, or special achievements, thus bringing honor to the individual or University. Nominations are made by the Associate Dean for Student Affairs.

***George Herron, M.D., Memorial Award*** – An award given to the **graduating senior** who, in the opinion of the senior class, has given the most of herself/himself to the class during the four years of medical school. The recipient is selected by a vote of the class. In memory of Dr. George Herron, USC School of Medicine Class of 1957.

***Community Achievement Award*** – Given to honor a medical student who has had an impact on the general population and the medical community as a whole, and who has been an example of the effect that medical students can have on patient care at all treatment levels.

***Frederick Napier Elliott Award*** – Given to the one graduating student who best exemplifies the qualities of Dr. Frederick Elliott, a former member of the School's faculty. Award is based on a thorough understanding of the art as well as the science of medicine; a blend of compassion, insight, honesty and appreciation for the technology of medicine; and the ability to draw from patients and colleagues alike their finer attributes and to encourage them to use it to heal others as well as themselves. Selection by alumni committee.

***Associated Students of the School of Medicine Scholarship Award*** – Presented by ASSM to one graduating senior who, upon completion of application and interview, is deemed by the Student Scholarship Committee to have made a significant contribution to the USC School of Medicine and the student body.

***Leonard Tow Humanism In Medicine Award (Presented By The Arnold P. Gold Foundation)*** – Given to one senior student who, by class vote, is felt consistently to demonstrate compassion and empathy with peers and patients.

***Order Of Arête ( Senior Graduate Recognition)*** – The highest honor accorded by the University of Southern California to graduate students upon completion of their academic program. Students are recognized for outstanding service and leadership, nominated by the Associate Dean of Student Affairs, and selected by the Division of Student Affairs of the University Park Campus.

## RESEARCH AWARDS

***The Irving I. Lasky, M.D. Memorial Award*** – The recipient is selected by a committee of faculty researchers, chaired by the Research Committee Chair, in recognition of outstanding research.

***American Medical Association-Education/Research Fund Research Award*** – Presented to the student in the senior class with the most outstanding academic record who has authored or presented a research paper during medical school.

## RESEARCH OPPORTUNITIES FOR MEDICAL STUDENTS

The Keck School of Medicine is one of the top medical schools in the nation in peer review awards for research and has a national reputation as a research institution. Keck School of Medicine Faculty conduct research through hundreds of projects funded by private and federal sources. Faculty encourage students to participate in long-term or short-term research projects in any field of interest. Research participation can be an important part of the student's medical education.

A student who is in good academic standing is encouraged to engage in research while in medical school. Students should be aware of the following opportunities:

### **Fifth Year Research Option**

This program provides students the opportunity to take a full year of research experience with a Keck School of Medicine faculty mentor any time following the first year of medical school. A yearly stipend may be provided, equal to the authorized university stipend for a graduate student at the postgraduate year. Students electing this program will continue to be considered enrolled as full-time students. Students may elect such a research program with a faculty mentor at another institution if the program is approved by the cognizant department chair and the Associate Dean for Curriculum. Any student interested in this option should contact the Curriculum Office (442-1763) for full information and an application.

### **Masters of Science in Clinical and Biomedical Investigations**

The Masters of Science in Clinical and Biomedical Investigations is a joint effort to train medical students and fellows or other health professionals in clinical research methods to translate clinical, biomedical and technological discoveries into advances in population-based, clinical or basic science research. The proposed program draws upon the well-established educational and research resources at the Keck School of Medicine, The Independent Health Professions, and the USC School of Pharmacy, and complements the strengths of its research mentors. The MS program in Clinical and Biomedical Investigations is specifically tailored to medical students who have completed their second year of medical school, as well as MDs doing their fellowship at USC.

Applicants must apply to the Graduate School and meet the minimum requirements for admission to the Graduate School. The *Program Oversight Committee* consists of faculty members representing departments. Administration of this program is the responsibility of the Curriculum Office at the Keck School of Medicine and the Medical Student Research Committee.

The MS program in Clinical and Biomedical Investigations is designed to train students for future independent research careers in an academic, government, or private sector setting. The objective of the MS program is to produce a clinical researcher with either an in-depth knowledge in laboratory methodologies, or statistical and analytic skills in population-based, clinical studies or outcomes research. The program gives students a solid background in the methodological aspects of research, and in statistical thinking as applied to molecular epidemiology, as well as a solid grounding in epidemiological methods.

A one-year certificate program in Clinical and Biomedical Investigations is also available. Information is available through the Curriculum Office.

### **Student Committee on Medical Research**

A committee composed of students and faculty that coordinates the USC Research Forum, maintains the Student Research Opportunities Notebook, maintains the website <http://curriculum.usc.edu>, and that strives to develop greater opportunities for medical student participation in research projects. These are student-organized activities. Active student participation in this Committee is vital to continued growth and success. If you are interested in joining this Committee, contact the Curriculum Office (442-1763).

## **Grants for Research**

Grants may be sought through various faculty members who support students on their research grants for summer or long-term, part-time research work.

1. The Keck School of Medicine currently has a grant for short-term fellowships. These fellowships are available between the first and second year and during the junior/senior continuum. During the latter period, students may apply for free elective credit for six weeks but must use two weeks of vacation time in addition to qualify. The short-term fellowship must be eight weeks in length and grants a minimum stipend of \$1600. Students supported between the first and second year may be awarded a second fellowship in Years III/IV. These fellowships are competitive, and applications are available in the Curriculum Office in February; the deadline for submission of applications is in March. Students should note that any grade of unsatisfactory received in the course of the regular medical school curriculum must be corrected before the award is funded.
2. The General Clinical Research Center supports several projects each year. For information on the areas supported, students should refer to the Student Research Opportunities Notebook, the research opportunities website, or call Dr. Tom Buchanan (226-4632).
3. The USC Comprehensive Cancer Center also awards several stipends annually to students interested in cancer research. For further information, students should call Dr. Phyllis Rideout (865-0801).
4. In the past, additional funding for student research projects has been available from several local, national and international sources, including the American Heart Association, the American Diabetes Association, and the Endocrine Society. This information is regularly emailed to students and is posted on the MedWeb Message Center.

## **Keck School of Medicine Student Research Forum**

The USC Student Research Forum is scheduled annually in the Spring. All medical students who have been engaged in a formal research project during the previous year are eligible to submit abstracts. Four students are chosen to present their research to the faculty and student audience. Cash prizes are awarded to the presenters, and a prize is given to the student with the best poster.

## **Student Research Opportunities Notebook**

This Notebook, maintained in the Curriculum Office (Keith Administration Building, Room 314), contains statements by faculty interested in working with students and statements describing research project opportunities.

## **St. George Society**

The St. George Society is funded by the American Cancer Society. It holds regular dinner meetings at which prominent speakers discuss findings in the field of oncology. All students are invited to participate. Class Officers distribute flyers describing upcoming events.

## **Research Funding Opportunities**

“Research Funding Opportunities” are notices received throughout the year from organizations sponsoring research, calls for abstracts, or other information relating to research opportunities. These will be forwarded to students by e-mail from the Curriculum Office staff, from the Student Services Office Scholarship Coordinator, and posted on the MedWeb Message Center.

### **The Western Student Medical Research Forum (WSMRF)**

This Forum sponsors a student research meeting in Carmel, California during the annual Western Regional meeting of the American Federation for Clinical Research. Student abstracts are submitted for both faculty and student sessions as well as submissions for poster presentations. The submission deadline is generally in September, with the annual meeting held in February. Abstract forms and further information are available from the Curriculum Office (442-1763) or from <http://www.wsmrf.org/>.

### **Norris Medical Library**

Staff are available to help provide both printed and computerized reference material on funding sources for research projects. Students may also wish to read recent research papers authored by faculty members to be well-informed prior to seeking an appointment to discuss research opportunities with the faculty.

### **Faculty Members**

Students interested in a given specialty or discipline are encouraged to make an appointment to speak with the department chairperson, chief of service, or individual faculty members about research in that area.

### **Student Research Opportunities Website**

Website is maintained by the Curriculum Office. This website contains statements by faculty interested in working with students and statements describing research projects. This site is a duplicate of information contained in the Notebook available in the Curriculum Office. The URL for the site is: <http://curriculum.usc.edu>

## GRADUATION

### **Signing out before Graduation**

Graduating students must clear their records prior to graduation. A sign-out sheet will be provided and must be completed and turned in to the Student Affairs Office before the student's diploma will be released. All portions of the sign-out sheet must be cleared.

### **Academic Requirements for Graduation**

All requirements for courses and clerkships must be completed prior to graduation. Students will be responsible for ensuring that they have completed curricular requirements, and may verify their status and eligibility with the Office of Student Affairs.

### **Fiscal Requirements for Graduation**

The student is responsible for the timely payment of all tuition, fees and other special charges. The Dean's Office will review the current status of all graduating seniors and **will not certify the student for graduation** unless all payments have been made and there are no outstanding obligations. Questions concerning financial obligations may be directed to the Financial Aid Office, Keith Administration Building, Room B22, (442-1016).

### **Attendance at Graduation and Diplomas**

Students in good academic standing, but with curriculum credit deficits which may include additional required, selective or elective clerkships to meet curriculum graduation requirements, evidence of satisfactory completion of clerkships (evaluation forms), evidence of satisfactory grade on CPX and USMLE Step 1 and taking of both sections of USMLE Step 2, and completion of Senior Departure Sign-out Form, may participate in commencement ceremonies with the permission of the Associate Dean for Student Affairs, but their diploma will be withheld until all curricular and financial requirements have been met. All requirements must be met by June 30th in order to receive a diploma with the May graduation date. Date of graduation will be adjusted when needed to reflect late completion of graduation requirements, University Diploma dates are also available in August (deadline July 31<sup>st</sup>) and December ( deadline November 30th).

Students who have met all curricular requirements early may be eligible to begin their postgraduate training before graduation. However, diplomas will not be released prior to graduation.

Students on Leave of Absence may participate in graduation ceremonies with their class, providing they have no more than a maximum of 24 weeks of the clerkship continuum uncompleted.

### **Diploma Security and Care**

Diplomas should be kept safe and secure. If damaged or lost, on receipt of an affidavit attesting to loss or destruction, a reissued diploma may be ordered through the Office of Degree Progress, University Park Campus (cost for a replacement is \$100.00 at the time this Handbook was printed). Any extant fragments of the original must accompany the order. Re-orders take from one to three months to fill. Include your USC ID, year of graduation, and how you wish your name to appear.

## **ESSENTIAL CHARACTERISTICS AND ABILITIES REQUIRED FOR COMPLETION OF THE M.D. DEGREE AT THE KECK SCHOOL OF MEDICINE**

### **PREAMBLE**

The M.D. degree is a broad undifferentiated degree attesting to general knowledge in all fields of medicine and the basic skills required for the practice of medicine. Essential characteristics and abilities required for completion of the M.D. degree consist of certain minimum physical and cognitive abilities, and sufficient mental stability to provide reasonable assurance that candidates can complete the entire course of study and participate fully in all aspects of medical training. The Keck School of Medicine expects its graduates to become fully competent physicians capable of completing graduate medical education, passing licensing exams, and obtaining medical licenses. The Keck School of Medicine will provide reasonable accommodation to prepare its students.

The Keck School of Medicine has an ethical responsibility for the safety of patients with whom the candidates will come into contact both before and after graduation. Therefore, patient safety is a major factor in establishing requirements for physical, cognitive and emotional capabilities of candidates for admission, promotion and graduation.

All students of medicine must possess those intellectual, ethical, physical, and emotional capabilities necessary to undertake and achieve levels of competence in the full curriculum required by the faculty. An avowed intention to practice only a narrow part of clinical medicine does not alter the requirement that all students take and achieve full competence in the full curriculum.

Essential characteristics and abilities prescribed here are a prerequisite for admission, promotion and graduation from the Keck School of Medicine. All matriculants, students and graduates must meet all prescribed essential characteristics and abilities.

### **I. PHYSICAL REQUIREMENTS**

After reasonable training and experience, the candidate must be able to observe and participate in demonstrations and experiments in the basic sciences, including but not limited to dissection of cadavers, examination of gross specimens in gross anatomy, pathology laboratory and neuroanatomy laboratories, preparation of microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states (e.g., streak plates, perform gram stains and use a microscope) necessary for such studies. Observation of gross and microscopic structures necessitates the functional use of the senses of vision and touch and is enhanced by the functional sense of smell.

After reasonable training and experience, the candidate must be capable of performing a complete physical examination, including observation, palpation and percussion and auscultation. The candidate must be capable of using instruments, such as, but not limited to, a stethoscope, an ophthalmoscope, an otoscope, and a sphygmomanometer. The candidate must be capable of performing clinical procedures such as, but not limited to, the following: pelvic examination, digital rectal examination, drawing blood from veins and arteries and giving intravenous injections, basic cardiopulmonary life support, spinal puncture, and simple obstetrical procedures. The candidate must be capable of performing basic laboratory tests, using a calculator and a computer, reading an EKG, and interpreting common imaging tests. The applicant must be able to move in the clinical setting so as to act quickly in emergencies. At the conclusion of the Introduction to Clinical Medicine course the student will demonstrate proficiency in the skills described above. By the conclusion of the clinical clerkships the student should achieve full competence in the skills described above including the ability to synthesize and organize these skills.

### **II. COMMUNICATION**

A candidate must be able to communicate with, to receive communication from, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal affective and gestural

communication. These communication skills also must enable the candidate to obtain a medical history in a timely fashion from a wide variety of patients, and to communicate effectively, efficiently and sensitively with all members of the health care team, other professionals, patients and their families. Communication includes speech and writing. The student must be able to produce a written “write-up” in the clinical rotations, which includes patient history, physical exam, and assessment. Also, the candidate must be able to comprehend written material sufficiently well to understand accurately common medical records, laboratory reports, and pharmacological prescriptions.

### **III. INTELLECTUAL-CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE ABILITIES:**

A candidate must have sufficient cognitive (mental) capacities to assimilate the technically detailed and complex information presented in formal lectures, small group discussions, medical literature, individual teaching settings and clinical settings. A candidate must be able to measure, calculate, reason, analyze and synthesize information across modalities, appreciate three-dimensional spatial relationships among structures and logical sequential relationships among events, and form and test hypotheses in order to enable effective and timely problem-solving in diagnosis and treatment of patients.

### **IV. BEHAVIORAL AND SOCIAL ATTRIBUTES**

A candidate must possess the emotional health, maturity and self-discipline required for full use of one’s intellectual and judgmental ability and for successful participation in, and completion of, the course of study leading to the M.D. degree. These include but are not limited to attendance, integrity, honesty, conscientiousness in work, teamwork and other attributes described in ICM and PPM (Introduction to Clinical Medicine and Professionalism in the Practice of Medicine). The candidate must accept responsibility for learning, exercise good judgment, and promptly complete all responsibilities necessary for sensitive and effective relationships with patients and others. Candidates must be capable of interactions with patients and health care personnel in a caring and professional manner. The candidate must be able to tolerate physically taxing workloads, to function effectively under stress, to adapt to changing environments, and to display flexibility.

### **V. SAFETY**

The Keck School of Medicine has responsibility to consider the safety and welfare of patients and others. Should a candidate have a condition that would place patients or others at significant risk, that condition may be the basis for denial of admission or dismissal from school. An otherwise qualified individual shall not be excluded from admission, or participation in educational programs and activities solely by reason by his/her physical handicap, or medical condition. Students must adhere to universal precaution measures. Students must be able to comply with all School requirements working in a clinic environment and with hazardous materials.

### **VI. EVALUATION**

The Keck School of Medicine may require that an accepted student undergo an evaluation at the school’s expense for the purpose of determining whether an accepted applicant or student meets these essential characteristics and abilities.

The University of Southern California Keck School of Medicine does not discriminate against otherwise qualified individuals who apply for admission to the M.D. degree program or who are enrolled as medical students. The designated disabilities coordinator with regard to applicants with disabilities is the Dean for Admissions. The designated disabilities coordinator for enrolled medical students with disabilities is the Coordinator of Disabled Issues who may be contacted through the Office of Student Affairs. Reasonable accommodations will be granted upon request; requests should be directed to the appropriate disabilities coordinator.

The USC document on essential characteristics and abilities required for a medical degree was adapted from the Medical College of Wisconsin document on technical standards (1995).

## EVALUATION PROCESS AND PROMOTION REQUIREMENTS

### Introduction

Teaching faculty establish learning objectives and evaluation criteria for each organ system, discipline, and clerkship. These are provided for students before each component of the curriculum. Throughout medical school, students will be evaluated with respect to all of the following:

- Fund of knowledge
- Problem solving ability
- Professional behavior
- Relevant personality traits
- Clinical skills
- Interpersonal skills

Written examinations play a major role in evaluating students in Years 1 and 2. Students should understand the Examination Policies, described elsewhere in this Handbook.

Faculty assigns an overall Summary Evaluation of student performance for each component of the curriculum. Written, narrative evaluations of students' performance are occasionally prepared for basic science courses in the first two years; generally done for most clerkships; and are required for ICM, PPM, and core clinical clerkships. These are entered verbatim into the student's permanent file along with the Summary Evaluation, which is recorded on the student transcript.

Numerical and letter grades are not awarded, and students are not ranked. Notwithstanding awards or honors, e.g., Alpha Omega Alpha, that mention class standing as a criterion for selection, KSOM neither maintains nor reports a grade point average or class ranking for medical students. To determine eligibility for awards based on academic performance, the School may prepare a temporary analysis of eligible students' performance; however, this analysis is not a part of a student's official school record.

The student's permanent file is used after the third year to prepare the MSPE (see pg. 3-21) which accompanies applications for residency. In conjunction with the transcript and other records of performance, the MSPE is used to determine suitability for election to Alpha Omega Alpha, the Medical Honor Society, and other School and University honors and awards.

## EXAMINATION POLICY

### A. Examination Administration

Students are expected to conduct themselves at all times in accordance with the Honor Code.

Students should bring to the examination AT LEAST two #2 pencils with adequate erasers. No electronic devices may be used during an examination with the exception of calculators that will be provided by the Curriculum Office if needed. PDA's, laptops, and calculators may not be brought into the examination areas. Cell phones and pagers must be turned off. No backpacks, notes or papers of any kind are allowed in the testing auditorium, unless otherwise instructed. Any student found with unauthorized items in the examination area will be subject to dismissal from the examination (failure) and may be subject to additional disciplinary measures.

During an examination and during breaks, there should be no discussion between students, regardless of discussion content. Breaks MAY be taken for restroom or refreshment purposes (**in the testing area only**) and the number of breaks during an examination may be limited. During a break, students should restrict their activities to the area near the examination room; they may not return to the classrooms or the MDLs. Students must make an effort to avoid even the appearance of any breach in examination security.

After a student has completed an examination, s/he must quietly leave the examination area and avoid discussion with other students still working on the examination. If necessary, proctors may ask students to leave the

examination area.

An informal feedback session is held after all examinations except the Comprehensive Examination. At these feedback sessions, students will receive their examination booklets and answers will be posted. During the examination, students should mark their answers on their examination booklets as well as on their answer sheets. During the feedback session, and only during this session, students may write and submit feedback slips to the faculty regarding items on the examination.

No copies, reconstructions or notes of any sort are to be made of examination items or answer keys at any time, including during the initial examination administration, feedback and post-feedback review sessions; to do so will be considered a violation of the Honor Code.

After the feedback session, students may review their examinations in the Curriculum Office for a five-week period only, starting the week following each examination. The only exception to this policy is the musculoskeletal system, which has a limit of only two-weeks. To ensure availability, appointments should be made at least 24 hours in advance for students wishing to review an examination. The times available to review examinations will be determined by the Curriculum Office. Due to the limited window of opportunity to review an exam, students who feel their performance may have been marginal or failing should take advantage of this time for review since there will be no other time for review of examinations.

Once examination grades are generated, the Curriculum Office will distribute grades and will notify the students of cutoffs for passing each examination once the cutoff score has been determined by the Student Performance Committee. Students failing a course will be notified by the Curriculum Office via email.

#### **B. Competency Examinations**

1. In general, one or more competency examinations are administered for each system of the curriculum taught in Years 1 and 2. Competency examinations will emphasize primarily the content being taught during a given system, but an understanding of previously taught materials will be reinforced as the year progresses, so that examinations are cumulative.
2. System faculty in consultation with the Examination Development Committee develops these examinations.
3. Each system committee determines criteria for passing competency examinations, and uses these criteria to evaluate each student's overall performance in the system. In general, less than satisfactory performance in only one component of a system with multiple examinations will not result in a grade of unsatisfactory for the system; in this situation, the Student Performance Committee may suggest remedial work for the student to address the deficiency (see "Enhancement Policy" below). Students who fail to pursue recommended remedial work may have this failure noted in their educational portfolio, and this may ultimately appear in the MSPE.
4. Content for two or more systems may be combined for administration during one examination period. In this situation, students will receive advance notice at the beginning of the systems in question.

#### **C. Comprehensive Examinations**

1. Years 1 and 2 will each conclude with a comprehensive written examination. These examinations will include content and analysis encompassing all of the systems presented prior to the comprehensive exam, and development of clinical skills.
2. The Examination Development Committee (EDC) and system chairs will develop these examinations. The EDC will review student performance and transmit its recommendations for re-examination and passing to the Year I/II Student Performance Committee.
3. Students must demonstrate competency in Core Principles, Hematology and Neurosciences in Year 1 before they may take the Year I Comprehensive Examination.

4. Students must demonstrate competency in all systems and Integrated Cases in Year 2 before they may take the Year 2 Comprehensive Examination.
5. Students not successful on a comprehensive examination will be given one make-up comprehensive examination during the summer.

**D. Enhancement Policy**

Enhancements are:

1. Recommendations to students that originate from faculty in system committees.
2. Recommendations approved by the Student Performance Committee.
3. Provided to students demonstrating an overall passing system grade, but who have focal deficits in one or more subject areas within the system.
4. Intended to aid students in improving their comprehension.

Expectations Regarding Enhancements:

The faculty expects enhancement recommendations to be fulfilled by students, in consultation with the designated faculty member. The faculty views performing recommended enhancements as a measure of professional development and a physician's professional obligations. For example, if a physician newly diagnoses congestive heart failure in a patient and the physician has not read about congestive heart failure for the past two years, that physician might be expected but not required to read about recent advances in management. An isolated choice not to pursue additional information in such a situation is probably not serious. However, repeated failures to update knowledge would adversely affect patient care. It is in that context that the faculty expects students to complete recommended enhancement exercises, i.e., as one aspect of desirable professional behavior, to improve comprehension in the specified subject area.

The faculty views enhancement recommendations as a means to counsel students to achieve mastery and excellence. Although enhancement recommendations are recommendations only, the faculty views them as being important to the student's professional development. Recurrent failures to follow enhancement recommendations will be considered an indication of lack of professional development and will be reported in the student's MSPE. Likewise, recurrent failures to follow enhancement recommendations will eliminate a student from consideration for Dean's Recognition.

Enhancement Options:

A number of options are available to consider for enhancement exercises. In all instances, the student will be addressing the enhancement exercise in consultation with a faculty member designated by the system committee (see Enhancement Tracking Form).

Oral discussion with faculty.

Submit a written paper.

Submit a literature search for discussion with designated faculty member.

Examination followed by analysis and feedback with faculty.

Work with tutors or other designated study groups.

Student designs a study plan agreeable to the designated faculty member.

**E. Late Examinations**

1. A student who is unable to take a scheduled examination for any reason must immediately notify the Office of Student Affairs at (323) 442-2553 as soon as circumstances preventing the examination become known.
2. Illness on Examination Day – A physician's certificate as to the nature of the illness, or other documentation depending on the nature of the problem, will be required for the student file. Students missing an

examination due to illness are expected to see a physician on or before the day of the examination, and provide documentation of same. Medical excuse notes may only be signed by USC Student Health physicians, non-family member physicians or other appropriate healthcare providers. The final determination of the validity of the excuse will be made by the Associate Dean or Assistant Dean for Student Affairs. An evaluation of “Incomplete” will be entered on the student record until such time as the examination is taken.

3. Students with serious illness or another catastrophic conflict that prevents taking an examination as scheduled may be rescheduled to take an examination. Rescheduling is not guaranteed, and is subject to approval by the Associate Dean or Assistant Dean for Student Affairs. **Only the Associate Dean or Assistant Dean for Student Affairs may grant approval for examination delay.**
4. Requests for late examination should be submitted as soon as extenuating circumstances are known. Failure to act in a timely manner will generally cause requests to be denied. **Requests for a late examination submitted after an examination has begun will not be granted.**
5. “Not ready to take the examination” is not an acceptable justification for delaying an examination.
6. The format and content for late examinations will generally vary from the original exam, and may include essay questions, oral examination, or other means of evaluation.

#### Schedule For Taking Late Examinations

Late or postponed examinations (due to excused absence from regularly scheduled examination dates) are administered by the Office for Curriculum. The Office sets the date and time of the late exam. Late examinations at the end of the academic year will be scheduled prior to the start of the regular makeup examination period. Any student approved to sit for a late exam as scheduled by the Office for Curriculum who fails to do so, will receive a “failing” grade for the course.

#### Missed Examinations

Any unexcused failure to take a scheduled examination – either the original exam, a late exam, or a make-up exam – will result in an evaluation of “Fail” and a score of “zero” will be recorded as the grade.

#### **F. Make-up Examinations**

1. Students receiving a “failing” grade in a specific segment of the curriculum who are approved to sit for make-up examinations by the Student Performance Committee, will be scheduled for make-up examinations by the Curriculum Office.
2. Year I make-up examinations will be administered in June and July; the exact schedule will be distributed to all students in the Fall semester.
3. Year II make-up exams will be administered as follows: Cardiovascular, Renal and Respiratory Systems during the first three weeks of the Spring semester; Endocrine, Reproduction and GI/Liver during spring break and the first two weeks of Integrated Cases System; Skin during the last week of Integrated Case System. Makeup examinations for both Year I and II Comprehensive Examinations will be administered during late-June and early-July.
4. The make-up examinations schedule may only be changed by the Curriculum Office, not by an individual student or faculty member. Any student with academic difficulty **MUST NOT** make any summer plans until all grades have been received. Any student unable to attend a scheduled makeup exam on a date scheduled by the Curriculum Office will receive a grade of Fail on that exam and will need to appear before the Student Performance Committee to request approval to repeat the academic year.

## **G. Post-examination Feedback**

Following each written examination (except the comprehensive examination), the Curriculum Office will hold an examination review session. The purpose of the session is for students to check their answers against the exam key and to provide feedback to the system chair regarding questionable answers. Students must leave all bags, purses and materials outside or at the back of the auditorium.

During feedback, students can only check their own exam answers, not anyone else's exam - even if asked to do so by another student. This is for exam privacy and security reasons. Checking an exam other than your own is a violation of the honor code.

Students may voice their objection to answers on the exam key by completing a feedback slip (usually available at the front of the auditorium). Completed feedback slips will be forwarded to the system chair to review prior to the finalizing of the key and the processing the exam scores.

No copies, reconstructions or notes of any sort are to be made of examination items or answer keys at any time including during feedback sessions; to do so will be considered a violation of the Honor Code.

Once the exam has been reviewed and feedback slips have been completed (if necessary), students **MUST** return their exam to the proctor and leave the auditorium. Students are not allowed to return to the auditorium to wait with other students; they must wait outside of the auditorium. Again, this is an issue of exam security.

When time is called, students must return their exams to the proctors. Students needing more time to review the exam and key may do so in the Curriculum Office in the weeks following the examination.

## **H. Remediation of a Failing Score in Overall Performance in a System**

1. The mechanism for making up a failing score is determined by the teaching faculty from Core Principles, the System in question, or the Integrated Cases, with the approval of the Student Performance Committee. This mechanism may include any or all of the following: taking a make-up examination, writing a paper, assigned reading, other work determined by the faculty that addresses the identified deficiency, or repetition of the entire system or discipline.
2. Only one remedial process or make-up examination will be administered to a student for each system failed. If a student fails a make-up examination or fails to complete other remedial work, the student's performance and status will be considered by the Year I/II Committee on Student Performance.
3. The Year I/II Student Performance Committee has established limits on the amount of remedial work that is considered feasible for a student who has experienced failing scores throughout the year. Although the Committee will consider each student's situation individually, as a general rule, any student who exceeds the limits outlined below will not be permitted to do make-up work.
  - a) In Year 1, and subject to Student Performance Committee approval, students will be eligible for make-up examinations if their initial performance includes no more than one failure in Core Principles, Hematology/Clinical Immunology, or the Neurosciences systems.
  - b) In Year 2, and subject to Student Performance Committee approval, students will be eligible for make-up examinations if their initial performance includes failing no more than three systems.

## **I. Review of Previously Taken Examinations**

After an examination and its feedback session have been completed, examination booklets are maintained in the Curriculum Office, KAM 314, and may be reviewed by students under the following restrictions:

1. In accordance with the Honor Code, examination questions are not to be copied or transmitted to another

person in any manner. Students will not be allowed to bring notebooks, papers, or backpacks while reviewing exams.

2. Curriculum Office staff may require 24 hour notice to retrieve an examination for review. The staff also can deny a request for exam review. If denied, the student will be told the reason for the denial.
3. The Curriculum Office cannot retrieve examinations for review periods immediately preceding another examination period, and requests for review during these periods will be denied or postponed.
4. Examinations will be available for review for up to five weeks following the initial administration of a specific examination, except musculoskeletal which has a two-week review limit.
5. There is no review of the Comprehensive examination allowed.

### **GRADES AND GRADING POLICY**

**Years I/II Grades: P=Pass; F=Fail; I=Incomplete; E=Exempt**

An ‘honors’ grade is not possible in the year 1 or 2 curriculum. Students with an initial non-passing grade in any course will also show their subsequent passing grade when they successfully correct the deficiency, e.g., ‘F/P’. The grade “Exempt” is awarded to students who are deemed by the Student Performance Committee to have met a course’s requirements by means other than taking the course and receiving a grade. For the purpose of transcript representation, the Introduction to Clinical Medicine (ICM) and Professionalism and the Practice of Medicine (PPM) courses are not measured in weeks, as both courses progress continuously throughout the year within the system organization of the curriculum. The Comprehensive Exam given at the end of Years 1 and 2 is also not measured in weeks.

**Year III/IV Required Clerkships: H=Honors; HP=High Pass; P=Pass; F=Fail; I=Incomplete**

The following courses are Required Clerkships:

- Family Medicine
- General Medicine I
- General Medicine II
- General Surgery I
- Neurology
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Specialty Surgery II

**Elective Clerkships: C=Credit; NC=No Credit; I=Incomplete**

Transcripts of students with an initial non-passing grade in any required or elective clerkship will also show their subsequent passing grade when they successfully correct the deficiency, e.g., ‘F/P’ if the deficiency can be corrected with additional work. Students required to repeat a required clerkship to correct a failing grade will show two separate instances of the clerkship.

### **GRADING POLICY FOR REQUIRED CLERKSHIPS**

The clinical performance component of the clerkship will represent at least 50% of the student’s grade. Other components may include written assignments, skill examinations, written knowledge examinations, and other activities as deemed appropriate by the clerkship director and the Clinical Curriculum Committee.

## **Grading System**

The designations for final clerkship grades are Honors, High Pass, Pass and Fail. In general, individual faculty or residents will not assign any of the above grades; only the clerkship directors will assign one of the designations listed above. Therefore, internal clerkship evaluation forms will not have these designations.

The grading policy for each clerkship must be clearly described and distributed to the students at the orientation to the clerkship. The grading policy should place accurate, appropriate significance on the clinical performance of students and enable students to demonstrate acquisition of required knowledge, skills and professional behavior and attitudes. Ideally, the criteria will be described with sufficient clarity and detail that students will readily understand the behavioral basis for each of the possible final clerkship grades. Questions concerning evaluation procedures should be directed to the clerkship director.

Honors, High Pass and Pass criteria will be delineated by each clerkship. If a student fails an examination on the first attempt and then successfully passes the retake of the examination the highest grade the student can earn for that clerkship is a Pass. Additionally, the highest grade a student can earn is Pass if a student fails to complete any required assignment that is due prior to the final day of the clerkship and the student has not been previously excused by the clerkship director or medical student educator. If the uncompleted work represents a significant portion of the clerkship requirements the student may receive a grade of Fail. This policy reflects the high priority that we place on professionalism; failure to complete assignments in a timely manner clearly demonstrates a lack of professionalism.

### **Grade of “Incomplete”**

Incomplete is not a final grade but rather a designation awarded to a student with work pending at the end of a clerkship. Examples of situations that might result in a grade of “Incomplete” include a student:

- Whose work is incomplete because of an excused absence.
- Who has to repeat an examination.
- Who has been excused from completing by the originally stated deadline a required component of the clerkship.

The deadline and outstanding requirement(s) to remove the grade of Incomplete must be clearly defined and stated on the clerkship evaluation form that documents the Incomplete grade and that is submitted to the Office of Student Affairs. Any missing work or clinical assignments must be completed at the earliest possible date as determined by the clerkship director, with an attempt not to exceed six weeks after the end of the clerkship. The student may not be given longer than six months to complete any outstanding work; this deadline can only be extended by the Associate Dean of Student Affairs or the Assistant Dean of Curriculum and Student Affairs, Clinical Sciences. If the outstanding work is not completed by the deadline the Incomplete will become a Fail and appear as part of the permanent transcript.

### **Grade of “Fail”**

A grade of Fail will be given in the following situations:

1. When a student fails an examination on a second attempt.
2. Failure to demonstrate minimal competence based on clinical performance.
3. Any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., ICM manual, PPM manual.
4. Failure to resolve an Incomplete grade in a timely and sufficient manner.

If a student receives a grade of Fail, the student must repeat the clerkship. The student may be required to repeat only the component of the clerkship that he/she failed, at the discretion of the clerkship director. As of June 7, 2004 and henceforth, a grade of Fail will remain on the student’s transcript along with the subsequent passing grade, and become a part of the student’s permanent record.

## **Evaluation Guidelines**

All course, faculty, housestaff, and other evaluations must be completed via the myMedWeb system by 5:00 pm on Thursday of the last week of the clerkship. If all of the evaluations are not entered, the student will not be eligible to take the clerkship examinations, including the subject examinations. Students should present the first page of myMedWeb to the clerkship coordinator/MSE that states that no evaluations are outstanding as proof that all of their

evaluations have been completed.

It is an honor code violation to complete an evaluation for lectures, bedside tutorials, outpatient clinics, or any other learning experience during your clerkship if you were not in attendance.

### **Patient Encounters**

All patient encounters should be completed by midnight on Wednesday of the last week of the clerkship.

## **YEAR I/II STUDENT PERFORMANCE COMMITTEE**

### **A. Charge**

1. The Year I/II Student Performance Committee has the responsibility and authority to evaluate overall student performance in Years 1 and 2, determine adherence to school performance expectations, make recommendations for remediation, and decide eligibility for promotion.
2. All actions of the Committee are advisory to the Dean, who makes the final decision.
3. All information pertaining to student performance, including information of a non-academic and personal nature, which is presented at the Committee meetings, and all deliberations and details of Committee voting are strictly confidential and are not discussed outside the Committee. Actions of the Committee may be disclosed by the Committee Chair as appropriate.

### **B. Membership**

1. The Associate Dean for Student Affairs will chair the committee.
2. Voting members of the Year I/II Student Performance Committee include:
  - a) One co-chair (or approved alternate) from each system committee
  - b) The Directors or Co-directors of ICM & PPM
  - c) Two members of the Student Ethics Committee ( Year III or IV Students)
3. Ex officio, non-voting members include:
  - a) The Associate and Assistant Deans for Admissions, Curriculum, Minority Affairs, Student Affairs, and Women;
  - b) Representative(s) from the Division of Medical Education;
  - c) Other staff as deemed appropriate by the Chair.

### **C. Actions**

1. The committee will meet regularly throughout the year to monitor students' performance on examinations and other assignments.
2. The committee will also review students' behavior and professional development.
3. At the end of the academic year (or earlier in some cases) the Committee will make one of the following recommendations to the Dean for each student:
  - a) Promotion
  - b) Remedial work which may include a make-up examination
  - c) Repeating part of or the entire year of instruction
  - d) Dismissal (see "Procedure for Dismissal")
  - e) Leave of Absence

### **D. Promotion Requirements**

Student evaluation will be based upon a broad range of skills and abilities that extend beyond success on content-based examinations, including but not limited to:

1. Required student projects.
2. Satisfactory completion of ICM & PPM.
3. Professional development (including information from ICM & PPM evaluations, small group participation and collaboration skills, student self-evaluations, clinical skill evaluations, and EBM study critiques).
4. Additional accomplishments during medical school as deemed appropriate by faculty (community volunteer work, membership in professional organizations or community organizations, participation in mentoring programs, cultural activities, international health experiences, social-action groups, etc.).
5. Satisfactory completion of the Integrated Case section.
6. Performance on all competency examinations.
7. Performance on the Year 1 and Year 2 comprehensive examinations.

### **Promotion to Year 2**

1. The Student Performance Committee will review all students' performance at the end of Year 1 to determine eligibility for promotion.
2. For promotion to Year 2, students must:
  - a) Successfully complete all competency examinations (or make-up examinations, if eligible) from the Core Principles, Hematology/Clinical Immunology, Musculoskeletal, and Neurosciences systems.
  - b) Successfully complete all requirements for Year 1 ICM, including a comprehensive evaluation of clinical skills.
  - c) Successfully complete all requirements for Year 1 PPM.
  - d) Successfully complete evidence-based medicine assignments.
  - e) Successfully complete the Required Student Project.
  - f) Successfully complete the Year I Comprehensive Examination.
3. When the Student Performance Committee determines that a student has failed to demonstrate sufficient progress as outlined above, the committee may recommend remedial work, repeating part of or the entire year of instruction, dismissal, leave of absence, or other action as described above.

### **Promotion to Year 3**

1. The Student Performance Committee will review all students' performance at the end of Year 2 to determine eligibility for promotion.
2. For promotion to Year 3, students must:
  - a) Successfully complete all competency examinations (or make-up examinations, if eligible) from the Cardiovascular, Renal, Respiratory, Endocrine/Metabolic, Reproduction, and G.I./Liver Systems.
  - b) Successfully complete all requirements from Integrated Cases.
  - c) Successfully complete all requirements for Year 2 Introduction to Clinical Medicine, including comprehensive evaluation of clinical skills.
  - d) Successfully complete all requirements for Year 2 Professionalism and the Practice of Medicine.
  - e) Successfully complete evidence-based medicine assignments.
  - f) Successfully complete the Required Student Project.
  - g) Successfully complete the Year II Comprehensive Examination.
3. When the Student Performance Committee determines that a student has failed to demonstrate sufficient progress as outlined above, the committee may recommend remedial work, repeating part of or the entire year of instruction, dismissal, leave of absence, or other action as described above.

### **Required Student Project and Educational Portfolio**

#### Required Student Project (RSP)

1. All students will be required to complete a project during both Year 1 and Year 2. Specifications, timeline, and criteria for evaluation will be distributed to students during the first month of the academic year.
2. Norris Medical Library staff will oversee Year 1 RSPs; activities and requirements will be distributed separately.
3. For Year 2 RSPs:
  - a) Students will identify and work with a faculty mentor who will guide the student in accomplishing

- the project goals.
- b) Projects will include a year-end summary paper submitted for evaluation to the faculty mentor. In addition to submitting the final summary paper for the RSP, each student must prepare a poster on his/her RSP for discussion in their MDL on Medical Student Research Day.
  - c) A student considered for Dean's Recognition will have completed a RSP that extends beyond the minimum requirements, i.e., is more challenging and demanding than the regular student projects.
  - d) The Dean's Recognition Review Board will evaluate the year-end summary papers of students considered for Dean's Recognition.

### **Educational Portfolio**

1. Each student will have an educational portfolio to document the student's progress throughout medical school. Each student will collaborate with the Student Affairs Office to create and maintain the educational portfolio.
2. The educational portfolio maintained with Student Affairs will generally include:
  - a) Performance on all competency examinations.
  - b) Performance on the Year 1 and Year 2 comprehensive examinations.
  - c) Performance on clinical clerkships.
  - d) Documentation of required student projects.
  - e) PPM mentor evaluations.
  - f) Evaluations of professional development
  - g) Additional accomplishments during medical school as deemed appropriate by the student or faculty (community volunteer work, membership in professional organizations or community organizations, participation in mentoring programs, cultural activities, international health experiences, social-action groups, etc.).

## **DEAN'S RECOGNITION**

### **A. Description**

1. The designation "Dean's Recognition" will indicate excellent achievement by a student.
2. Dean's Recognition characterizes students who distinguish themselves in their academic coursework; whose RSPs are especially noteworthy; and who achieve a high level of success in development of their professional skills and attitudes.
3. Dean's Recognition will be recorded on the official transcript and in the MSPE.

### **B. Selection Process**

1. At the end of each of Year I and Year II, students meeting standards of excellence will be considered as potential recipients of Dean's Recognition.
2. Criteria will include:
  - a) Passing score on competency examinations without make-up examination.
  - b) Comprehensive examination performance at or above the mean without make-up examination.
  - c) Required Student Project that meets standards set for Dean's Recognition.
  - d) Noteworthy professional development, as demonstrated by ICM evaluations, PPM Mentor evaluations, small group participation, collaboration skills, student self-evaluations and clinical skills evaluations.
  - e) Additional accomplishments as deemed appropriate by the Dean's Recognition Review Board.
3. Final decisions will be determined by the Dean's Recognition Review Board.

## STUDENT PERFORMANCE DURING JUNIOR/SENIOR CONTINUUM

During the Year 3/4 Continuum, the student must satisfactorily complete all required curricular work as follows:

### Required Clerkships:                      No. of Weeks

Family Medicine	6
Medicine I	6
Medicine II	4
Ob/Gyn	6
Pediatrics	6
Psychiatry	6
General Surgery	6
Neurology	4
Surgical Subspecialty	6
Total	50

### Other Clerkships:

Selectives	16
Electives	16
Total	32

Required clerkships are evaluated according to the categories described in the Section "Grades and Grading Policy." Students cannot graduate with an Unsatisfactory or Fail evaluation in any of the above components of the Year 3/4 Continuum.

Eligibility for graduation during the Junior/Senior Continuum is based on satisfactory performance and the demonstration of the acquisition of knowledge of the course material. When appropriate, non-academic matters (i.e., professional conduct) will be considered. Disregard for professional conduct may constitute the sole reason for dismissal from the Keck School of Medicine.

### Clinical Sciences Student Performance Committee

The performance of all third and fourth year students is reviewed regularly throughout the year by the Clinical Sciences Student Performance Committee. The Clinical Sciences Student Performance Committee for Years 3/4 is composed of:

1. The Chairpersons of the Departments of Family Medicine, Medicine, Surgery, Ob/Gyn, Pediatrics, Psychiatry and Neurology, or their designees.
2. The Clerkship Directors in these departments.
3. Two fourth year students who are chosen by the Student Ethics Committee and approved by the Associate Dean for Students Affairs.

The Committee is chaired by the Associate Dean for Student Affairs; ex-officio non-voting members include the Associate Dean for Curriculum, and the Assistant Dean for Curriculum and Student Affairs, Clinical Education. Other faculty and administrative staff may be present at Committee meetings in a non-voting status. Each member of the Committee must submit in writing the name of a suitable faculty member to serve as an alternate. All alternates must be approved by the Senior Associate Dean for Education.

Meetings may be called for special problems within three weeks of their being brought to the attention of the Associate Dean for Student Affairs. A student whose record will be considered at a special meeting will be given notice of the meeting at least five (5) days before it is held. The Committee gives special attention to students who are or appear likely to become deficient in graduation requirements. The Committee also addresses issues involving student professional conduct.

All information pertaining to student performance, including information of a non-academic and personal nature, which is presented at the Committee meetings, and all deliberations and details of Committee voting are strictly confidential and are not discussed outside the Committee. Actions of the Committee may be disclosed by the Committee chair as appropriate.

Following review of student performance, the Committee makes one of the following recommendations to the Dean:

- (1) Eligibility for graduation
- (2) Probation
- (3) Dismissal
- (4) Remedial work which may include repeating the year to make up the deficiency (in so doing, a repeat of prior satisfactory clerkships may also be required). When required to make up a clerkship, the level of performance achieved by the student may be expected to be higher than the prior level.
- (5) Other action, as deemed indicated by a student's circumstances.

### **MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)**

Our MSPE structure is based on the 2002 Association of American Medical College's recommendations for the Medical Student Performance Evaluation (MSPE), which we have fully implemented. The MSPE replaced what was previously known as the "Dean's Letter."

The MSPE is not a letter of recommendation, but an objective summary letter designed to evaluate a student's performance throughout medical school objectively in accordance with nationally defined guidelines. When the AAMC revised its guidelines, one goal was to reduce length by eliminating information contained elsewhere in a student's residency application.

The MSPE Letter contains four sections: (1) Introduction; (2) Unique Characteristics; (3) Academic History; and (4) Summary, supplemented by appendices (described below). Other information may be included if appropriate.

(1) The Introduction gives the student's name and the location of the Keck School of Medicine.

(2) The Unique Characteristics section is developed by compiling some of the most frequently occurring "qualities" as mentioned in the student's clinical clerkship evaluations. We do not include membership in clubs, volunteering at a health fair, or most other extracurricular activities, since students incorporate this information in the residency application. The MSPE includes a "unique characteristics" section; within this, we may on occasion include activities requiring a higher level of commitment, e.g., club presidency, significant leadership as an elected student government officer, or other extraordinary activities deemed worthy of inclusion by the assistant and associate deans for student affairs.

(3) The Academic History constitutes the largest section of the MSPE. It is organized chronologically and summarizes academic progress, recognizes any Honors received in clerkships, and notes awards such as Dean's Recognition, Highest Distinction, or election to AOA.

This section contains year end ICM and PPM evaluations from the first and second year. These evaluations may be abstracted, and highly subjective comments may be modified, but wording changes regarding performance in the courses can only be made by the instructor or mentor.

The narrative evaluations from each clerkship (required and elective/selective) follow in chronological order in the

next section, preceded by the grade (Honors, High Pass, Pass, Fail, Incomplete) in bold letters, and the site where the clerkship was completed if not at USC or affiliated hospitals. Evaluations may be abbreviated if necessary to meet AAMC guidelines for brevity. We include all clerkship evaluations received in the Office of Student Affairs by the time the letter is written in September/October of the senior year.

Although we may edit the clerkship narratives for grammar, spelling, etc., our policies do not permit us to modify the verbatim section of the clinical clerkship narrative which describes a student's performance. Changes in the verbatim portion can be requested through a formal appeal process that includes the evaluation writer, the department chair, the associate dean for student affairs, and the Student Affairs Committee (as described in detail elsewhere in this Student Handbook).

The Academic History may include information about irregular progress through medical school, such as leaves of absence, transferring in from another medical school, the Fifth Year Research Track, etc.

Negative information, if it exists, may also be included in the Academic History. Please see the paragraph below, entitled "Inclusion of Negative Information," for further explanation and examples.

(4) The Summary explains that Keck School of Medicine students are recommended for postgraduate training as "Acceptable," "Good," "Very Good," "Excellent," or "Outstanding," based on a formula computing the number of Honors/High Pass weeks on core (required) clerkships received in Student Affairs at the time the letter is written. Neurology and Medicine II grades are excluded from this computation, as most students will not have taken these rotations by the time the MSPE's are written. The summary adjective is not "pro rated" based upon the number of core clerkships completed at the time the MSPE is prepared. A High Pass grade is equivalent to 50% of the Honors grade, e.g., a grade of High Pass in the six-week General Surgery I clerkship results in 3 Honors equivalent weeks (not 6).

? OUTSTANDING:	27 or more Honors and/or Honors-Equivalent weeks
? EXCELLENT:	20 – 26 Honors and/or Honors-Equivalent weeks.
? VERY GOOD:	7 – 19 Honors and/or Honors-Equivalent weeks.
? GOOD:	0 – 6 Honors and/or Honors-Equivalent weeks.
? ACCEPTABLE:	Rarely used (notably irregular academic progress, e.g., repeating a year).

Inclusion of Negative Information: The MSPE may contain negative information about a student's cognitive performance and personal attributes. Examples of such information include, but are not limited to: Honor Code violations; failing a year of the preclinical curriculum, or failing a clerkship; failure to pass USMLE Step 1 by Fall of the Senior year; documented, significant behavior problems including, but not limited to, verbal or physical abuse, racism, sexual harassment, or homophobia; unprofessional behavior involving colleagues, staff, faculty or patients; substance abuse; criminal activity; and lying that advances one's self interest and/or adversely affects others.

Appendices: A page describing Keck School of Medicine curriculum and educational policies, and graphs illustrating comparative academic performance, will be appended to each MSPE. These include:

Appendix A: Graphic representation of comparative performance in preclinical/basic science courses.

Appendix B: Graphic representation of comparative performance in core clinical clerkships.

Appendix D: Graphic representation of overall comparative performance in medical school.

Appendix E: Medical school information page.

(Note: National guidelines for "Appendix C: Student professionalism" are under development.)

#### Student Review of MSPE

Once the MSPE has been drafted, students are encouraged to review their MSPE and may request changes prior to the final printing and distribution of the MSPE in accordance with Student Affairs procedures and KSOM policies. Every student will be invited to review its contents in the Office of Student Affairs. If a student feels that inaccurate

or misleading statements are present, the student may complete a Change Request Form, identify the specific changes requested, and provide any evidence the student feels may support the appeal. The Associate Dean of Student Affairs will review the request and the student will be notified when a decision is made. If the appeal is denied by the Associate Dean of Student Affairs, the student may file a subsequent appeal to the Student Affairs Committee.

#### MSPE Release Date:

An individual student's MSPE will not be distributed without the student's signed consent. MSPE letters are released nationwide on November 1st to all programs, including "Early Match" specialties. MSPE letters cannot be given to anyone (including the student) before November 1st.

#### U.S. LICENSING MEDICAL Medical Licensing EXAMINATIONS

Three Steps of the United States Medical Licensing Examination (USMLE) are required for licensure in the United States. The USMLE program recommends that U.S. licensing authorities require completion of USMLE Steps 1, 2, and 3 within a seven-year period, though this varies from state to state (at the time this Handbook was prepared, California requires completing all three steps within a 10-year period). This period begins when the examinee first passes a Step, either Step 1 or Step 2. Score records will include a complete history of each person's attempts at USMLE Steps in order to provide the information necessary for licensing authorities to implement these recommendations. In 1999, USMLE policies and procedures for Computer-based Testing (CBT) were instituted. Information regarding CBT is provided at <http://www.usmle.org> on the World Wide Web.

All students are required to take the certification examinations of the U.S. Licensing Medical Examinations, Steps 1 and 2 prior to graduation. All students are required to sit for Step 1 at the first opportunity after completion of Year II as outlined below. Students who fail USMLE Step 1 are required to retake and pass the examination before advancing to their fourth year. Students who have not passed the USMLE Step I by the end of their third year will be placed on a mandatory Leave of Absence.

Successful passage of Step 1 of the USMLE is required for graduation from the Keck School of Medicine. In addition, the school requires that all students take Step 2 (both Clinical Knowledge and Clinical Skills) of the examination in order to graduate. Students will ordinarily take Step 3 of the USMLE during their first graduate year of residency training.

### **STEP 1**

#### Requirements and Eligibility

All students must take Step 1 in order to proceed into their clerkships. Students considered non-promotable from Year 2 may be excused from taking the USMLE by the Associate Dean for Student Affairs. Students considered non-promotable may submit a request for deferral to the Associate Dean for Student Affairs. If the status of any student is unclear, the Associate Dean for Student Affairs will determine eligibility.

#### Failure to Pass Step 1

Any student who fails to pass the USMLE Step 1 examination may proceed into Year 3 but will be required to retake the examination until successful in order to continue in their clerkships. Students who have not passed the USMLE Step 1 by the end of their third year will be placed on a mandatory Leave of Absence. Students will not be granted a diploma certifying graduation from the Keck School of Medicine until they pass Step 1 of the examination. Under no circumstances, does the school guarantee that the student will pass any USMLE Step examination successfully.

### **STEP 2**

Students must take both sections of Step 2 – Clinical Knowledge (CK) and Clinical Skills (CS). Since both passing Step 1 and taking Step 2 examinations are required for graduation, diplomas for students who have not completed both requirements will be withheld until both requirements are met.

### **STEP 3**

Step 3 is ordinarily taken during the first graduate year of residency training.

#### Application

Application to take the examination is the responsibility of the student. Students should apply well in advance of desired examination dates to maximize the chance of receiving a testing appointment for the desired date and location. Applications and information about the examination may be obtained from the NBME website <http://www.usmle.org>. All fees and examination dates are subject to change. See USMLE web site for current information. Examination centers for Steps 1 and 2 are located throughout the United States and around the world.

The above information regarding the USMLE is subject to change by the NBME. We encourage you to review the USMLE web site for the most current information. The School is not responsible for changes in the above information.

#### Guidelines for USMLE Examinees with Disabilities

The National Board of Medical Examiners provides reasonable and appropriate accommodations for examinees with documented disabilities. Examinees are informed of the availability of test accommodations in the USMLE Bulletin of Information. All requests for test accommodations must be received in a timely manner. Reasonable accommodations vary according to the type and degree of disability. Accommodations will be made on an individual basis and depend on the nature and extent of the disability, documentation provided, and the requirements of the examination. Because the NBME's requirements for documentation may result in requests for supplemental information, we encourage students requesting accommodations to apply well in advance of deadlines. Students intending to request accommodations for the USMLE examinations should recognize that the review and approval process is stringent and time consuming; students planning to request accommodations are encouraged to review NBME requirements at least a year prior to planned testing.

### **DUE PROCESS PROCEDURES FOR STUDENTS**

If, during the course of reviewing a student's academic performance, a faculty member makes a decision which may not be to the student's liking, the route of appeal will be to the specific Course or Clerkship Director, then to the Chair of the Department, then to the Associate Dean for Student Affairs, the appropriate Performance Committee and, finally, to the Senior Associate Dean for Educational Affairs. The Senior Associate Dean for Educational Affairs will make the final decisions in all matters dealing with a medical student's academic performance.

### **UNSATISFACTORY/FAIL EVALUATIONS (YEARS 1/2) AND APPEAL PROCEDURE**

#### How evaluations are Processed and Recorded

Following each examination during the first two years of medical school, the Curriculum Office will conduct a feed back session during which students will have the opportunity to review correct answers for the examination and submit written comments for review by the Course Director. The Course Director will review student comments and may choose to modify scoring for individual items. Student's written comments and the Course Director's decision will also be reviewed by the Examination Development Committee, which, in consultation with the Course Director, may suggest additional modifications to scoring. Additionally, Course Director is and/ or faculty may choose to provide written feedback in response to student comments to an individual student or to the entire class.

Students wishing to raise questions about examinations administered during the first two years of medical school must do so in writing during the scheduled feedback session held immediately after the examinations. Following review of student comments, decisions made by the Course Director and the Examination Development Committee are final

Introduction to Clinical Medicine (ICM) and Professionalism and the Practice of Medicine (PPM) final evaluations are reviewed with individual instructors at the end of the course in each academic year, and are due from the Course Director within six (6) weeks of the completion of the course. The Course Director is responsible for reviewing the narrative evaluations of all students and will submit them to the office of Student Affairs. The evaluation is recorded in the permanent student record, and a summation will be included in the MSPE which is sent to the institutions to which the student applies for postgraduate training. Evaluations must be approved and signed by a faculty member, usually the Course Director, who may not have personally observed the student.

If a student receives a grade of fail in ICM or PPM, s/he is not promotable, and determination of status (dismissal, permission to repeat the entire academic year, permission to repeat only the ICM or PPM course, or other determination) will be made by the Student Performance Committee. The grade of fail and the written evaluation will be recorded in the student's file, and the grade will be entered on the transcript. Upon successful completion of the repeated course, the make-up grade will also be recorded on the transcript and in the student's file. The official record will contain **both** the comments of the unsatisfactory grade of fail and the comments of the satisfactory make-up evaluation.

#### Appeal of Evaluations

It is most important that students discuss **promptly** with the ICM or PPM Course Director, any difference of opinion they may have regarding the content of their evaluation. Only the **author** (signatory) of the evaluation or the Course Director has the authority to change the content. If the student is still dissatisfied after appealing the evaluation to the signatory, he/she should promptly take the matter to the Course Director **and** report the matter to the Office of Student Affairs. After review and decision by the Course Director, the evaluation will remain recorded in the student record. Appeal to the signatory and the Course Director **must be completed within six (6) weeks of the receipt of the evaluation by the Office of Student Affairs.**

A student who is still dissatisfied with the evaluation after speaking with the Course Director may submit a written opinion on the matter to be included in the student file for forwarding with the MSPE, or the student may petition the Student Affairs Committee to delete from the official MSPE, the objectionable material in the evaluation. Before filing the petition, the student should meet with the Associate Dean for Student Affairs. On receipt of the petition, the Student Affairs Committee will review the student's complaint with reference to the student's total performance record. Although the Committee has **no authority to change the official record**, it may delete material from the MSPE for which the student can establish just cause for removal.

### **UNSATISFACTORY/FAIL EVALUATIONS (YEARS 3/4) AND APPEAL PROCEDURE**

#### How evaluations are Processed and Recorded

Evaluations are due from the Clerkship Coordinator within six (6) weeks of the completion of the clerkship. The Student Affairs Office will mail the student a copy to the address on record in the Student Affairs Office. Clerkship Directors are responsible for compiling comments from attending physicians, full-time faculty, and house officers. The evaluation and written comments are recorded verbatim in the permanent student record. These verbatim comments will be included in the MSPE which is sent to the institutions to which the student applies for postgraduate training. Evaluations must be approved and signed by a faculty member, usually the Clerkship Director, who may not have personally observed the student.

If a student receives a grade of fail, the written evaluation will be recorded in the student's file, and the grade will be entered on the transcript. When remedial work is completed, the make-up grade is also recorded on the transcript and in the student's file. The official record will contain **both** the comments of the unsatisfactory grade of fail and

the comments of the satisfactory make-up evaluation.

A grade of fail will be discussed with the student at the close of the clerkship. The conditions for make-up are prescribed by the individual department. Students who have not completed make-up of a fail grade may not petition nor participate in electives away from USC. Previously scheduled electives at hospitals not affiliated with the School of Medicine will not be permitted until make-up work has been successfully completed. **Students must satisfactorily pass all components of the curriculum required for graduation from the School of Medicine.**

#### Appeal of Evaluations

It is most important that students discuss **promptly** with the Clerkship Director, any difference of opinion they may have regarding the content of their evaluation. Only the **author** (signatory) of the evaluation has the authority to change the content. If the student is still dissatisfied after appealing the evaluation to the signatory, he/she should promptly take the matter to the Chair of the Department **and** report the matter to the Office of Student Affairs. After review and decision by the Department Chair, the evaluation will remain recorded in the student record. Appeal to the signatory and the Department Chair **must be completed within six (6) weeks of the receipt of the evaluation by the Office of Student Affairs.**

A student who is still dissatisfied with the evaluation after speaking with the Clerkship Director may submit a written opinion on the matter to be included in the student file for forwarding with the MSPE, or the student may petition the Student Affairs Committee to delete from the official MSPE, the objectionable material in the evaluation. Before filing the petition, the student should meet with the Associate Dean for Student Affairs. On receipt of the petition, the Student Affairs Committee will review the student's complaint with reference to the student's total performance record. Although the Committee has **no authority to change the official record**, it may delete material from the MSPE for which the student can establish just cause for removal.

### **ACADEMIC PROBATION AND DISMISSAL**

#### Academic Probation

A student who has an unsatisfactory performance in any transcript component of the curriculum will be placed automatically on academic probation. In addition, if a student becomes ineligible for promotion for any reason, the student is placed automatically on probation.

The Year I/II Student Performance Committee or the Clinical Sciences Performance Committee may place a student on probation at any time during the student's enrollment.

A student may be placed on probation by the Associate Dean for Student Affairs for either academic or non-academic matters without convening the appropriate committee on student performance. The student may meet with the Associate Dean for Student Affairs to discuss whether probation is warranted, and may appeal being placed on probation to the appropriate committee on student performance.

At the time a student is placed on probation, s/he will be informed of the reason for probation, the terms of probation, the duration of probation, and any other matters deemed pertinent by the Committee or Associate Dean.

A student is allowed only one repeat of an academic year during his/her enrollment at the Keck School of Medicine.

A student may be dismissed from the Keck School of Medicine without first having been placed on probation.

#### Procedure for Dismissal

1. A student who is being considered for dismissal shall be invited to meet with the Associate Dean for Student Affairs no later than ten (10) days prior to the appropriate Performance Committee meeting so that any extenuating circumstances may be made known.

2. The student will receive a written statement that he/she may be considered for academic dismissal at least ten (10) days prior to the meeting of the Committee on Student Performance.
3. The student may inspect his/her medical school file, including material upon which the proposed dismissal is based.
4. The student will be given an opportunity and is urged to appear before the Committee on Student Performance when a recommendation for dismissal is being considered. The student may waive his/her right to such an appearance. The student should notify the Associate Dean for Student Affairs in writing within five (5) business days prior to the meeting of his/her intent to appear.
5. The student shall be given a written copy of all rules and procedures to be followed at least ten (10) days prior to the student's hearing.
6. If the student attends the Committee meeting, the student may be accompanied by counsel but must inform the Associate Dean for Student Affairs of this intent at least ten (10) days prior to the meeting.
7. A quorum (two-thirds of the membership) must be present to vote on dismissal. Affirmative votes by two-thirds of the members present are necessary for dismissal. If a Committee member is unable to attend a meeting, he/she may send an alternate who has prior approval of the Senior Associate Dean for Academic Affairs. The alternate has full authority to act in the absence of the regular Committee member.
8. When dismissal is being considered, the student may ask the student members of the Committee to be excused. This request must be submitted to the Office of Student Affairs in writing prior to the start of the Committee meeting.
9. At the students' request, he/she will be provided the information against him/her, including academic reports and evaluations used in arriving at the summation of his/her performance.
10. The student will have an opportunity to present any relevant information to the Committee regarding his/her performance, using any relevant evidence including affidavits, exhibits and oral testimony. If the student desires copies of written materials to be distributed to Committee members, he/she must present them to the Office of Student Affairs at least three (3) business days before the meeting, or prepare the materials him/herself.
11. Recommendations for student dismissal must be based upon the information presented at the hearing.
12. The recommendations of the Committee will be transmitted orally to the student by the Chairperson of the respective Committee on Student Performance. The recommendations of the Committee will be transmitted in writing to the Senior Associate Dean for Educational Affairs and the student within three (3) business days following termination of the meeting.
13. The student may appeal the Committee's recommendation to the Senior Associate Dean for Educational Affairs no later than ten (10) business days following transmittal of the Committee's written recommendation.
14. The Senior Associate Dean for Educational Affairs may choose to uphold, to reverse, to ask the Committee to reconsider, or may choose to appoint an ad hoc committee to hear the student's appeal.
15. The members of this ad hoc hearing committee shall be faculty members who have not been involved in the decision to dismiss. The Chairperson of the respective Committee on Student Performance shall present the findings of the Committee on Student Performance to the ad hoc appeals committee but shall not sit as a voting member of said Committee.
16. The ad hoc hearing committee shall submit its recommendation in writing to the Senior Associate Dean for

Educational Affairs within five (5) business days after the meeting.

17. Following receipt of the Committee on Student Performance or ad hoc hearing committee recommendation, the Senior Associate Dean for Educational Affairs will issue a final decision in writing to the student. There is no appeal from the Senior Associate Dean's decision.

### **GRADUATE MEDICAL EDUCATION a.k.a. "RESIDENCY"**

The information contained in this section is not a definitive "how to" guide for residency application. Rather, these pages contain an overview of some of the activities and institutions involved in graduate medical education, i.e., residency and fellowship training. The Keck School will provide additional information about the residency application process to students in their third and fourth years, and other commercial and not-for-profit agencies are valuable information sources.

### **NATIONAL RESIDENT MATCHING PROGRAM (NRMP)**

<http://www/aamc.org/nrmp>

Graduate Medical Training Programs ("residencies") are approved by the Accreditation Council for Graduate Medical Education (ACGME).

#### The First Post-Graduate Year Training

The ACGME has specified that all first post-graduate years of training be sponsored by an accredited residency program, and either:

- #1 Meet the requirements of training in the first year of that residency, **or**
- #2 Serve as a suitable antecedent to the residency training which begins in the second year.

First post-graduate years in category #1 above are called **complete** or **categorical** programs, while those in category #2, are listed as either **preliminary** or **transitional** in the Directory of Graduate Medical Education Programs (Green Book) and the AMA-FREIDA database program.

#### Complete Programs

Those in which the first post-graduate year is an integral part of the total residency program are considered Complete Programs. Such programs are designed for those students who have decided to pursue that specialty. These programs should not be considered antecedent to another specialty. Examples include most residency programs in Family Medicine, Internal Medicine, Pediatrics, and others.

#### Preliminary Programs

One year programs available primarily in Medicine and Surgery. Preliminary **medical** programs are designed for those who are interested in a medical specialty, but undecided as to which one, or who have decided on a specialty whose residency starts in the second year, and for which a year of medicine is an appropriate preliminary, e.g., Neurology, Radiology, and Dermatology. Similarly, Preliminary **surgical** programs are for those who are interested in a surgical specialty, but undecided as to which, and for those who have decided on a surgical specialty which requires an antecedent year or years of surgical training, e.g., Urology, Otolaryngology.

Transitional Programs are designed for the student who:

- (1) Is undecided as to specialty interest, *or*
- (2) Plans to go into a specialty which requires such an antecedent year, e.g., Pathology,

- Anesthesiology, and Radiology, *or*
- (3) Plans to enter the Military or Public Health Service as a general duty officer after that year of training, *or*
  - (4) Feels that such a year is needed to "round out" his/her medical education.

Preliminary/Transitional programs also serve as a back-up for those students who may be unable to secure a first post-graduate year in the specialty of their choice. For such students, the year can serve as a springboard for a second attempt at acceptance into the residency of their choice.

### **SAN FRANCISCO MATCHING PROGRAM**

The San Francisco Matching Program, or SF Match, functions in a somewhat parallel fashion to the NRMP. The SF Match serves most residency programs in the specialties of Neurological Surgery, Ophthalmology, and Plastic Surgery. Typically, deadlines for these programs are earlier than the NRMP, increasing the importance of being prepared and applying early in the fourth year of medical school. Further information about the SF Match and programs it represents can be found at their website, <http://www.sfmatch.org/>.

### **AMERICAN UROLOGICAL ASSOCIATION (AUA) MATCH**

Urologists have their own residency matching process, run by the AUA. Information about this match is available from their website, <http://auanet.org/residents/resmatch.cfm>

## **DIRECTORY OF GRADUATE MEDICAL EDUCATION PROGRAMS (GREEN BOOK)**

A directory published annually by the American Medical Association (AMA) listing all approved post-graduate training programs. Copies are available for student review at the Norris Medical Library and the Office of Student Affairs (KAM 100-B). Students wishing to purchase a copy should contact the American Medical Association, Book and Pamphlet Fulfillment OP416790, P.O. Box 10946, Chicago, IL 60610. The Green Book may also be purchased through the Health Sciences Bookstore.

### **AMA-FREIDA (AMA's FELLOWSHIP AND RESIDENCY ELECTRONIC INTERACTIVE DATABASE ACCESS SYSTEM)**

An on-line searchable database designed to help students find a graduate medical education program most suited to their needs. The website is <http://www.ama-assn.org/ama/pub/category/2997.html>. All ACGME accredited graduate medical education programs are included in the database program, as well as Board-approved combined specialty programs, such as internal medicine/pediatrics. FREIDA includes basic information about each program and information relating to the faculty, educational environment, work environment, and compensation/benefits offered by each program, and users can search for training programs by selecting specialties, states, or training institutions.

As a supplement/alternative to FREIDA, the directory of programs participating in the NRMP Matching Program, including addresses and telephone numbers as well as additional information regarding residency training, is available on the web at <http://www.nrmp.org> for students who are registered with the NRMP to participate in the Match. Note that the NRMP site will not include programs participating in the San Francisco Match.

### **SELECTION OF A SPECIALTY**

Selection of the appropriate first post-graduate year of training begins with a decision regarding the specialty choice. A prudent decision should take into consideration the personality type, goals, lifestyle, what activities bring satisfaction, and how these expectations fit the practice of the proposed specialty.

The student should also give consideration to practical matters, such as the competitiveness of appointment to the training program, the future supply and demand for physicians in the specialty, the geographic distribution of specialists, and any restrictions which might be applicable, such as physical limitations, family and financial obligations, and geographic mobility.

Only the student can make this decision, and the wisdom of the choice is an individual responsibility. To assist students in their deliberations, the School offers clinical advisors, and advising programs. School programs also draw on the Association of American Medical Colleges' Careers In Medicine program; information is available at <http://www.aamc.org/students/cim/start.htm>

### **SELECTION OF A POST-GRADUATE YEAR PROGRAM**

Selection of the proper training program (hospital) is largely a matter of gathering information from all available sources:

- AMA-FREIDA database computer program
- The student's adviser
- The program director (through mail and internet communication)
- Faculty and specialists in the field
- House officers in the particular discipline at USC affiliated hospitals
- Alumni who may have been in the program
- Spending elective time at the hospital(s) of interest

Finally, a personal visit may be arranged, preferably before submitting a final application to the program. For some students, this can be accomplished by an elective clerkship in the program of interest. This is often an invaluable way for the student to gain in-depth knowledge of the program, and to demonstrate their value as a potential resident.

## APPLICATION TO A POST-GRADUATE YEAR PROGRAM

The application process should begin early in the summer of the senior year. Although the NRMP encourages participating programs to use the Electronic Residency Application Service (ERAS) and most do, some programs may have their own forms. Program directors may require a variety of materials from applicants, including:

- Medical School Performance Evaluation (MSPE, formerly Dean's Letter, required by **all** programs)
- Transcripts
- USMLE Scores
- A personal statement and/or curriculum vitae
- Letters of recommendation (generally three, and often from designated persons)
- Photo

Virtually all competitive programs require an interview. The student will be invited by programs for interviews. The student should complete his/her application and research the program before the interview, bearing in mind that the **program** (hospital) **will select the students that they will rank** during the match process.

### ELECTRONIC RESIDENCY APPLICATION SERVICE - (ERAS)

ERAS will be used by most residency programs. A list of participating programs is available on the World Wide Web, at [www.aamc.org/eras](http://www.aamc.org/eras). All students applying to the listed programs must participate in ERAS. If you are applying in another field in addition to the listed specialties, you must use ERAS for the programs listed above and contact the non-ERAS participating program to find out its application requirements, facilities, and deadlines. Common sources of information regarding non-ERAS participating programs are the AMA Green Book, or the AMA-FREIDA Web site at <http://www.ama-assn.org/ama/pub/catagory/2997.html>

#### Quick ERAS Overview

ERAS uses the WWW to communicate with applicants, the Office of Student Affairs, and ERAS participating programs.

Medical Students use **MyERAS** via the WWW to select programs, request the USMLE transcript, and create/assign documents. All applications are stored at the ERAS PostOffice. This permits students to manage their application from virtually any computer with a web connection.

The Office of Student Affairs uses the Dean's Office Workstation, **DWS**, to upload Medical School Performance Evaluations (MSPE), transcripts, letters of recommendation, and photos to the ERAS system. Residency programs use the Program Director's Workstation, **PDWS**, to download applications from their electronic mailboxes located at the ERASPO. In addition, the residency programs use the PDWS software to sort, review, and print applications.

#### Important Information to Remember

MyEras is available to applicants in July. The Office of Student Affairs provides you with a "Token" (a special code to register and access MyERAS on line). Students need to register promptly with MyERAS, as the office of Student Affairs cannot upload information if the applicant has not registered. **At all times, the applicant is responsible to contact the residency programs and to ensure that all deadlines and requirements are met.** It is also vital that the contact information you submit to ERAS is updated throughout the application season, since residency programs use this information to invite you for interviews, alert you to missing documents, etc. Students need to visit the ERAS Web site regularly for the most recent news at Web site address, [www.aamc.org/eras](http://www.aamc.org/eras). Students can also access the Web-based Applicant Document Tracking System, or **ADTS**, designed by ERAS to allow applicants to track the status of application materials. Its Web site address is [www.aamc.org/eras](http://www.aamc.org/eras).

Only one ERAS application per applicant is allowed, and only 4 letters of recommendation and 1 personal statement can be assigned to any one program at a time; however, an individual student may have different personal statements and more than 4 letters on file with MyERAS, tailoring the selection of statement and letters to a particular

program/specialty. It is important to remember that after certification, some items **cannot** be changed in the application; therefore, you are cautioned to carefully read the ERAS Applicant Manual before you begin. The ERAS processing fee will vary according to the number of programs selected.

#### **INFORMATION TO BE INCLUDED IN STUDENT CURRICULUM VITAE**

Please refer to the Careers in Medicine Student Manual, from the AAMC, for curriculum vitae information and format. Go to <http://www.aamc.org/students/cim/start.htm> for information on Careers in Medicine.

## **REQUESTING MSPE PACKET FOR POSTGRADUATE EDUCATION**

**According to the guidelines established by the AAMC, official Medical Student Performance Evaluations may not be released by any school to any student, program or hospital prior to November 1st.**

**The AAMC has reported that there is no advantage to having transcripts sent out prior to November 1st. If the applicant requests transcripts prior to November 1st, we will comply; however, we will not resubmit transcripts at a later date.**

Once the official Medical School Performance Evaluation (MSPE) packet has been sent on behalf of any student, the Office of Student Affairs will not re-send any additional material with the following exceptions: (a) the overall MSPE summary adjective changes; (b) the student has achieved some significant honor (i.e., AOA, Dean's Scholar); or (c) the student has encountered any situation which could delay graduation.

Requests for MSPE packets from non-ERAS applicants must be submitted in writing available in the Office of Student Affairs, KAM 100-BB.

## LETTERS OF RECOMMENDATION

Personal letters of recommendation are required to complete the application to postgraduate programs. Recognizing this, the student should make a positive effort to get to know the faculty and staff who supervise his/her clerkship experiences.

The hospital/program will generally indicate how many letters it wishes, and from whom they should be requested. Although each hospital/program's requirements are different, the average number of letters required is three. Where a program has specified a desire number of letters and/or types of authors, students should follow the stated specifications. The student should assume that at least one letter should come from a USC faculty member in the department which represents the specialty to which the student is applying. Students are responsible for downloading and printing the Instructions to Letter writers from the MyERAS website.

Students may approach a potential author as the clerkship progresses and ask if he/she would be willing to write a letter of recommendation when the appropriate time draws near. Students should indicate that they will later set up an appointment and bring copies of evaluations to date through medical school, thus having a chance to talk with the author before the letter is prepared. All major departments will occasionally request an appointment, and if so, will always request the student bring a copy of the file to date. Some authors also request a curriculum vitae, so students may anticipate this when making requests.

All letters of recommendation submitted for residency application are considered confidential to the student ERAS file. Students will not be allowed to review letters received in the Office of Student Affairs. All documents submitted to the Student Affairs office for residency application will be used for this purpose only until NRMP Match Day in March. Subsequently, residency application files, which include letters of recommendation, will be destroyed after Match Day and before the commencement ceremony in May of the same year.

## APPLICATION FOLLOW-UP

Students are encouraged to monitor their application process. If applying through MyERAS, follow-up of the application can be tracked through the AAMC ERAS website, [www.aamc.org/eras](http://www.aamc.org/eras). If the application is paper, follow-up would be through communication to the hospital/programs regarding the completeness of the application. We suggest you call your first five choices (they can verify your status immediately); the delay is greater if your inquiry is by letter. Send self-addressed, stamped postcards to the remainder of hospitals/programs, asking them to verify that your application is complete, or to check off which items are missing. You can pre-print the postcard with the elements of your application – each LOR author, application, transcript, etc. – to make the secretary's life simpler, and to increase your likelihood of receiving a reply. Most places will keep you informed, but remember they are overloaded with applications.

## INTERVIEWS

It is strongly suggested that you allow vacation time sometime during the November/December/January period of your senior year to schedule interviews and travel regarding postgraduate training.

If you are scheduled for a clerkship during the interview period, you must have prior permission from your clerkship preceptor (get it in writing for your protection) if you plan to miss time from your rotation due to interviews. Students may miss no more than 3 days during a required clerkship, Selective or Elective. If you anticipate that you will miss more than 3 days for interviews, you will have to reschedule the rotation for a later date. We have seen unsatisfactory grades, incompletes and negative comments arise because of this lack of courtesy, which could have been avoided. Some preceptors may require you to make up any missed time; find out what is expected of you if you miss time off their service. **PLAN AHEAD!**

A letter to your interviewer after the interview is also suggested. It need not be long, but simply an acknowledgment of your appreciation (also a way to refresh their memory and keep you in mind). This should be done with at least your top five choices, but all programs, if possible.

## APPLYING FOR A FIRST POST-GRADUATE YEAR APPOINTMENT

### THE MATCH

Almost all appointments to GY-1 (Graduate Year 1) programs are made through the National Resident Matching Program (NRMP) which matches, by computer, the student to a program to which he/she has applied (see description of the SF Match and AUA Match for exceptions). The Matching Program guarantees placement for GY-1 only, although complete programs typically retain their students for subsequent training if their performance in the first year is satisfactory. Virtually all accredited programs participate in the match, and are not allowed to offer positions to non-participating students until after the match; therefore, it behooves all students to participate. Even students who may be given consideration outside the match (Armed Forces students and those completing graduation requirements between January and March, for example), are advised to participate to preserve their options.

Registration to participate in the match requires a fee (subject to change), and the completion of an Agreement Form, available on the NRMP website, [www.nrmp.org](http://www.nrmp.org) in August of the senior year.

**Note:** A number of specialties conduct special matching programs separate from the NRMP program. These include Neurological Surgery, and Ophthalmology. Information about applying to these special residency programs can be found on their websites. The San Francisco Matching Programs website <http://www.sfmach.org>, is for Neurological Surgery, and Ophthalmology. Students interested in these specialties must prepare applications for GY-1 and GY-2 programs simultaneously. The deadlines and results of these special matches are generally 4-6 weeks prior to the NRMP program.

Urology match is through the AUA Residency Matching Program for Urology, website is <http://www.auanet.org>. Urology application is through ERAS.

### THE RANK ORDER LIST INPUT AND CONFIRMATION (ROLIC) SYSTEM

You will submit your Rank Order List to the NRMP via the Internet, using the Registration, Ranking and Results (R3) system on the NRMP website. NRMP will assign you a password that will be used with your Applicant Code to enter your Rank Order List.

If you are participating in the couples' match, you will enter your partner's Applicant Code (not his/her password). Your partner will follow the same procedure; this allows you to enter paired programs via the RRR system.

Remember, you should not list programs which you really do NOT want, as a "match" is a contractual obligation. You will receive complete information about these arrangements in January of your senior year.

The Match results are announced in March each year, typically in the third week (the exact date is announced annually).

### UNMATCHED STUDENTS

The Office of Student Affairs assists in the placement of unmatched students. Placement of unmatched students occurs rapidly after match results are announced, and choices for placement are extremely limited. As it is not possible to predict whether a student will remain unmatched, **it is wise for all students to plan to be in the vicinity of the school at the time match results are announced. International travel during Match Week is strongly discouraged.**

## **LICENSURE REQUIREMENTS AND THE POST-GRADUATE YEAR**

Most states, including California, require at least one year of post-graduate training in an approved hospital for licensure; many require two or more years for licensure. The training content of the year, as well as what is an "approved" hospital, may be specified by the licensing agency. Although most ACGME-approved programs offered by NRMP will meet licensure requirements, the student should check to be sure that the program(s) to which he/she is applying will meet the requirements of the state in which he/she plans to practice.

### **LICENSURE**

The Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) have established a single, uniform examination for medical licensure in the United States. The United States Medical Licensing Examination (USMLE) provides a common evaluation system against which to measure knowledge and cognitive competence of applicants for medical licensure.

Currently, a California license to practice medicine may be obtained by any of the following:

1. Passing all steps of the USMLE (this is the route chosen by most of our students).  
To be certified by the NBME, you must pass Steps 1, 2, and 3.
2. Reciprocity with a license obtained in another state.

Application for licensure may be filed at any time after graduation, but licenses are released by the State of California only after the completion of the GY-1 year, or first year of post-graduate training. The licensing agency in California is the Medical Board of California, Division of Licensing, 1426 Howe Avenue, Sacramento, CA 95825.

## THE OFFICE OF STUDENT AFFAIRS

The Student Affairs Division of the University of Southern California bears a central responsibility for the provision to students of services and resources, which will assist in their total development—intellectual, social, cultural, physical, emotional and moral. At the Keck School of Medicine, the Student Affairs Office is under the overall responsibility of the Associate Dean for Student Affairs, Peter J. Katsufraakis, M.D., M.B.A., and is managed by Robert McCann, Director of Student Services and Registrar. Drs. Joel Schechter and Donna Elliott are Assistant Deans for Student Affairs and Curriculum, and participate in students' advising and the School's education program. Appointments to see Dr. Katsufraakis are made through Sana Ahmed, Keith Administration Building, Room 100-F, (323) 442-2420 or dominich@usc.edu. Dr. Katsufraakis also typically offers no-appointment-needed drop-in hours each week, and Ms. Ahmed can provide information about when these are scheduled. Dr. Schechter may be contacted at (323) 442-2553 or schechte@usc.edu, and Dr. Elliott at (323) 442-2450 or delliot@usc.edu. **Student Affairs is here to help and serve our students.**

Student Affairs Office Staff include:

- Sana Ahmed, Project Specialist
- Cindy Crump, Assistant Registrar
- Mandy Garcia, Student Affairs Advisor; Kay Ruiz, Student Affairs Assistant
- Amy Lloyd, Visiting Clerkship Coordinator
- Robert McCann, Director and Registrar
- Gina Pineda, Associate Director and Clerkship Coordinator
- Janene White, Director of Career Advising

Their offices are located in the Keith Administration Building, Room 100-B, (323) 442-2553.

The Office of Student Affairs will oversee your progress through medical school; maintain your academic records, issue transcripts, advise you regarding school policy, handle business matters such as loan deferments, insurance discounts, and letters confirming your academic or student status. The staff provides counseling and/or referral for students with personal or academic problems, and arranges peer tutoring for students experiencing academic difficulty.

Students **must keep the Student Affairs Office** (as well as the Curriculum and Student Financial Aid Offices) **informed of their current school address, email address and telephone number.** Vital, official school correspondence will be sent to the current address on file with the Office of Student Affairs. It is not the policy of the School to reveal your location, phone number or address, except to other students and members of the faculty or affiliating institutions. Messages will be taken and forwarded to you; in cases of emergency, we will try to locate you.

### RELIGIOUS LIFE

Room 160 in the McKibben Building houses the HSC Office of Religious Life. Rev. Elizabeth Davenport, the Associate Dean, occupies the office on a part-time basis. Rev. Davenport can be reached at (323) 442-1687. Information on programs and activities is available at [http://www.usc.edu/programs/religious\\_life/](http://www.usc.edu/programs/religious_life/)

### USC MEDICAL BOOKSTORE

The Bookstore is located on the Health Sciences Campus, adjoining the Seaver Residence, ground floor; phone (323) 442-2674.

### CASHIER'S OFFICE

The Cashier's Office is located on the ground level of the Seaver Residence. Students are eligible for check cashing privileges up to a maximum of \$50.00 per day by presenting their student I.D. card. An ATM machine is also available in front of the building.

## PARKING

Parking permits are purchased at the Parking Office located in the Keith Administration Building, Room 120, (323) 442-1201. Permits are available on a daily, monthly, or semester basis.

## HOUSING

A listing of available housing is posted in the hallway of the KAM Student Services offices. Housing services for Seaver Residence Hall can be reached at (323) 442-1576.

## **OFFICE FOR WOMEN**

The Office for Women and the Associate Dean are committed to enhancing the professional development and leadership potential of women at USC and helping each woman to overcome the prejudice, discrimination in gender role and stereotyping experienced by women in our society. The Office for Women provides services to faculty, staff, and students.

The goals and objectives that the Office seeks to fulfill are to advance the careers of women at the Keck School of Medicine; to provide a supportive campus environment for women which includes an understanding of the needs of women on the USC Health Sciences Campus; advocacy and referral services for special needs of women through a network of support individuals and groups. Qualified individuals are available to provide women with the opportunity to discuss problems and goals on an individual basis. The Office seeks to encourage women to report and take action on the occurrence of unfair professional practices and sexual harassment and to assist them in resolving these situations.

We are also available to provide services for housestaff, students, post-doctorates and University staff. We have a resource library of books pertaining to issues related to women's issues and history. In addition, the Office is a resource to assist in the recruitment of qualified women for faculty and staff.

The Office for Women is staffed by Sana Ahmed. Dr. Raquel D. Arias is the Associate Dean for Women. The Office is located in the Keith Administration Building, Room 100-F, (323) 442-2554.

## **THE OFFICE OF DIVERSITY**

The Office of Diversity was established over 30 years ago through a grant from the Josiah Macy Foundation. Since its inception, the office has been under the direction of Althea Alexander, Assistant Dean. The office is located in the McKibben Building, Room 51-C. The phone number is (323) 442-1050.

The fundamental purposes of the Office of Diversity are (1) to recruit and to increase the numbers of minority students enrolled in the School of Medicine and, (2) to counsel and support minority medical students as well as high school and undergraduate students.

Counseling is designed to:

1. Provide necessary psychosocial and academic support to help medical students adjust to the medical school environment.
2. Provide assistance and guidance to the students in making presentations to faculty committees.
3. Assist students in acquisition of housing, parking, textbooks, health and child care.
4. Expose students to inter-ethnic community activities as participants and observers.
5. Provide a framework in which medical students will tutor elementary, junior high, high school, and undergraduate students, thereby increasing the number of qualified medical school applicants.

The Office of Diversity also has a four-week Bridge Program for minority medical students prior to beginning their first year classes. The Program is designed to orient students to the Keck School of Medicine campus and community, and to introduce them to the first year courses. The Office of Diversity's mission is to support minority medical students, but it strives to serve as a supportive and welcoming environment for all medical students.

## THE OFFICE FOR CURRICULUM

The Curriculum Office oversees and administers the medical student curriculum. Its staff administers exams, coordinates the distribution of grades, provides class schedules and course materials, coordinates research opportunities for medical students, provides administrative support to the various curriculum committees, and executes policies generated by those committees.

The Curriculum Office is under the overall responsibility of the Associate Dean for Curriculum, Allan Abbott, M.D., who is assisted by Donna Elliott, M.D., M.S.Ed., Assistant Dean for clinical education, and Joel Schechter, Ph.D., Assistant Dean for basic science education. Administration of the office is the responsibility of Sandra Mosteller, Director, aided by David Hoffman, Assistant Director.

Since the administration of the examinations is one of the primary responsibilities of the Office for Curriculum, students should familiarize themselves with the examination policies as written in this handbook (Section 3).

There are additional staff members assigned to the Curriculum Office available to assist students during office hours. The Curriculum Office is located in the Keith Administration Building, Room 314. Appointments to see Dr. Abbott may be made through the Curriculum Office at (323) 442-1763. Donna Elliott, M.D., is available to advise and assist students primarily in the Year III/IV curriculum. Dr. Elliott's office is located in KAM 100 B, (323) 2553. Joel Schechter, Ph.D., is available to advise and assist students primarily in the Year I/II curriculum. Dr. Schechter's office is located in the Bishop Building, Room 306, (323) 442-1862.

## FINANCIAL AID OFFICE

The Financial Aid Office, under the supervision of Linda Lewis, Director of Financial Aid, is responsible for assessing student eligibility for financial aid. The staff is also available to counsel students on the most appropriate and available resources to meet individual requirements. The Office also manages and distributes a limited number of scholarships and loans for eligible students.

Financial aid is based on both Federal and University regulations. Likewise, scholarships are based upon University, Medical School, or donor designated criteria for eligibility. Financial aid is ordinarily distributed two times annually, during fall registration (mid-August) and again during spring registration (early January). Renewal of financial aid is not automatic; a student requiring on-going aid must apply annually.

Students requiring financial assistance are encouraged to seek loan counseling and assistance in debt management before making unsound decisions in this regard. Since the application process is lengthy and often confusing to a student, one should apply early for financial aid. Any questions regarding financial aid should be directed to the members of the office staff, in KAM B-20 or (323) 442-1016, all of whom encourage you to seek their counsel. Students may "walk in" or make an appointment for counseling.

## NORRIS MEDICAL LIBRARY

[www.usc.edu/nml](http://www.usc.edu/nml)

The Norris Medical Library is located on the north side of the Health Sciences Campus central plaza, or "quad." Library hours are as shown below. Extended hours on Friday and Saturday are provided for several weekends near exam times. See the Norris Medical Library website for specific dates.

Monday - Thursday	7:45 a.m. - 12:00 midnight
Friday	7:45 a.m. - 8:00 p.m.
Saturday	9:00 a.m. - 5:00 p.m.
Sunday	9:00 a.m. - 10:00 p.m.

**Library Cards** may be obtained at the Loan Desk with appropriate ID. Books circulate for four weeks and may be renewed once for four weeks unless requested by another user. Renewals may be made in person, online, or by calling the Loan Desk, (323) 442-1116. Fines are assessed for all overdue materials as follows: overdue books, 50¢ a day; overdue reserve items, \$1.00 an hour; recalled books, \$5.00 a day. Requests for books in circulation may be made at the Loan Desk or online using the USC Health Sciences Libraries online catalog system, **HELIX**. Journals are restricted to library use only.

The library holds approximately 171,000 volumes and currently subscribes to 1,658 print journals and over 2,000 electronic journals. **HELIX** contains listings for books, journal titles, and multimedia in the Norris Medical Library and the Wilson Dental Library. **HELIX** is available through computer stations in the libraries and through the Norris Medical Library Web site.

Books or journal articles not in the collection of the Norris Medical Library or the LAC+USC Healthcare Network libraries may be obtained through **interlibrary borrowing** from other libraries. See the *DocRetriever* system at [www.usc.edu/nml/docretriever](http://www.usc.edu/nml/docretriever) for more information about interlibrary loan.

Self-service **photocopying** by coin or USCard is available in the Photocopy Center located on the lower level of the library. Cost per copy is 10 cents for black and white, and 50 cents for color copies.

**PC and Macintosh computers** are located on the Norris Library plaza level, in the computer lab and on the lower level. A USC computer account (email account) is needed to log in to most of the library computer stations. Some computers on each level are available for checking library catalogs including the Norris Library's **HELIX**, electronic reserves, and journal locations, as well as accessing selected information resources. Full access to the Internet is not available on these 'limited access' computers. The charge for laser printing is 5¢ per page for black and white and 50¢ for color. Laser printing debit cards may be purchased at the Loan Desk.

**Reference service** is provided by information specialists, who are available to help solve information problems, assist with online literature searches or interlibrary loans, answer inquiries about library services, and provide one-on-one consultations and instruction. Reference service is available Monday through Friday from 9:00 a.m. to 5:00 p.m. in person, by telephone, (323) 442-1111, or by email, [medlib@usc.edu](mailto:medlib@usc.edu), and from 10:00 a.m. to 4:00 p.m. by instant messenger. More information about contacting the library can be found by clicking the Ask-A-Librarian link from the library home page.

The library offers a variety of **instructional workshops** in its computer classroom on subjects including database searching, productivity tools, and bioinformatics. Workshop schedules and additional information are available in the Reference Office, by calling (323) 442-1483, or on the library's web site.

## **ELECTRONIC RESOURCES**

The **Norris Medical Library Web** provides links to **electronic resources** such as selected health sciences databases, electronic journals and books, and information sites; Norris **library information** and services, including workshop schedules, service request forms, and publications; and **library catalogs**, including **HELIX** for the Norris Library, **HOMER** for other USC libraries, and other catalogs for non-USC libraries.

On the library web site, **Ovid** provides a Web-based interface, [www.usc.edu/ovid](http://www.usc.edu/ovid), to twelve biomedical databases, including **MEDLINE**, and links to most of the library's full-text journals. Databases available through other vendors include **Science Citation Index**, **Chemical Abstracts**, **PsycInfo**, and **Current Contents**. For a listing of commonly used databases, see the Databases link on the library web site.

The library subscribes to over 2000 **full-text electronic journals**. The majority of these journals are now linked to citations in the MEDLINE database available through Ovid or the National Library of Medicine's PubMed@USC. For a complete listing of electronic journals, see the Journals link on the library web site.

Over 200 **full-text books** as well as a Multi-eBook search interface are available. The Multi-eBook Search tool searches Books@Ovid, Stat!Ref, Access Medicine, and seven other collections. To view the A-Z list of eBooks or to search multiple book collections simultaneously, select the Books/Multimedia link from the library web site.

### **USC COMPUTER ACCOUNTS**

The Norris Library manages USC computer accounts for all Health Sciences Campus users. Accounts are automatically created for all registered students and USC paid employees. With a USC computer account, students can gain access to USC-restricted electronic resources, use USC as their Internet Service Provider (ISP) with telephone numbers available in many areas of Los Angeles and its vicinity, and have a USC e-mail address. Before using their accounts, students must activate the account through [www.usc.edu/firstlogin](http://www.usc.edu/firstlogin). As many USC offices may contact students through their USC email address, students not planning on checking their USC e-mail should forward mail to their preferred address. Students not planning on using USC as their ISP should download the Cisco Virtual Private Network (VPN) software in order to access resources restricted to USC users. Further information about USC computer accounts, using VPN, connecting to wireless, and library computer information, see the Computing link on the library web site or call the Norris Library Learning Resources Center at (323) 442-1968.

## **LAC+USC MEDICAL CENTER SERVICES**

### **CALL ROOMS**

Services which require that students be present throughout the night during a clerkship assignment have call room facilities. Information about the designation of these areas can be obtained from the departmental office, the clerkship director, or the medical student educator. All call areas should be left unlocked, unless fully occupied.

### **MEALS**

The LAC+USC Medical Center has a meal plan. Students in all years are eligible for all meals 7 days per week. This is a pre-payment plan; students deposit money (no minimum/maximum) with the Vali-Dine Office and meals are charged against the account.

The Medical Center ID badge acts as the Vali-Dine card. Students should take their ID badge to the General Hospital Room 1024, Cashier's Office/Vali-Dine window to be activated or to add money to their account.

### **SECURITY OFFICE - CHAPERONING SERVICE**

The Security Office of the Medical Center is in General Hospital, Room 1432, (323) 226-3333. The Security Office of the Medical School is located on the first floor of the Biggy Street Parking Structure, (323) 442-3100. Security provides a free night-time chaperoning service for all students who must park in distant and unlighted areas. Students using this service must be mindful that night-time coverage of the Security Office is sparse and a delay may be encountered.

### **LOST AND FOUND**

Lost and Found for the Medical Center is centralized in the Cashier's Office, Room 1024 of General Hospital; phone 226-6677. Lost and Found for the Health Sciences Campus is in the Campus Security Office (Biggy Street Parking Structure; phone 323-442-3100).

### **LAC+USC HEALTHCARE NETWORK LIBRARIES**

**The General Hospital Library and Women's & Children's Hospital Library are within the LAC+USC Healthcare Network. The two libraries have over 13,000 book titles, 29,000 volumes of bound periodicals, and subscribe to 750 journals. Both libraries offer interlibrary loan service and computer workstations with access to a range of databases. Photocopying is available.**

*General Hospital Library* (Room 2050) provides materials on pre-clinical sciences, clinical medicine, and other health related subjects. (323) 226-7006.

*Women's & Children's Hospital Library* (Room 3L3) provides materials on obstetrics, gynecology, neonatology, and pediatrics. (323) 226-3234.

## **ERIC COHEN STUDENT HEALTH CENTER**

### OVERVIEW

The services provided at the Eric Cohen Student Health Center are designed to meet the basic and preventive health care needs of all students on the Health Sciences Campus. One of the roles of the Eric Cohen Student Health Center in conjunction with Student Health Administration is to help “clear” students for clinical rotations by maintaining up-to-date records of immunizations and tuberculosis screening. However, the primary purpose of the Eric Cohen Student Health Center is to help maintain students’ physical and mental health and well-being. The Center is located in the USC Family Practice Center at the Healthcare Consultation Center (HCC), 1510 San Pablo Street, Suite 104, Los Angeles, CA 90033. For appointments, call 1-800-463-0001. For Student Health administration issues, call (323) 442-5980.

The Student Health Fee covers all routine services provided by the Eric Cohen Student Health Center, including preventive medicine visits, acute care visits, selected vaccinations, and on-site routine laboratory testing. In addition to this service, all University students are required to have health insurance coverage for acute and chronic disease management, including specialized outpatient testing and care, emergency care, hospitalization, surgery, pregnancy, etc. For this required coverage, a comprehensive and affordable health insurance policy through Blue Cross is automatically charged to students at the beginning of each semester by the University. Students will have a brief “waiver” period at the beginning of each semester when they may “opt-out” of the USC Blue Cross insurance plan by providing evidence of a health insurance policy with equivalent coverage. For further information about this policy, contact the Financial Aid Office at (323) 442-1016 or Student Health Insurance Office at (323) 442-5989.

### SUMMARY OF COVERED SERVICES

The Student Health Fee covers the following services during Eric Cohen Student Health Center hours:

**ROUTINE HEALTH CARE:** ambulatory care services, including minor illness and injury care

**HEALTH MAINTENANCE:** tuberculin skin tests, physicals, Pap smears and gonorrhea/chlamydia screens (limited to 1 per year).

**ON-SITE DIAGNOSTIC STUDIES:** hemoglobin, urinalysis, urine pregnancy test, strep-A antigen

**MENTAL HEALTH CARE:** consultation, counseling, crisis -intervention, and referral for long-term psychotherapy (limited to 4 free visits). Further visits are billed through your health insurance coverage.

**COMMUNICABLE DISEASE FOLLOW-UP/BLOOD (OR BLOOD PRODUCT) CONTAMINATED WOUND FOLLOW-UP,** e.g., following accidental exposure in a clinical setting.

**\*Note:** Services **not** listed above are **not** covered under the Student Health Fee and are the responsibility of the student.

### THE ERIC COHEN STUDENT HEALTH CENTER – STUDENT COUNCIL

The Student Health Council provides a formal system of feedback and input from students for health-related services at the Health Sciences Campus. The Council meets every other month during the academic year. Each Health Sciences school has an elected representative. For further information, contact your council representative or call the Eric Cohen Student Health Center Administration.

## **THE STUDENT MENTAL HEALTH SERVICE**

Every effort has been made to ensure that your involvement with psychological services in the Eric Cohen Student Health Center is a valuable experience. We recognize that it is sometimes difficult to acknowledge a need for help and we support your doing so by trying to make accessing the services available to you as easy and stress-free as possible. Please take a few minutes to familiarize yourself with our program. Linda Garcia-Shelton, Ph.D., is the clinical psychologist and a faculty member of the Department of Family Medicine

### **CONFIDENTIALITY**

We take confidentiality very seriously. One of the most important aspects of the relationship between a therapist and a patient is that it is a confidential relationship. This means that any information discussed in any session cannot be shared with someone without your permission. *Your psychological services record is NOT part of your student health medical chart. Your psychological records are accessed only by Dr. Garcia-Shelton unless you authorize otherwise.*

### **APPOINTMENTS**

To schedule an initial appointment, please call the Eric Cohen Student Health Center Administration at (323) 442-5980.

FOR OFF-HOUR EMERGENCIES, there is a family physician on-call through the Family Practice Center 24-hours a day, 7 days a week. Please call (323) 442-5900 and ask for the doctor on call.

### **MEDICATIONS**

Should medications be indicated, Dr. Garcia-Shelton will refer students to physicians in the Department of Family Medicine, the Department of Psychiatry, or through the network in the student's insurance plan.

### **INSURANCE**

Dr. Garcia-Shelton is available for consultation at no charge for 4 counseling sessions per academic year to students under the Student Health Center Fee. Students who are covered by the USC Student Health Insurance Plan may receive 25 counseling sessions per academic school year in addition to the four free sessions. Under this plan, students are required to pay 10% of each session after meeting the annual deductible of \$150. If you have a different insurance plan, please determine your benefits for "outpatient psychotherapy" with your insurance carrier benefit representative.

## YOU AND THE MEDICAL CENTER ON THE WARDS

In your first and second years, your ICM instructor will orient you to the LAC+USC Medical Center. In your third and fourth years, you will be oriented to your specific duties and responsibilities at the beginning of each clerkship. Any special departmental rules regarding dress, hours, call schedules, etc., will be described and the evaluation criteria will be explained. Be sure to ask any questions regarding protocol, ward functions, evaluations, etc., so that you clearly understand what is expected of you.

### Supervision

By State Law, medical students have license to practice medicine under supervision **only**. All student workups and orders **must be countersigned by the resident or preceptor** to whom the student is assigned. If students are uncertain about protocol, or have questions about patient management, they are urged to seek assistance.

### Patient Responsibility

Medical students have the responsibility to work up and care for any and all patients assigned to them by the preceptor who supervises their work. Medical practice involves inherent risks, e.g., infection from patient to health care worker, and students will learn to manage these risks while simultaneously meeting professional obligations to provide needed care.

Any student who questions their assignment based on concerns for his/her health or for other reasons should discuss these first with the clerkship director, medical student educator, or preceptor. Failing resolution of these concerns, the student should bring his/her concerns to the attention of the Assistant or Associate Dean for Student Affairs.

### HIV/AIDS Policy at the Keck school of Medicine Office

It is the policy of the Keck School of Medicine that all health care providers and all students involved in clinical care are expected to attend all patients, regardless of disease. Medical students, residents and faculty members have a fundamental responsibility to provide care to all patients assigned to them. A failure to accept this responsibility violates a basic tenet of the medical profession: to place the patient's interest and welfare first. Faculty have a special responsibility to model the professional behavior and attitudes expected of physicians in training, in their own willingness to provide competent, sensitive, and compassionate care to all patients. (Section 2 for implementation and guidelines).

## ABSENCES

### Absence for Reason of Illness

Absence due to illness must be reported to the clerkship director or medical student educator on a required clerkship, or to your preceptor on an elective or selective, as soon as possible. In case of extended absence (2 days or more), a note from a physician (who is not a relative) is required, and the absence will be reported to the Office of Student Affairs. A physician note may be requested for any absence, at the discretion of the clerkship. All absences must be made up; the plan for make-up of the time missed will be determined by each clerkship director. Unexcused absence may be grounds for a failing clerkship grade and/or disciplinary action. Only by successfully petitioning the Clinical Sciences Student Performance Committee may a student obtain a waiver from having to make up lost time.

If the illness is anticipated to last more than three months, the student must apply for a Leave of Absence through the Associate Dean for Student Affairs.

## **Absences for Reasons Other than Illness**

**Anticipated absences must be approved in advance by the clerkship director or designee**, and the required Student Absence Request Form (page 6-6) must be submitted with the request along with supportive documentation. Students will generally be required to make up absences, at the discretion of the clerkship director. Some general guidelines include:

**USMLE** – will not be considered an excused absence; this must be taken during vacation time.

**BLS/ACLS Training** – will not be considered an excused absence; this must be taken during vacation time.

**Residency Interviews** – interviews scheduled during a clerkship, elective or selective must be approved in advance. Printed email verification of the invitation to interview must be submitted with the request. While faculty will try to accommodate reasonable requests, students are not guaranteed time away from courses.

## **OBSERVANCE OF CALL SCHEDULES AND DUTY HOURS**

### Students must work assigned call hours for all clerkships

Students are expected to observe all assigned duty hours. When you are on call during a clerkship you are expected to remain within the hospital or assigned clinical site. Call schedules cannot be switched without approval from the medical student educator or clerkship director.

### Professional Liability and Legal Limitations of Student Practice

The California Business and Professions Code states that it is lawful for a student who is regularly matriculated in a legally chartered school approved by the Medical Board of California to diagnose and treat the sick whenever and wherever prescribed as a part of his course of study. **Anything that a student does which is not prescribed as a part of his/her course of study is the practice of medicine without a license.**

Malpractice insurance protection is provided while you are acting within the scope and in the course of your duties for the University in your capacity as a student of the Keck School of Medicine. All petitions for Off-Campus Electives must be submitted six weeks prior to the elective, and must be approved by the Clinical Curriculum Committee. Taking clerkships which are not approved by the School may be considered the unlawful practice of medicine (since malpractice insurance does not cover unlawful acts, the student and his preceptor would, therefore, be personally liable).

To cover you medically and legally under the County as well as by the University, you must be enrolled as an Affiliating Student Physician at the Medical Center. As such, you should be aware of two special County rules which apply to medical students as well as employees:

1. **Soliciting Business for Attorneys (Capping)**: It is illegal for any County employee to solicit business for attorneys, both on or off County property. To do so is illegal under Sections 6151, 6152, and 6153 of the Business and Professions Code of the State of California.
2. **Conflict of Interest**: It is illegal for a person employed in a full-time position in the County service to engage outside of the regular working hours, in any gainful profession, trade, business, or occupation whatsoever for any person, firm or corporation, or governmental entity, or to be so engaged in his own behalf, which profession, trade, business or occupation is incompatible with, or involves a conflict of interest with, his duties as a County officer or employee, or with the duties, functions or responsibilities of his appointing officer or of the Department by which he is employed.

## PROFESSIONAL RESPONSIBILITY

### Behavior

Students are expected to display a professional manner at all times and show courtesy, not only to patients and their relatives, but to other members of the professional team. Students are required to identify themselves as student physicians at all times. Students must maintain strict confidentiality of patient information following HIPAA guidelines.

### Identification

Students must wear their Identification Badge at all times. Failure to do so may result in a citation by Security. Your I.D. Badge not only assures patient security throughout the hospital, but authorizes your presence on the ward. If your I.D. Badge is lost, please contact the Office of Student Affairs at (323) 442-2553 to report the lost badge and secure a replacement. The student will be responsible for a \$50 lost badge fee. Students are encouraged to use care in handling their I.D. Badges.

### Dress

While on the ward, students are expected to present a neat and clean appearance. Specific requirements will be identified during clerkship orientation. Students should wear their short white Keck School of Medicine coat over conventional dress. The LAC+USC Healthcare Network Dress Code is provided on pages 6-7 and 6-8 for your reference.

## MEDICAL RECORDS

On clerkships where the student may be working in a role similar to an intern, students should be aware that JCAHO requires that the initial workups on a patient be recorded on the chart within the first twenty-four (24) hours. The hospital chart is a **LEGAL DOCUMENT** and, as such, facetious remarks have no place in the record. All entries to the record must be **SIGNED**, and identified by year of training (USC III, USC IV, etc.). All charting is to be done in **BLACK** ink. Charts must be kept near the patient and should **not** be removed from the Ward unless the chart is accompanying the patient to another location. Charts may not be photocopied.

Moreover, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule generally prohibits health care providers (such as USC physicians, pharmacists, dentists, allied health professionals as well as USC's hospital partners), health plans (such as the USC Network) and clearinghouses, from using or disclosing an individual's "protected health information" without an authorization from a patient. An online HIPAA education privacy program is available through the University's compliance webpages ([www.usc.edu/compliance](http://www.usc.edu/compliance)) and must be taken by faculty, staff and other USC employees, as well as students, volunteers, agents and certain other individuals who have access to patient health information through USC providers.

**ALL MEDICAL STUDENT WORKUPS AND ORDERS ON HOSPITAL CHARTS MUST BE COUNTERSIGNED BY THE RESIDENT OR ATTENDING PHYSICIAN. STUDENTS MAY NOT FORGE THEIR INTERN'S OR RESIDENT'S COUNTERSIGNATURE, EVEN WITH APPROVAL.** We need not remind you of the seriousness and consequences of forging another person's signature.

## HOSPITAL POLICY ON ORDERING DIAGNOSTIC STUDIES

Students are not to order/submit laboratory work, x-rays, or other diagnostic studies on themselves, or on another student. Any student performing such unauthorized studies under his/her own, or a patient's name, will be **billed** for payment, and will be subject to **disciplinary action** by the hospital and the School.

### REFERENCES

Students should be aware of the following reference materials, generally available at the Clerk's Desk on most Wards:

Nursing Procedures Manual

Describes hospital procedures, policies, etc.

The Drug Formulary

Describes drugs available for use, rules for prescribing, writing prescriptions, etc.

The X-Ray User's Manual

Describes x-ray services available, how to order, how to prepare patients, etc.

**NOTE:** See the pages which follow for Approved Abbreviations, Venipuncture Protocol, Medical Center Services, and Hospital Locations.

**MEDICAL STUDENT ABSENCE REQUEST**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date Requesting:** \_\_\_\_\_ **No. of days** \_\_\_\_\_

**Please summarize reason for absence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Make Up Assignment (*Must be completed during clerkship rotation*):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team:** \_\_\_\_\_ **Resident Authorization:** \_\_\_\_\_

**Clerkship Director Approval:** \_\_\_\_\_

**All requests must be approved one week prior to requested time off. All required signatures must be present for approval.**

## **LAC+USC HEALTHCARE NETWORK DRESS CODE**

### Purpose

LAC+USC Healthcare Network personnel recognize that dress, grooming and personal cleanliness contribute to the morale of all employees, and impact the image that the LAC+USC Healthcare Network presents to patients, families and the community. The image presented by students, staff and faculty affects the willingness of patients to choose a LAC+USC Healthcare Network facility to obtain their medical care. These guidelines serve to establish a minimum dress code standard for all LAC+USC Healthcare Network employees.

### Policy

All employees, including County, contract, University and volunteers, shall present a clean, neat appearance and dress according to the requirements of their position.

Where uniforms are required, the employee shall wear the required uniform while on duty. The employee is also responsible for maintaining the uniform in good repair.

Each department shall enforce supplementary dress code standards in accordance with the applicable Memorandum of Understanding (MOU) provisions where the safety of the employee and/or patient are not addressed in the minimum standards.

### Guidelines Minimum Standards

- The official LAC+USC Healthcare Network photo identification badge must be worn at all times, between the shoulder and waist, with the name and picture easily visible.
- Clean and shined shoes of leather or leather type material and constructed of sufficient strength to protect the foot.
- Hair is to be clean and neatly groomed; for patient care and areas containing moving equipment, hair must be secured at the shoulders. Beards and mustaches are to be neatly trimmed to show evidence of grooming and good care.
- Nails are to be clean, and of a length that does not interfere with work performance, personal safety and/or patient care.
- Cosmetics should be appropriate for a business environment.
- Jewelry may be worn that is consistent with the work assignment, not injurious to the patient, and does not pose a potential safety problem to the employee. Dangling jewelry including ornate rings, long neck chains and earrings that extend below the ear lobe may not be worn by patient care personnel for safety reasons. Body piercing ornaments and earrings worn in other visible exterior parts of the body other than the ear are not permissible.
- Hosiery or socks shall be worn at all times.

### Examples of Inappropriate Attire:

- Jeans-style pants
- Tight, sheer or revealing clothing (i.e. clothing items constructed of spandex material, leggings, etc.)
- T-shirt, undershirts, or sleeveless shirts worn by themselves. T-shirts with a collar (i.e. Polo shirts) are

acceptable.

- Shorts of any type.
- Sandals (i.e. thongs or beach wear).
- Midriff or off-the-shoulder blouses, sweaters, and dresses.
- Spaghetti-strap or strapless blouses and dresses.
- Sweatshirts/pants or exercise attire.
- Wear of OR/procedure room attire outside of the patient care areas (i.e. masks, booties, hair coverings).
- Patient clothing including patient gowns, slippers and isolation gowns.
- Torn or unclean clothing or uniforms.
- Ill fitting clothing and uniforms (i.e. oversized, potentially hazardous).
- Caps or hats.

## CODE OF PROFESSIONAL BEHAVIOR

The students of the Keck School of Medicine of the University of Southern California, in order that our activities reflect the high standards of moral character demanded by the medical profession, do subscribe to the following CODE OF PROFESSIONAL BEHAVIOR:

### *Honesty and Integrity:*

- *We will conduct ourselves with the highest degree of integrity and honesty in all our academic endeavors including examinations, papers, procedures, and activities given by or associated with the Keck School of Medicine or the medical profession.*
- *We will truthfully conduct our research and report our research findings, and will not represent others' work or ideas as our own.*
- *We will not seek, by action or implication, oral or otherwise, to create an incorrect impression of our abilities or to create an unfair advantage over our colleagues during evaluations and other procedures.*
- *We will not tolerate or support unethical behavior in our colleagues and will report such behavior when it occurs through established procedures as detailed in the Student Handbook.*

### *Responsibility, Reliability, and Accountability:*

- *We accept our professional responsibility to respect the time and effort of others including our patients and will be punctual with required activities and assignments.*
- *We hold ourselves accountable to policies and procedures of the school and its associated clinical sites including, but not limited to, evaluations, charting, and documentation requirements.*
- *We recognize our own personal limitations and will seek help when needed. We will not assume responsibilities beyond our capabilities.*
- *We will represent the Keck School of Medicine appropriately in all relevant settings.*

### *Respect for others (students, colleagues, faculty, staff, patients):*

- *We will treat others with respect and honor their dignity, both in their presence and with the health care team.*
- *We will not discriminate nor tolerate discrimination based on race, ethnicity, language, religion, gender, sexual orientation, age, disability, disease, or socioeconomic status.*
- *We will respect the confidentiality of our patients at all times.*
- *We will treat all members of the health care team with respect and consideration and will work in collaboration with others to achieve satisfactory outcomes.*
- *We will demonstrate respect for our patients and colleagues by maintaining an appearance that is appropriate to learning and patient care.*

*Specific violations of the KSOM Code of Professional Behavior include but are not limited to the following examples. It is not just the letter, but also the spirit of the Code of Professional Behavior that is to be upheld by students.*

- *Giving or receiving aid in examinations; writing or preparing reports or presentations that a reasonable person would conclude are to be done without collaboration.*
- *Presenting the work of someone else as one's own.*
- *Plagiarism, including using prepared reports from the Internet or "cutting and pasting" without referencing original works.*
- *Falsely reporting attendance at a required activity when the activity was not attended.*
- *Falsifying data in research or knowingly participating in research activities that are reporting false data.*
- *Falsely reporting physical examination findings, laboratory data, or patient history information.*
- *Forging a physician's signature, even if told to do so by the physician. This includes, but is not limited to: prescriptions, physician's orders, forms for restricted medications, and discharge summaries.*
- *Performing a procedure without specific authorization and/or supervision by the student's supervising physician.*
- *Conducting clinical responsibilities while impaired by drugs or alcohol.*

*In addition:*

- *Students must abide by all University of Southern California policies as described in the University Catalogue and the SCAMPUS student guide book (section 11.00 – 11.55, Behavior Violating University Standards).*

Attendance at the Keck School of Medicine of the University of Southern California constitutes *de facto* acceptance of the CODE OF PROFESSIONAL BEHAVIOR and its concepts, the Honor System, and its procedures.

## HONOR SYSTEM

Medical ethics is a difficult subject to describe, much less to judge. Because of the relationship of physicians to the public at large, there exist strong feelings towards physicians' attitudes and behavior by society. Traditionally, the physician has been ultimately held accountable to society. The individual doctor's actions are reviewed and endorsed by colleagues who attempt to settle in their minds whether or not the adjudged has fulfilled the basic tenets and an essentially unwritten code on the ethical care of patients.

Professional behavior encompasses integrity, respect, courtesy, and compassion, in a pattern of moral and ethical interaction with patients, peers, faculty, and staff. It requires confidentiality and responsibility regarding patient information and group discussions, and demands an understanding of and esteem for oneself, patients, peers, faculty, and staff.

The Student Ethics Committee (SEC) at USC operates in this framework. Anticipating that the student will soon find himself/herself involved in this tradition, an attempt is made to prepare him/her to understand and respect this obligation. To do so, s/he must certainly respect and have confidence in himself/herself. The SEC is a body which is elected by the students and asked to interpret and describe for them what is ethical behavior, and in certain instances, to judge whether a certain student has met those criteria. The SEC itself can only direct. (The final responsibility is, of course, a private one. Attendance at USC constitutes a *de facto* acceptance of this Code of Professional Behavior.)

### Student Ethics Committee (SEC)

#### ADMINISTRATION

The SEC consists of two students from each of the four medical school classes, and two faculty members who attend all meetings of the SEC in an advisory capacity. The function of the SEC and its members is to provide guidance to students and faculty concerning the Code of Professional Behavior and the Honor System, to investigate alleged violations of the Code of Professional Behavior, to make recommendations concerning such violations based upon the SEC's findings in such an investigation, and to take any other actions the SEC deems reasonable and proper in the execution of its responsibilities to the Code of Professional Behavior, to the Student Body, and to the Keck School of Medicine.

1. SEC members are elected by classmates during the general elections held each year. The term of office is from the beginning of one Fall semester to the beginning of the Fall semester one year later; incoming officers may assume responsibilities prior to the expiration of the term of the outgoing member with the consent of the outgoing member, and incoming senior members will assume office upon graduation of the outgoing senior members.
2. There is no limit to the number of terms, consecutive or nonconsecutive, which may be served by any one individual. The faculty members will be appointed by the Associate Dean for Student Affairs (in consultation with the Student Affairs Committee), and will serve a two-year term, which may be renewed any number of times.
3. The outgoing Chairperson calls a meeting of the newly elected SEC members in the spring following the election. The actual terms of service commence in the Fall semester, notwithstanding situations described above. At this meeting, the elections of officers for the following year are held. The officers to be elected and their duties are:
  - a. The Chairperson
    - (1) Will preside over meetings
    - (2) Will preside over all Honor Boards
    - (3) Will normally be the principal liaison between the SEC and the School Administration in all matters

- (4) Will meet with the first year class and familiarize any transferring students during orientation each fall and explain the Code of Professional Behavior and the SEC utilizing a brief written synopsis of the Honor System, citing scenarios of infractions and procedures to be followed.
  - (5) Will be responsible for calling a meeting of the SEC following the Year I election for the purpose of becoming familiar with the proceedings of the SEC.
- b. The Vice- Chairperson
- (1) In the absence of the Chairperson, shall have the ability to discharge the duties of the Chairperson in all matters.
  - (2) Cannot be a member of the same class as the Chairperson.
- c. The Secretary
- (1) Will record minutes of all regular meetings and distribute them to all SEC members, the Dean, the Senior Associate Dean for Educational Affairs, the Associate Dean for Student Affairs, the Assistant Deans for Curriculum and Student Affairs, and the Associate Dean for Curriculum.
  - (2) If the Secretary cannot be present, any SEC member may sit as the Secretary, as designated by the Chairperson.
  - (3) May function as Chairperson or Vice-Chairperson when necessary.
- 4. Should a SEC seat become vacated during the school year, the remaining member of the affected class will immediately solicit the class at large for interested individuals to come forth and apply for the vacated seat. If necessary, a class election will be held. Should only one person come forward, she or he will automatically qualify to fill the seat.
  - 5. The representatives for each class are responsible for announcing the procedures and intent of the Code of Professional Behavior to their class during the first month of every school year.

#### GENERAL CONSIDERATIONS

- 1. The Senior Associate Dean for Educational Affairs, the Associate Dean for Student Affairs, and the two faculty members previously mentioned, serve as an advisory body to the SEC.
- 2. The Student Handbook of the Keck School of Medicine of the University of Southern California shall include information concerning the existence and enforcement of the Code of Professional Behavior at the School, and shall include a statement informing prospective applicants that attendance at this School constitutes de facto acceptance of the Code and its concepts and the Honor System and its procedures.
- 3. For those students offered a position in a class at the University of Southern California Keck School of Medicine, a detailed explanation of the Code of Professional Behavior and the Honor System will be provided during orientation.
- 4. Faculty and staff at the Keck School of Medicine should also consider it their responsibility to encourage and uphold the Code of Professional Behavior, including the reporting of violators.

## **POTENTIAL VIOLATIONS OF THE CODE OF PROFESSIONAL BEHAVIOR**

### PROCEDURES

#### *Reporting of Offenses – Who can Report*

1. Any individual should initiate the following procedure if an honor violation is suspected:
  - a. In order to ensure an understanding of the situation, the identifying individual should talk to the person suspected of committing the violation.
  - b. If the facts indicate a possible violation of the Code of Professional Behavior, the alleged violator should be advised to report to the SEC.
  - c. If the alleged violator is advised to report to the SEC and does not, or if circumstances do not permit the confrontation, the individual suspecting an honor violation should file a formal complaint with an SEC member.
  - d. An individual may approach an SEC member for advice without lodging a formal complaint
2. A formal complaint shall be a brief written description of the suspected infraction signed by the person bringing the complaint, and also signed by an SEC member; if an oral complaint is made to an SEC member, it shall be followed by a written description.
3. A formal complaint must be brought to the SEC not later than 30 working days after the commission of the alleged incident, unless extenuating circumstance interfere. The formal complaint shall be brought no later than 60 working days after the discovery by the SEC of the alleged incident.
4. Once a formal complaint has been lodged, or once the alleged violator has reported to the SEC, a preliminary investigation will be instituted by the SEC.
5. This procedure should be followed by all persons: faculty, students, or community members with an academic or non-academic complaint.
6. If an SEC member is accused, the member will be relieved of SEC duties until after the case has been decided.

#### Preliminary Investigation

1. Upon receiving a formal complaint concerning a suspected violation of the Code of Professional Behavior, the SEC member will take the following actions:
  - a. The SEC member will inform other members of the SEC of the complaint.
  - b. A brief meeting of the SEC will be called to discuss the complaint, determine the direction and goals of the subsequent investigation, and delegate investigatory responsibilities.
  - c. To the extent possible, all persons involved with the alleged violation, including the alleged violator as well as witnesses, will be interviewed by a member of the SEC. Additionally, any factual or material evidence pertinent to the allegation will be gathered.
2. Should an alleged violator refuse to cooperate with the SEC members at any time during their actions, the SEC will proceed without the alleged violator to the conclusion of its actions.
3. The SEC members will summarize all statements, facts, and evidence, including test papers if applicable and available, into a single report which will then be submitted to the members of the SEC, to the complainant, and to the alleged violator. This shall occur as soon as possible and within 20 working days of the formal complaint.

4. The alleged violator may ask the Chairperson of the SEC to expedite the proceedings, in which case all reasonable efforts shall be made to ensure that the proceedings are hastened.
5. The SEC will meet and review the case and decide by majority vote whether the case should be dismissed or continued to an Honor Board. A tie vote will be decided by a faculty member; faculty will otherwise not vote on whether to proceed to an Honor Board. If the SEC decides to dismiss the case, the alleged violator and the complainant will immediately be informed.
6. If the SEC decides to continue to an Honor Board, the following will occur:
  - a. The Chairperson of the SEC will inform the alleged violator in writing that the SEC has decided to bring the case before an Honor Board and of the charges to be presented to the Board. The SEC will provide the alleged violator with a copy of the SEC's procedures. The Chairperson will explain the procedures, and will answer any questions.
  - b. The accused shall have fifteen (15) working days after receiving the notification of the SEC's decision to proceed to an Honor Board to prepare for the Honor Board proceedings. If after 15 days from the notification, the alleged violator is unable to show cause for continuance, the case will proceed to an Honor Board.

## **HONOR BOARD**

### General Considerations

1. The Honor Board shall consist of nine members: the six medical student SEC members who are not classmates of the accused, one of the two appointed faculty SEC members, and two additional faculty members chosen by the SEC in consultation with the Associate Dean for Student Affairs.
2. The Dean of the Keck School of Medicine will not be eligible to sit on the Honor Board. Faculty members who teach in the organ system or the clinical service where the alleged infraction occurred, if applicable, cannot sit on the Honor Board.
3. The SEC will notify the Dean of the Keck School of Medicine (or his designee) of an impending Honor Board, in order that the Dean may notify the University legal staff. The University legal staff will place utmost priority on the Honor Board proceedings.
4. Should an alleged violation of the Code of Professional Behavior arise when there is a vacancy or vacancies in the SEC membership, the class presidents who are not classmates of the accused will fill said vacancies on the Honor Board, but only for a time period sufficient to resolve the issue at hand.
5. The alleged violator has the right to choose any person (exclusive of SEC members), and/or legal counsel to assist in the defense of the allegation. If the accused chooses to have legal counsel present, s/he must notify the investigating member no later than ten (10) working days before the Honor Board.
6. The burden shall be on the accused to request documents in advance of the Honor Board hearing, other than those previously specified, which will be used against the accused.
7. If the alleged violator is unclear of the charges, the burden shall be on the accused to request a clarification of the charges in advance of the Honor Board hearing.

### Duties of the Honor Board Officer

1. The Chairperson of the SEC will preside over the proceedings, and will make procedural and evidentiary rulings
2. The Secretary will be responsible for making a tape recording of the proceeding. Said tape recording shall remain in the possession of and shall exist for the use of the SEC exclusively. Tape will be retained until appeals or options for appeals have expired, and will then be destroyed.

3. If after the 15 days described previously, the alleged violator is unable to show cause for continuance, the case will proceed to the Honor Board. The investigating members of the SEC will be responsible for arranging a time and place for the Honor Board which is reasonably agreeable to all parties. He/she will be responsible for insuring the notification of all witnesses as to the time and place, and for the presence of all material evidence at the Honor Board.

#### Procedures

1. The purpose of an Honor Board is to make a determination of the facts of the case and to make a recommendation to the Dean.
2. An Honor Board will be convened as described previously.
3. The accused shall have the option as to whether he/she desires his/her Board proceedings open to the medical student body or closed to include only those individuals directly involved with the case.
4. Any arrangements with regard to due process afforded by these procedures shall be submitted to the Board no less than 3 day prior to the scheduled date of the hearing.
5. The Chairperson will call the meeting to order. He/she will then call upon the investigating member.
6. The investigating member of the SEC will present the facts and evidence of the case as established by the preliminary investigation. The following points shall be brought out by the presentation:
  - a. Name of the accused
  - b. Witnesses involved
  - c. Nature of the suspected violation
  - d. Points of conflict.
7. Questions may be asked of the investigating member by the Honor Board or by the accused (who will be present during all testimony during his/her Honor Board).
8. Any witnesses specified by the investigating member will now be called to testify before the Board. The Chairperson will instruct witnesses that the Honor Board is meeting to investigate the facts of the case and will ask the witnesses to tell what they know of the case. After the witness has testified, questions may be directed to the witness. Anyone present at the Board meeting may ask questions, although preference will be given to the members of the Honor Board. When there are no further questions, the witness will be excused. This procedure will be repeated with each witness.
9. The accused will present his/her case and will answer questions. Anyone present may ask questions, although preference will be given to members of the Honor Board. The accused may then call any additional witnesses to testify in his/her behalf before the Honor Board. Anyone may ask questions, but preference will be given to members of the Honor Board. When there are no further questions, the witness will be excused. This procedure will be repeated with each witness.
10. Formal rules of evidence do not apply. Hearsay evidence is admissible. However, the final decision cannot be based on the hearsay evidence alone. Cross-examination will be limited to the discretion of the Honor Board and shall not be unreasonable, repetitive, redundant, argumentative, harassing, vexing or irrelevant to any matter before the Board. In the foregoing instances, the Board will exercise its discretion to terminate cross-examination.
11. After all evidence had been presented, the Honor Board will meet in closed session to consider the facts and reach a decision as to whether or not the allegation has been substantiated. This session will not be tape-recorded.

12. A unanimous vote (by secret ballot of student and faculty members) of the Honor Board will be required to substantiate an allegation of an Honor Code infraction. If a unanimous decision cannot be reached initially, further deliberation and further voting can take place. If an infraction is substantiated, the Honor Board must agree on a recommendation for subsequent action by two-thirds vote. The Board will submit to the Dean of the Keck School of Medicine (or his designee) recommendations as to disposition of the case.
13. Recommendations to the Dean of the Keck School of Medicine or his designee may include but are not limited to the following:
  - a. Dismissal of the individual from the Keck School of Medicine of the University of Southern California.
  - b. Dismissal from the individual's current class, with re-entry into the Keck School of Medicine with a subsequent class.
  - c. Retaking of any examination in question.
  - d. Being placed on Professional Behavior Probation.
  - e. Other recommendations as the facts and judgment of the Honor Board warrant.
14. The Dean or his designee will meet with the Chair of the Honor Board and will then make a final decision concerning the disposition of the case, taking into account the findings and recommendations of the Honor Board.
15. The Dean or his designee will inform the accused, accuser, and the Honor Board of his decision.
16. The Chair of the Honor Board will then inform the rest of the involved parties.

#### Records of the Board Proceedings

If an infraction is substantiated, records of any case which results in any type of student censure will be preserved to protect the School and the Honor Board, but only the infraction and action taken may appear in the Medical Student Performance Evaluation (MSPE). Records will be maintained in accordance with University policies pertaining to records of student conduct. If any infraction is not substantiated, all records of the investigation will be destroyed.

## **PROFESSIONAL BEHAVIOR PROBATION**

Once a student has been placed on Professional Behavior Probation, he or she will be held accountable to the Code of Professional Behavior, and to the Professional Behavior Expectations that follow this section. Any violation of this Code or these Expectations may constitute the sole reason for further disciplinary action or dismissal from the Keck School of Medicine.

1. A student may be placed on Professional Behavior Probation by an Honor Board, a Student Performance Committee, the Associate Dean for Student Affairs, and/or the Dean of the Keck School of Medicine.
2. A student placed on Professional Behavior Probation shall be reported by the Office of Student Affairs to the SEC and his or her status will be reviewed at least yearly by the SEC. During this review, the student may be removed from Professional Behavior Probation status at the discretion of both the SEC (by two-thirds majority) and the Associate Dean for Student Affairs.
3. A student on Professional Behavior Probation may request an early review by the SEC prior to completing one year's probation. The student on probation must give the SEC at least one month's advance notice to complete an early review.
4. A student placed on Professional Behavior Probation shall be reported to course/ clerkship directors, along with a copy of the Code of Professional Behavior and the Expectations that the student is expected to follow. Although the clerkship directors are notified, the past violation should not be noted or considered in the student's evaluation.
5. The fact of Professional Behavior Probation will be included in the student's Medical Student Performance Evaluation (MSPE) unless later specifically removed by both the SEC and the Associate Dean for Student Affairs. Removal by the SEC will require a majority vote by a quorum.

## **PROFESSIONAL BEHAVIOR EXPECTATIONS**

Although all students are expected to behave professionally without supervision. These expectations have been written to elaborate upon the responsibilities of all students at Keck School of Medicine. A violation of any of these expectations by a student on Professional Behavior Probation may constitute the sole reason for further disciplinary action or dismissal from the Keck School of Medicine.

1. The student must be punctual for and attend all required ICM sessions, Professionalism and the Practice of Medicine (PPM) sessions, lectures, rounds, clinics, conferences, and all clerkship activities.
2. The student must be present for call, and participate in all team activities.
3. Absence from any of the above activities requires a written note cleared through the Office of Student Affairs, as well as the completion of an absence request/notification form.
4. The student must introduce and represent himself or herself as a student physician at all times. Therefore, a student will not wear a long white coat or a badge misidentifying his or her level of training.
5. The student must follow the LAC+ USC professional dress code in all clinical settings.
6. The student must follow all signatures by designating their current standing, e.g., MS III or MS IV.

7. The student may sign (or indicate electronically) only his or her own name and/or signature to indicate his or her presence at a workshop, conference, or other activity with a sign-in sheet or required electronic sign-in or evaluation form. Signing in another student's or physician's name, or having another individual sign your name or otherwise indicate your presence will violate the Code of Professional Behavior.
8. The student is responsible to make sure all notes and orders are cosigned by a supervising physician.
9. The student must never forge a physician's signature, even if told to do so by the physician. This includes but is not limited to: prescriptions, physician's orders, forms for restricted medications, and discharge summaries.
10. All information reported to the team from the student must be accurate to the best of the student's knowledge. The student must not report any portion of the patient's history or physical examination unless s/he has first-hand knowledge of the information being reported. The student must report only laboratory values or test results that s/he has personally seen or seen report of. The student is expected to admit that s/he has forgotten to ask, check, or look up something if such is the case..
11. The student is expected to treat all patients, employees, colleagues, and superiors with respect.
12. The student is responsible for disseminating information to the student group/team once asked to do so. For example, a student informed of the time of rounds, the teaching of a procedure, or a special teaching session must call the other medical students involved and inform them.
13. The student must have specific authorization and/or supervision by his or her supervising physician in order to perform any procedure.
14. The student is expected to turn in all of his or her assignments on time, and the content must be original work completed for that assignment. Any incorporation of the work of others must be cited. The student is also expected to complete all requested course and instructor evaluations.
15. The student is expected to consider the professional behavior and well-being of his/her peers, and to report behaviors of concern to the course or clerkship director, or to the Associate Dean for Student Affairs.
16. Sexual advances, gestures, improper propositions, harassment, battery, threatening behavior, stalking, illegal drug possession, and any conduct breaking the law will not be tolerated.
17. The student must abide by all University of Southern California policies as described in the University Catalogue and the SCAMPUS student guidebook (Section 11.00-11.55, Behavior Violating University Standards).

**ASSOCIATED STUDENTS OF THE SCHOOL OF MEDICINE (ASSM)  
CONSTITUTION**

**ARTICLE I – NAME**

The name of this organization shall be the Associated Students of the School of Medicine, hereafter referred to as ASSM.

**ARTICLE II – PURPOSE**

The purpose of the ASSM shall be to organize and direct the affairs of the students of the Keck School of Medicine in cooperation with the faculty, the alumni, and the Associated Students of the University of Southern California, the Los Angeles County + University of Southern California Medical Center, and the Community.

**ARTICLE III – MEMBERSHIP**

The membership shall be composed of students of the School of Medicine and those members of the faculty of the Keck School of Medicine elected to the Student Council of the ASSM (see Article V, Section 4). It is assumed that members of the ASSM are governed by the highest standards of medical ethics and that their responsibilities and privileges can be consistent with their status as future physicians, graduate students and adults.

**ARTICLE IV – ORGANIZATION**

- Section 1. The governing body of the ASSM shall be the ASSM Student Council.
- Section 2. There shall be a Coordination Committee, responsible to the ASSM Student Council for the preparation of the ASSM Calendar (see Article IX).
- Section 3. There shall be a Finance Committee, responsible to the ASSM Student Council for the preparation of the ASSM budget and related fiscal matters (see Article X).
- Section 4. There shall be a Curriculum Committee (see Article XI).

**ARTICLE V – STUDENT COUNCIL MEMBERSHIP**

- Section 1. The voting members of the ASSM Student Council shall include the following:
- A. President or two Co-Presidents of the ASSM.
  - B. Vice President of Social Affairs.
  - C. Vice President of Academic Affairs.
  - D. Treasurer of the ASSM.
  - E. Secretary of the ASSM.
  - F. President or two Co-Presidents of each of the four classes of the Keck School of Medicine.
  - G. Treasurer of each of the four classes of the Keck School of Medicine.
  - H. ASSM representative-at-large from each of the four classes of the Keck School of Medicine.
  - I. Representative(s) from any national medical school organization(s) invited by the Student Council for their term of office.
- Section 2. The President(s), Vice Presidents, Treasurer and the Secretary shall be elected by the ASSM at a general election.
- Section 3. The class presidents, class treasurers, curriculum committee representatives, and the ASSM representatives -at-large shall be elected in a manner decided upon by their respective classes, and to take place within 14 days following the general election, except for the Freshman Class which

will conduct elections within 60 days of the beginning of the Fall Semester.  
Section 4. The representatives of the faculty of the Keck School of Medicine shall be elected by the faculty in a manner decided by them.

#### **ARTICLE VI – THE GENERAL ELECTION**

Section 1. Eligibility

All members of the ASSM are eligible for the office of:

Co-President (MS II)  
Co-President (MS III or IV)  
Vice President of Social Affairs  
Vice President of University Affairs  
Treasurer  
Secretary  
Scholarship Chair

Section 2. Term of Office

Each elected officer will serve for one year, from the first scheduled day of MS I classes in the Fall following the election, to the first day of MS I classes the next year. There are no restrictions for an officer succeeding himself/herself in office.

Section 3. Filing for Candidacy

To become a candidate, one must file for candidacy by signing up publicly in an area designated by the election coordinators by 5:00 p.m. two days before the election. If the election should take place on a Monday, the filing deadline will be by 5:00 p.m. the Friday prior to the election. Write in candidates are acceptable, but will not be listed on the original ballot if ballots have already been printed.

Section 4. Elections

(Amendment to this section is pending).

#### **ARTICLE VII. – ASSM OFFICERS – DUTIES AND POWERS**

Section 1. The President(s) of the ASSM

- A. To act as liaison between the ASSM and Faculty and Administration of the University of Southern California and the Community.
- B. To represent the ASSM in all business and social functions or to send a suitable representative if he/she personally is unable to attend.
- C. To call regular or special meetings of the ASSM, Student Council.
- D. To act as a presiding officer(s) of the ASSM Student Council.
- E. To appoint student members to Faculty Committees, except as provided by future bylaws of the Student Council (see Article VIII, Section 3G).

Section 2. Vice President of Academic Affairs

- A. To serve as the medical school representative to the President's Advisory Council.
- B. To serve as the medical school representative to the Student Caucus (University Park Campus).
- C. To act as a liaison to the School of Pharmacy.

- Section 3. Vice President of Social Affairs
- A. To act as presiding officer of the Coordination Committee.
  - B. To coordinate all social and cultural activities of the medical school.
  - C. To work with the appropriate Pharmacy representative in coordinating joint activities on the Health Sciences Campus.
- Section 4. Treasurer
- A. To act as presiding officer of the Finance Committee.
  - B. To be a member of the ASSM Student Council and to report to the Student Council the proceedings of the Finance Committee.
  - C. To report all business transacted by the Student Council to the Dean's office, Keck School of Medicine, at least once a semester.
- Section 5. Secretary
- A. To record minutes at all ASSM meetings and provide copies to all voting members; to post minutes one week following meetings.
  - B. To arrange locations of all ASSM meetings; to notify members of meetings.
  - C. To publicly post all ASSM general meeting announcements, election announcements, deadlines, etc.
  - D. To inform master calendar keeper of all ASSM activity dates and times.
  - E. To inform organizations of their voting rights at the beginning of the school year, and to perform other general secretarial duties as needed.

#### **ARTICLE VIII – THE STUDENT COUNCIL**

- Section 1. Membership (see Article V, Section 1)
- Section 2. Meetings
- A. The newly elected Student Council shall convene at least once during the spring term of its election.
  - B. The student council shall convene at least once every school month.
  - C. Special meetings may be called by the President or a majority of the Student Council members. All members shall be notified no less than 24 hours in advance of the special meeting.
  - D. One-third of the members shall constitute a quorum.
- Section 3. Duties and Powers
- A. To determine, direct and coordinate all student body policy.
  - B. To obtain full cognizance of all activities carried on in the name of the ASSM. Any activity carried on in the name of the ASSM or with its financial assistance is subject to the approval of the Student Council.
  - C. Legislation
    1. To pass any legislation necessary and proper to the functioning of this constitution.
    2. A motion must be introduced in the Student Council by any member of the Student Council.
    3. Amendments to the Constitution, by-laws and standing rules must be introduced by a member of the Student Council.
  - D. To review and accept or reject the Calendar prepared by the Coordination Committee.
  - E. To review and accept or reject the budget prepared by the preceding Student Council before the termination of the spring semester.
  - F. To review by April 30, the budget for the following year prepared by the Finance Committee.
  - G. To offer advice and consent to the President(s) on all his appointees.

- H. To approve student activities, both organizational and individual, in order to make them eligible for financial support through the Finance Committee.

**ARTICLE IX – THE COORDINATING COMMITTEE**

Section 1. Membership

- A. The Vice President of Social Affairs, presiding officer of the Coordination Committee.
- B. Any members of ASSM appointed by the Vice President of Social Affairs.
- C. Meetings are open to whoever wishes to attend.

Section 2. Meetings

- A. The Coordination Committee shall meet as often as it is necessary to carry out its function.
- B. Meetings shall be called by the Vice President of Social Affairs.
- C. Meetings are open to whoever wishes to attend.

Section 3. Duties and Powers

- A. To provide a central meeting place for the discussion of scheduling of events and conflict of dates of the various approved organizations.
- B. To present to the Student Council and the ASSM a Calendar of Student Activities for the following month.
- C. To provide guidance and assistance in publicizing events of approved student organizations.

**ARTICLE X – THE FINANCE COMMITTEE**

Section 1. Membership

- A. The Treasurer, presiding officer of the Finance Committee.
- B. Any members of the Student Council appointed by the ASSM Treasurer and/or President(s).

Section 2. Meetings

- A. The Finance Committee shall meet as often as is necessary to carry out its functions.

Section 3. Duties and Powers

- A. To be the depository and dispensary of funds from the medical school, the medical center, or the medical student body available to student organizations wishing to receive financial support.
- B. To solicit and receive itemized petitions for funds from all student organizations and activities wishing to receive financial support.
- C. To evaluate and if necessary modify these petitions through discussions with the organizations and investigations into the costs of materials and other items for which funds have been requested.
- D. To prepare an annual report to be presented to the Student Council in April (see Article VIII, Sections 3E and 3F).
- E. To deal with the Dean, University Park Campus, alumni support groups, and all other groups with which the ASSM may have financial contact.

**ARTICLE XI – THE CURRICULUM COMMITTEE**

Section 1. Membership

- A. The Curriculum Committee representative of each class of the Keck School of Medicine.
- B. Other student members of the Curriculum Committee.

Section 2. Meetings

- A. The Curriculum Committee shall meet as often as is necessary to carry out its functions.

Section 3. Duties and Powers

- A. To discuss and evaluate matters of curriculum, teaching, and medical education
- B. To serve as a liaison among students, faculty, and Administration on matters of Curriculum.
- C. To cooperate with the Department of Medical Education in gathering data.

**ARTICLE XII – THE ASSM TREASURY**

The ASSM Treasury shall be the primary depository and dispensary of the funds of the ASSM and ASSM activities. Funds received from student body dues, the medical school, the medical center and other support groups shall be distributed as determined by the budget prepared by the Finance Committee and authorized by the Student Council. The ASSM President(s), Treasurer, and the Dean of the Keck School of Medicine shall have power of drawing on the ASSM Treasury; after budgeted funds are distributed to an ASSM activity, that organization shall administer these funds autonomously.

**ARTICLE XIII – STUDENT TRAVEL GUIDELINES**

- A. He/she should indicate how the project will benefit the general student body. For example, as a representative of the student body, one might present a paper, sit on a panel discussion, or attend committee meetings.
- B. The individual requesting travel funds should present an itemized budget for projected expenditures.
- C. Rarely should more than two representatives of the school be funded for a given conference or engagement.
- D. A summary of travel in terms of those events and experiences which the individual thinks would be of benefit or interest to the general student body, should be presented as a noon-time seminar, or other presentation suitable to the Student Council.
- E. A percentage of funds for approved travel, to be predetermined by the Student Council, will be advanced; the remainder will be reimbursed upon submitting receipts for all expenses and completion of the travel report by the individual.
- F. Rarely should one person be sent to the meetings of more than one organization during one school year.
- G. Each person’s request will be considered separately by the ASSM Student Council. Fulfillment of the above criteria does not guarantee either partial or total funding.

**ARTICLE XIV – RECOGNITION OF NEW STUDENT ORGANIZATIONS BY ASSM COUNCIL**

All student organizations which desire to be officially recognized by ASSM, and therefore, become eligible for financial and other support from ASSM, must fulfill the following criteria:

- 1. Provide an official name for the organization,
- 2. Draft a statement of purpose for the organization,
- 3. Demonstrate existence of support for the organization by a significant population of medical students and/or faculty,
- 4. Have an official student representative.

Organizations must have been recognized by ASSM by the last ASSM meeting of the calendar year in order for them to be eligible to submit a budget proposal for the following academic year.

## **ARTICLE XV – AMENDMENTS**

- Section 1. An amendment to this Constitution may be introduced to the Student Council by any member of the Student Council, or may be initiated by a petition signed by 25% of the members of the ASSM.
- Section 2. The amendment shall go into effect when it passes all of the following procedures:
- A. Approval by two-thirds of the Student Council.
  - B. Ratification by a majority of the votes cast in a general ASSM election.
  - C. Approval by the Dean of the Keck School of Medicine

## **ARTICLE XVI – REFERENDUM AND INITIATIVE**

- Section 1. If an action of the Student Council fails to meet with approval of the ASSM, the following procedure may be followed:
- A. Within three school weeks after the presentation of a petition signed by at least 10% of the ASSM membership, the Student Council shall provide for an election in which the question is submitted to a referendum of the ASSM.
- Section 2. Upon presentation to the Student Council of a petition for legislation signed by 25% of the ASSM membership, the following procedure may be followed:
- A. The law proposed by such petition shall be either enacted or rejected by the Student Council.
  - B. If any law so petitioned be rejected by the Student Council, the measure shall be voted upon by the ASSM in a general election called for that purpose.
  - C. A majority of the votes cast shall be required to enact any initiative legislation.

## **ARTICLE XVII – PARLIMENTARY AUTHORITY**

- Section 1. Provisions contained in this Constitution may be enforced, interpreted, and defined by means of by-laws passed by the Student Council. A two-thirds vote of the quorum present shall be necessary to pass a by-law.
- Section 2. The governing rules of law of the Student Council shall take precedence in the following order:
- A. The ASSM Constitution.
  - B. The by-laws to the ASSM Constitution.
  - C. The standing and special rules adopted by the Student Council.
  - D. Robert's Rules of Order, the most recently revised edition, abridged.

## **ARTICLE XVIII – RATIFICATION**

This constitution shall be considered ratified when approved by a majority vote of the ASSM, approved by the Office of the Dean of the Keck School of Medicine.

## **ARTICLE XIX – AFFILIATION WITH THE UNIVERSITY OF SOUTHER CALIFORNIA**

- Section 1. ASSM is a recognized student organization of the University of Southern California.
- Section 2. This organization recognizes and understands that the University assumes no legal liability for the actions of the organization, and that the University is not providing blanket indemnification insurance coverage for any activities of the organization, unless those activities expressly benefit and further the goals of the University, and have received prior review, approval and consent of the Offices of Student Activities, Risk Management and/or General Counsel.