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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

Kristi F. Curtis, Circuit Court Judge

Appellate Case No.: 2023-000952

Kellie Bingham and Kayla BinghamAppellants-Respondents

v.

Medical University of South Carolina.....Respondent-Appellant.

**RECORD ON APPEAL
VOLUME 3 OF 3**

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8. The accused student has the right to examine any evidence prior to the Formal Hearing, including the transcript of the Notification Conference. These materials cannot leave the dean's office but may be examined under supervision in the dean's office or may be copied, at the student's own expense, by personnel of the dean's office. The accused student must sign a statement that all information taken out of the dean's office is confidential and is only for his/her eyes and that of his/her advisor.
9. The accused may decline to discuss any and all aspects of the charges. The decision to do so will not be construed as an admission of guilt. Failure to enter a plea, failure to participate in the hearing process, or disruption of the hearing process by the accused or his/her advisor will not alter the proceedings. A plea of *not guilty* is entered for the student, and the process continues with or without the student and his/her advisor present.
10. All records of prior social or academic infractions having no direct bearing on the present charges are excluded from evidence. These records are only used in the deliberations for appropriate penalties or sanctions.
11. The accused has the right, in the event of a *not guilty* verdict, to request that this finding be made public. The student must make a written request to the president (within five official school days) to include his or her name in the report to the University Honor Council and Student Government Association.
12. In the event an accused student should withdraw from MUSC after a charge has been made against him/her and before the hearing, the hearing will not be held. If the hearing is not held, the charges will be permanently filed with the appropriate college's dean's office and the University Honor Council. The charge must be cleared up by the honor councils before the student is readmitted to MUSC.

The Notification Conference:

Members of the Notification Conference are the Honor Council Faculty Advisor as chair, the two honor council members as representatives, and the president of the class or program of the accused student. If a first year student is accused before the election of the class president, the sophomore class president will substitute. The members of the Notification Conference do not have a vote in the Formal Hearing. This structure allows the accused student to have a fair and objective hearing based solely on the evidence presented.

The purpose of the Notification Conference is to determine whether the charges against the accused student have sufficient factual support and represent sufficiently serious misconduct to warrant a Formal Hearing before the honor council. The Notification Conference will be taped and transcribed (excluding the deliberations) in a non-identifying manner (i.e., deleting all direct name references) by the dean's office of that college for confidentiality and safekeeping. The investigating council members will interview all necessary parties, including the accuser(s) and gather relevant evidence and present their findings during the Notification Conference in a timely manner after the initial complaint. The accused student may be present at this meeting but will not be required to enter a plea, as the purpose of the Notification Conference is not to establish guilt or innocence but to determine whether sufficient evidence exists to pursue a Formal Hearing before the honor council.

Following presentation of evidence, the members at the Notification Conference vote. The Honor Council Faculty Advisor does not vote in these proceedings. The accused will not be present during the voting. If the vote is unanimous against pursuing a Formal Hearing, all pertinent evidence will be destroyed, and the case will be dismissed. If any member feels the case presents sufficient doubt of the accused student's compliance with the Honor Code, the case will proceed to the honor council for a Formal Hearing. If the case is to be pursued, the Honor Council President must inform the accused student in writing within three business days of the Notification Conference. The notification includes a concise summary of the charges and a reminder that failure to appear at the hearing will cause the hearing to proceed in the student's absence. The student will also be given a list of University Honor Council members to provide the accused the opportunity to identify potential personal conflicts. In addition, the dean must be advised in writing of any action to proceed. The

Formal Hearing by the honor council must take place within ten working days of the student's notification of the results of the Notification Conference. The time limits may be extended if there are unanticipated problems and/or by mutual agreement of all parties.

Procession of Formal Hearing:

A. Quorum -- A quorum of the honor council is two-thirds of the voting members. A quorum is required in order to begin a hearing. In Formal Hearings involving students enrolled in joint degree programs, a quorum requires at least one-third representation from each college involved. Honor council members must be present for the entire hearing in order to vote. If the accuser is on the Honor Council, he/she will recuse himself/herself from the hearing and deliberation. An honor council member may disqualify himself or herself from hearing a case if he or she feels that circumstances exist that prevent his or her objectivity. In addition, the honor council, by a simple majority vote, may disqualify a member for other grounds (e.g., relation by blood or marriage to the accused). In order to make quorum, the University Honor Council President may select from other college Honor Councils. However, a simple majority of the Honor Council members must be from the college of the accused.

B. Records -- An official record is kept of all proceedings of honor council hearings excluding the deliberation. Upon completion of any hearing, all recorded or transcribed records are delivered to the dean's office of that college for confidentiality and safekeeping.

C. President's Responsibilities -- The Honor Council president presides over the hearing, rules in issues of admissibility of evidence, decides appropriateness of questioning, schedules events, and all other matters necessitating judicial resolve. The Honor Council President convenes the hearing, instructs all participants in their respective roles, and charges all participants with strict confidentiality. The president administers the following pledge to all persons presenting testimony during the Formal Hearing:

"I, _____, will tell the truth in relation to the inquiry about which I am to give testimony. I further affirm that all matters relative to this hearing shall be held in strictest confidence."

D. Procedure -- The honor council and the accused will remain present throughout the hearing.

1. The president will read aloud a statement of the charges against the accused.

2. Plea -- The accused replies to the charges by pleading *guilty* or *not guilty* of violating the honor code. If the accused student pleads *guilty*, the honor council can choose to hear witness testimony prior to proceeding with its deliberations for an appropriate sanction. The accused is given the opportunity to make any statements in mitigation or explanation to the council before deliberations. If the plea is *not guilty*, the formal hearing on guilt or innocence shall proceed.

3. Presentation of Evidence -- The two investigating honor council members (who will not vote upon the guilt or innocence of the accused) will present all of the information gathered in their investigation followed by an opening statement by the accused. After opening statements are concluded, the representatives will call witnesses to support their case. After testimony and cross-examination, the defendant will call his/her witnesses to rebut. Witnesses will be called one at a time, sworn in, and leave the room after answering questions. The representatives, the accused or his or her advisor, and the members of the honor council (in that order) may all question witnesses. Following the accused student's presentation of evidence, the voting members of the honor council may ask questions of the representatives, accused, and witnesses to clarify uncertainties.

4. Closing Statements -- The representatives will make a summary statement of the evidence presented, after which the accused may make a closing statement.
5. Deliberations -- After closing statements, the honor council will retire to discuss and decide the case. These discussions will not be recorded. The honor council will vote by secret ballot upon the guilt or innocence of the defendant, and the verdict shall be based on a preponderance of the evidence. A three-fourths vote is required for a guilty verdict. If the vote results in a verdict for acquittal, the case will be closed, and the records of the proceedings will be destroyed in the presence of witnesses. If the acquitted party is involved in a related case involving another student, the name of the acquitted party will be deleted from the official record of the related case. If the verdict is *guilty*, the honor council will, after further discussion, decide upon a sanction befitting the severity and circumstances of the violation. Sanctions will be decided by a simple majority vote.
6. Reading of the Decision -- The president will reconvene all participants in the hearing (excluding accusers and witnesses) and will read aloud the decision and sanction to the accused. The president will also inform the student found guilty of the option to appeal to the dean of the appropriate college. The president will then adjourn the hearing. The president will notify the accuser in confidence of the verdict and sanctions following the formal hearing.
7. Recommendations to the Dean -- If a student is found *guilty* by the honor council, the Honor Council President will forward all records of the investigation and hearing, the decision, and the sanction to the dean of the college for appropriate action.

Sanctions:

Within two business days of the conclusion of the Formal Hearing, the Honor Council President will deliver to the convicted student a written description of the decisions regarding each charge and the sanctions.

The following actions may be taken against a student who is found guilty of a violation of the Honor Code:

1. Verbal or written reprimand.
2. Probation: Any probation rendered by the honor council will be noted on the student's transcript. If the terms of probation have been met, this notation will be removed. This penalty can have bearing on future sanctions if other Honor Code violations are committed. Furthermore, any party receiving a copy of the student's transcript before graduation or the lifting of the probation will have record of this probation.
3. Failure of Course: The honor council may recommend to the dean of the college, subject to his or her final authority, that a student be given a failing grade in a course connected to the Honor Code violation. A failure recommended by the Honor Council will be designated "XF" on the student's transcript, which will be changed to a "F" upon successful completion of the student's program or at the discretion of the dean based on recommendations of the Honor Council.
4. Suspension: Any suspension rendered by the Honor Council will be noted on the student's transcript. This notation will be removed upon the student's graduation. It may be removed before graduation at the discretion of the dean based on recommendations of the Honor Council. The student will be suspended for a minimum of one academic semester, or full clinical rotation, or the equivalent. The conditions for readmission will be stated in the order of suspension and must at least require the repetition of the academic semester, or full clinical rotation, or the equivalent, in which the violation(s) occurred.

5. Expulsion: Permanent dismissal from the college and/or MUSC. This will be entered permanently on the student's transcript.
6. A combination of the above sanctions or any other penalty deemed appropriate by majority vote of the Honor Council based on the severity of the infraction, past performance of the student, the student's attitude, and the student's potential for future performance.
7. When the student has met the terms of his or her sanctions or meets the criteria for completion of his or her academic program, the dean of the college will notify the Office of Enrollment Management in writing within fifteen days that the transcript notation is to be removed. It is the responsibility of the student to notify the dean when terms of the sanctions have been met, and to ensure that the notation has been removed.

Appeal:

In the absence of an appeal, the decision of the honor council stands. The student may submit in writing an appeal to the dean of his/her respective college. In the case of multiple degree students, the student selects only one dean to receive the appeal. An appeal should be submitted within 10 workdays after completion of Formal Hearing.

The dean will notify the Honor Council President and the accused student in writing as to the final decision of the appeal in a timely manner. In the event an appeal is upheld and the sanction(s) altered by the dean, the dean will communicate the basis and reasoning of the final decision and/or sanction(s) to the honor council and the convicted student.

The dean has the power to reduce (but not increase) the penalty. The decision of the dean is final.

Official Record:

An official record of all Preliminary and Formal Hearings will be made. The Honor Council Secretary is responsible for delivering these records to the dean's office for safekeeping.

The Honor Council Secretary must destroy by appropriate means any honor council record pertaining to a specific individual upon that person's graduation from the MUSC. Following a not guilty verdict, the official records will be destroyed in the presence of witnesses. A summary of the case (with the student's name deleted) may be kept by the dean, College Honor Council, and University Honor Council for future reference.

The posting, or publishing, of all charges and sanctions discussed in a Formal Hearing is the duty of the University Honor Council Chair via the Student Government Association. These reports will be made at the next meeting of the Student Government Association once the case is closed and will not make reference to any individual or college.

Notification:

By being an enrolled student of MUSC, you acknowledge that you are held accountable to all aspects of the current Honor Code.

Distribution:

The Honor Code shall be available on the MUSC webpage at www.musc.edu/honorcode.html, each college's Dean's Office, and the Student Programs Office. Upon acceptance for admission to MUSC, each student will be sent a copy of the University Honor Code by his or her college along with the following statement which the student must sign before registration has been completed:

I, the undersigned, signify that I have read the Honor Code and hereby pledge my support. I understand what is expected of me as a student of the Medical University of South Carolina and realize that the University Honor Council will not accept a plea of ignorance.

Signed _____

The signed pledge will be collected by the appropriate dean's office and be kept for the length of the student's enrollment in that college.

At the beginning of the academic year, the entering class will hold a meeting at which an honor council member will review the Honor Code. A full explanation of all provisions will be made, and any questions answered.

Bills and Amendments

A faculty member or student through any honor council member may propose amendments to the Honor Code. All bills must be submitted in writing. Bills are ratified in the following order:

1. An affirmative vote by three-fourths of the College Honor Council members must be obtained in order to continue the ratification process.
2. The proposed amendment(s) will require an affirmative vote by a simple majority of the members of three of the other five honor councils to proceed.
3. The bill is then voted on by the Student Government Association body in which a majority of votes must favor the bill in order to continue ratification.
4. The bill is then presented to the deans of the six colleges at their monthly meeting. A majority of the deans must approve the bill in order to obtain an amendment status to the University Honor Code. In the event that a dean is not able to attend this meeting, that dean must submit a letter of decision for the bill(s) to the University Honor Council.

A quorum must be present in the first three voting bodies mentioned above in order to ratify a bill at that level. A quorum is two-thirds of the voting members of the respective body. The ratification should be thorough yet expedient in obtaining an acceptance or rejection of the bill.



NBME[®]

National Board of Medical Examiners
Customized Examination
Performance Profile



School: 041010 - Medical University of South Carolina

Examination Name: Board Exam

Test Date: 05/13/2015

ID: 18014

Name: BINGHAM, KELLIE NICOLE

Scaling Group: 05/13/2015

Total Test Scaled Score: 72

Total Test Percent Correct Score: 72

NBME customized examinations provide medical schools with a tool for measuring students' understanding of a series of content areas defined by each school. Your total test scaled and percent correct scores on this customized examination appear above. Total test scaled scores are scaled to have a mean of 70 and a standard deviation of 8 for the scaling group of examinees selected by your school. The total test percent correct score represents the percentage of items answered correctly on the examination and has been rounded to the nearest whole number.

The performance profile on the following page is provided to aid in self-assessment. It summarizes your performance on the total test and in the content areas defined by your school. The vertical line in the center of the profile indicates the average level of performance in each content area for the scaling group of examinees selected by your school that completed this customized assessment. Areas of relative strength and weakness are indicated by the positioning of the performance bands. The width of each band reflects the precision of measurement for the associated content area; narrower bands indicate greater precision. An asterisk at either end of the performance band indicates that your performance band extends beyond the displayed portion of the scale. Small differences in relative position of bands should not be overinterpreted. If two bands overlap, performance in the associated content areas should be interpreted as similar. Please note that items may contribute to the calculation of scores in more than one content area. As a consequence, caution should be used when interpreting differences in performance across content areas.

The total test scaled score and this performance profile should not be compared to those from other NBME examinations. The scaling group that your school selected for this administration can be compared to other administrations if this same exam that used the same scaling group.



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**National Board of Medical Examiners
Customized Examination
Performance Profile**

School: 041010 - Medical University of South Carolina

Examination Name: Board Exam

Test Date: 05/13/2015

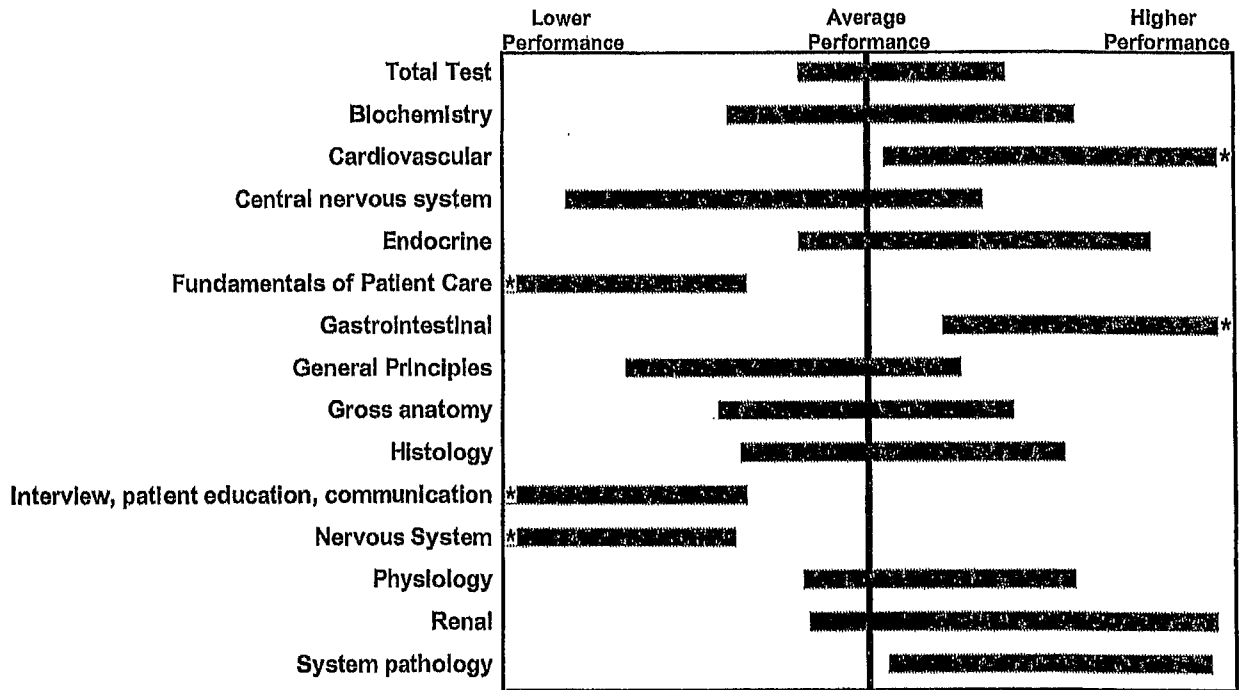
ID: 18014

Name: BINGHAM, KELLIE NICOLE

Scaling Group: 05/13/2015

Total Test Scaled Score: 72

Total Test Percent Correct Score: 72





NBME®

**National Board of Medical Examiners
Customized Examination
Performance Profile**

School: 041010 - Medical University of South Carolina

Examination Name: Board Exam

Test Date: 05/13/2015

ID: 18013

Name: BINGHAM, KAYLA MCKENZIE

Total Test Scaled Score: 68

Scaling Group: 05/13/2015

Total Test Percent Correct Score: 68

NBME customized examinations provide medical schools with a tool for measuring students' understanding of a series of content areas defined by each school. Your total test scaled and percent correct scores on this customized examination appear above. Total test scaled scores are scaled to have a mean of 70 and a standard deviation of 8 for the scaling group of examinees selected by your school. The total test percent correct score represents the percentage of items answered correctly on the examination and has been rounded to the nearest whole number.

The performance profile on the following page is provided to aid in self-assessment. It summarizes your performance on the total test and in the content areas defined by your school. The vertical line in the center of the profile indicates the average level of performance in each content area for the scaling group of examinees selected by your school that completed this customized assessment. Areas of relative strength and weakness are indicated by the positioning of the performance bands. The width of each band reflects the precision of measurement for the associated content area; narrower bands indicate greater precision. An asterisk at either end of the performance band indicates that your performance band extends beyond the displayed portion of the scale. Small differences in relative position of bands should not be overinterpreted. If two bands overlap, performance in the associated content areas should be interpreted as similar. Please note that items may contribute to the calculation of scores in more than one content area. As a consequence, caution should be used when interpreting differences in performance across content areas.

The total test scaled score and this performance profile should not be compared to those from other NBME examinations. The scaling group that your school selected for this administration can be compared to other administrations if this same exam that used the same scaling group.



NBME®

National Board of Medical Examiners
Customized Examination
Performance Profile

School: 041010 - Medical University of South Carolina
Examination Name: Board Exam

Test Date: 05/13/2015

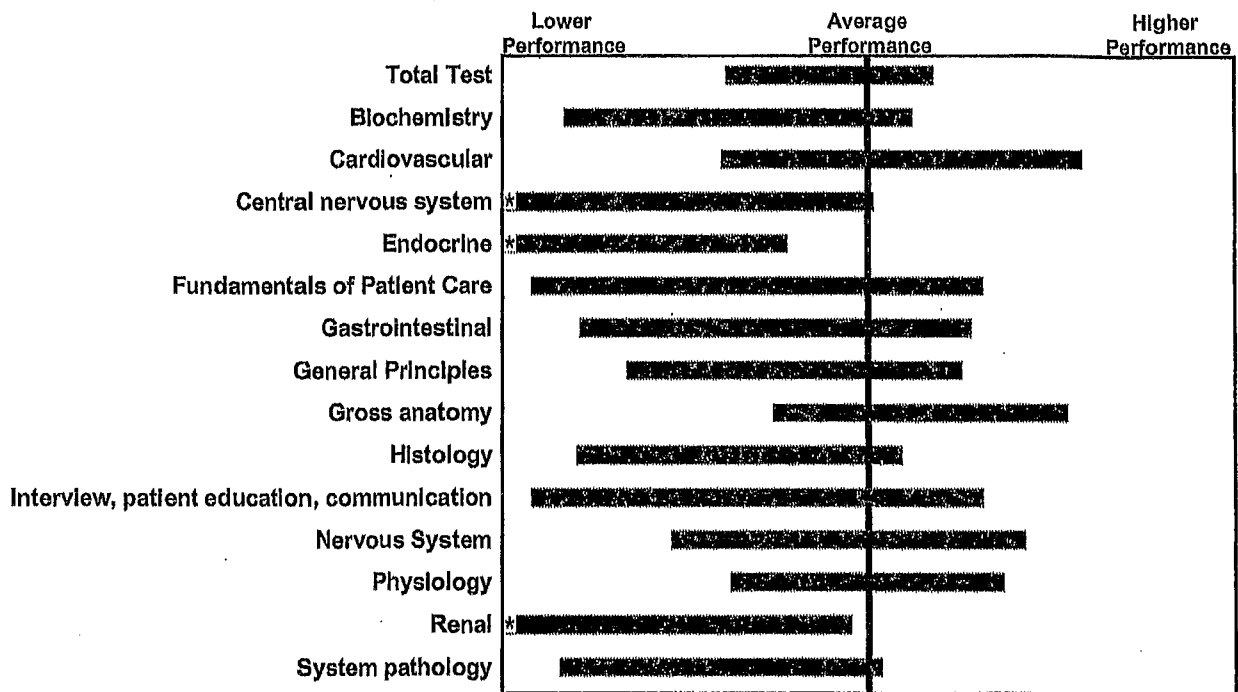
ID: 18013

Name: BINGHAM, KAYLA MCKENZIE

Total Test Scaled Score: 68

Scaling Group: 05/13/2015

Total Test Percent Correct Score: 68





NBME[®] National Board of Medical Examiners

Subject Examination Program

Examinee Performance Profile

Comprehensive Basic Science

041010 - Medical University of South Carolina



ID: 18013

Test Date(s): 05/09/2016

Name: BINGHAM KAYLA MCKENZIE

Total Scaled Score: 49

The score you received on this examination is shown above. This Performance Profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to a HIGH FAIL/LOW PASS on the total test of USMLE[®] Step 1. (See NOTE on Page 1.)

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement; narrower bands indicate greater precision. A or symbol indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Because CBSE is designed to be integrative, many items contribute to more than one content area. Use caution when interpreting differences in performance across content areas.

Additional information about the topics covered in each content area can be found in the *USMLE Step 1 Content Description and Sample Test Materials* at www.usmle.org. An explanation of your score along with a table of approximate USMLE Step 1 performance equivalents for CBSE scores is included in the *Score Interpretation Guide for Students*.

	Lower Performance	Borderline Performance	Higher Performance
Discipline			
Behavioral Sciences			
Biochemistry			
Gross Anatomy & Embryology			
Histology & Cell Biology			
Microbiology & Immunology			
Pathology			
Pharmacology			
Physiology			
System			
General Principles of Foundational Science			
Behavioral Health and Nervous Systems/Special Senses			
Musculoskeletal, Skin, & Subcutaneous Tissue			
Cardiovascular System			
Respiratory System			
Gastrointestinal System			
Renal/Urinary System			
Multisystem Processes & Disorders			



NBME® National Board of Medical Examiners Subject Examination Program

Score Interpretation Guide for Students

NBME® Comprehensive Basic Science Examination

The enclosed Performance Report lists your Subject Test score on the Comprehensive Basic Science Examination and provides a Performance Profile to aid in self-assessment. The content covered on the Comprehensive Basic Science Examination (CBSE) is based on the United States Medical Licensing Examination® (USMLE®) Step 1. The CBSE is basically a shorter version of Step 1 that covers material that is typically learned during basic science medical education. Subject test scores are scaled so that a score of 70 on the CBSE is approximately equivalent to a score of 200 on USMLE Step 1. The vast majority of scores range from 45 to 95, and although the scores have the "look and feel" of percent-correct scores, they are not. Because the Comprehensive Basic Science Examination and Step 1 cover similar content, this scale provides a useful tool for comparing your performance with that of a large, nationally representative group taking the licensing exam at the end of the second year of medical school. Additional information about the relationship between CBSE scores and Step 1 scores is provided in the table below.

Precision of Scores

Measurement error is present on all tests, and the standard error of measurement (SEM) provides an index of the (im)precision of scores. The SEM indicates how far the score a student earns on the examination is likely to stray from his/her "true" proficiency level. The SEM is approximately 3 points for the CBSE Subject Examination scores. Using the SEM, it is possible to calculate a score interval that indicates how much a score might vary across repeated testing using different sets of items covering the same content. An interval that will encompass about two thirds of the observed scores for a given true score may be found by adding the SEM to a score and subtracting it from that score. For example, if a student's true proficiency on the Subject Examination is 60, the score he/she achieved on the examination will usually (two times out of three) fall between 57 and 63 (60 - 3 and 60 + 3).

Approximate USMLE Performance Equivalents

The table to the right provides approximate performance equivalents for USMLE Step 1, making it possible for you to translate your Subject Test score to the scale used for Step 1. *Specific information on Step 1 and the current minimum passing score is available on the web site for USMLE (<http://www.usmle.org>).*

To use the table, locate your Subject Test score in the associated column and note the entry in the column headed "Step 1 Equivalent". For example, if your score is 62, the corresponding entry of 180 indicates that your performance on the Subject Test is approximately equivalent to a Step 1 score of 180.

NOTE: This examination is not intended to predict performance on USMLE. Rather, it is intended to be used as a tool to determine your relative areas of strength and weakness in general topic areas.

Approximate Step 1 Equivalents

Score	Step 1 Equivalent	Score	Step 1 Equivalent
≥ 94	≥ 260	68	195
94	260	66	190
92	255	64	185
90	250	62	180
88	245	60	175
86	240	58	170
84	235	56	165
82	230	54	160
80	225	52	155
78	220	50	150
76	215	48	145
74	210	46	140
72	205	≤ 46	≤ 140
70	200		



NBME® National Board of Medical Examiners

Subject Examination Program

Examinee Performance Profile

Comprehensive Basic Science

041010 - Medical University of South Carolina

ID: 18014

Test Date(s): 05/09/2016

Name: BINGHAM KELLIE NICOLE

Total Scaled Score: 53

The score you received on this examination is shown above. This Performance Profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to a HIGH FAIL/LOW PASS on the total test of USMLE® Step 1. (See NOTE on Page 1.)

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement; narrower bands indicate greater precision. A or symbol indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Because CBSE is designed to be integrative, many items contribute to more than one content area. Use caution when interpreting differences in performance across content areas.

Additional information about the topics covered in each content area can be found in the *USMLE Step 1 Content Description and Sample Test Materials* at www.usmle.org. An explanation of your score along with a table of approximate USMLE Step 1 performance equivalents for CBSE scores is included in the *Score Interpretation Guide for Students*.

	Lower Performance	Borderline Performance	Higher Performance
Discipline			
Behavioral Sciences			
Biochemistry			
Gross Anatomy & Embryology			
Histology & Cell Biology			
Microbiology & Immunology			
Pathology			
Pharmacology			
Physiology			
System			
General Principles of Foundational Science			
Behavioral Health and Nervous Systems/Special Senses			
Musculoskeletal, Skin, & Subcutaneous Tissue			
Cardiovascular System			
Respiratory System			
Gastrointestinal System			
Renal/Urinary System			
Multisystem Processes & Disorders			



NBME® National Board of Medical Examiners Subject Examination Program

Score Interpretation Guide for Students

NBME® Comprehensive Basic Science Examination

The enclosed Performance Report lists your Subject Test score on the Comprehensive Basic Science Examination and provides a Performance Profile to aid in self-assessment. The content covered on the Comprehensive Basic Science Examination (CBSE) is based on the United States Medical Licensing Examination® (USMLE®) Step 1. The CBSE is basically a shorter version of Step 1 that covers material that is typically learned during basic science medical education. Subject test scores are scaled so that a score of 70 on the CBSE is approximately equivalent to a score of 200 on USMLE Step 1. The vast majority of scores range from 45 to 95, and although the scores have the "look and feel" of percent-correct scores, they are not. Because the Comprehensive Basic Science Examination and Step 1 cover similar content, this scale provides a useful tool for comparing your performance with that of a large, nationally representative group taking the licensing exam at the end of the second year of medical school. Additional information about the relationship between CBSE scores and Step 1 scores is provided in the table below.

Precision of Scores

Measurement error is present on all tests, and the standard error of measurement (SEM) provides an index of the (im)precision of scores. The SEM indicates how far the score a student earns on the examination is likely to stray from his/her "true" proficiency level. The SEM is approximately 3 points for the CBSE Subject Examination scores. Using the SEM, it is possible to calculate a score interval that indicates how much a score might vary across repeated testing using different sets of items covering the same content. An interval that will encompass about two thirds of the observed scores for a given true score may be found by adding the SEM to a score and subtracting it from that score. For example, if a student's true proficiency on the Subject Examination is 60, the score he/she achieved on the examination will usually (two times out of three) fall between 57 and 63 (60 - 3 and 60 + 3).

Approximate USMLE Performance Equivalents

The table to the right provides approximate performance equivalents for USMLE Step 1, making it possible for you to translate your Subject Test score to the scale used for Step 1. *Specific information on Step 1 and the current minimum passing score is available on the web site for USMLE (<http://www.usmle.org>).*

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82	230	54	160 <
80	225	52	155
78	220	50	150 <
76	215	48	145
74	210	46	140
72	205	≤ 46	≤ 140
70	200		

2nd year



National Board of Medical Examiners®
USMLE Step 1 Score Report
Medical University of South Carolina

Name	Usmle Id	Pass/Fail	3-dgt Score	Remarks	Re-peat	Grad Year	Test Date	Report Date
Bingham, Kellee	5-366-733-3	F	185		Y	05/2019	03/10/2017	03/29/2017
	5-366-733-3	F	182		Y	05/2019	11/15/2016	12/07/2016
	5-366-733-3	F	167			05/2019	08/11/2016	08/31/2016

National Board of Medical Examiners ®
USMLE Step 1 Score Roster
Medical University of South Carolina

Name	Usmle Id	Pass Fail	3-dgt Score	Remarks	Re- peat	Grad Year	Test Date	Report Date
Bingham, Kellee	5-366-733-3	F	177		Y	05/2018	03/28/2018	04/18/2018

2nd year

National Board of Medical Examiners®
USMLE Step 1 Score Roster
Medical University of South Carolina

Name	Usmle Id	Pass Fail	3-dgt Score	Remarks	Re- peat	Grad Year	Test Date	Report Date
Bingham, Kayla	5-366-732-5	F	184		Y	05/2019	03/10/2017	03/29/2017
		F	184		Y	05/2019	11/15/2016	12/07/2016
		F	172			05/2019	08/11/2016	08/31/2016

National Board of Medical Examiners ®
USMLE Step 1 Score Roster
Medical University of South Carolina

Name	Usmle Id	Pass Fail	3-dgt Score	Remarks	Re- peat	Grad Year	Test Date	Report Date
Bingham, Kayla	5-366-732-5	F	160		Y	05/2018	03/28/2018	04/18/2018



From: [Smith, Elizabeth](#)
To: [Humes, Inda](#)
Subject: RE: DATA

Dear Inda,
No worries, thank you kindly!
Sincerely,
Elizabeth

From: Humes, Inda
Sent: Tuesday, May 17, 2016 8:04 AM
To: Smith, Laura-elizabeth <smitlaur@musc.edu>
Subject: RE: DATA

Thank you very much.

Inda

From: Smith, Laura-elizabeth
Sent: Monday, May 16, 2016 4:03 PM
To: Humes, Inda <johnsi@musc.edu>
Subject: RE: DATA

Dear Inda,
Here is the previously sent spreadsheet with another tab (Results2) for the Right and Wrong Answers selections by both students, thank you kindly!
Sincerely,
Elizabeth

From: Humes, Inda
Sent: Monday, May 16, 2016 2:00 PM
To: Smith, Laura-elizabeth <smitlaur@musc.edu>
Subject: RE: DATA

Wonderful thank you.

Inda

From: Smith, Laura-elizabeth
Sent: Monday, May 16, 2016 1:52 PM
To: Humes, Inda <johnsi@musc.edu>
Subject: RE: DATA

Dear Inda,
I have attached the Summary and Results tabs with the completed correlations, something in addition that might be beneficial would be to know the answers that Student A and B both answered correctly and answers that Student A and B both answered incorrectly, I have shown a table for just one block

exam (Block 12) below to illustrate this:

TEST RESULTS-Block 12	
Correlation between test questions	96.42%
Right Answers-both students	242
Wrong Answers-both students	54
Total Questions Answered Same-both students	296
Total Number of Questions on Exam	307

Thank you kindly!

Sincerely,
Elizabeth

From: Humes, Inda

Sent: Monday, May 16, 2016 12:37 PM

To: Smith, Laura-elizabeth <smitlaur@musc.edu>

Subject: DATA

Importance: High

Elizabeth,

Attached are the de-identified files for each exam 7-12 with student A and student B's responses. If you could let me know (on the "results" excel sheet, attached) the percentage of the same responses for each exam that would be great (a summary). On the results excel sheet, sheet one also has the location both students tested so if you could put the summary results there next to the location for that exam that would be great. On the second tab list the full results for all exams. Please let me know if you have any questions.

Thanks.

Inda E. Humes, M.Ed.
Director of Educational Technology & Curriculum Support
College of Medicine Dean's Office
Instructor, Department of Public Health Sciences
Walton Research Building Room 205
Medical University of South Carolina
Work ph. 843-792-6773
johnsi@musc.edu
[Student Technology Website](#)



Medical University of South Carolina Honor Code Statement

Every student enrolled at MUSC is expected to abide by the Honor Code. The Honor Code applies to all activities and all behaviors pertaining to the academic, research, and clinical work of every student enrolled at MUSC, as well as any conduct within the MUSC community which undermines either the trust of one's fellow students or the spirit of the Honor Code. All academic assignments, all laboratory work, all research, all examinations, and all clinical work are encompassed, as is the professional character and conduct of students enrolled at MUSC.

Violations of the Honor Code include, but are not limited to, the following acts that violate academic integrity:

1. **Lying:** Lying is the statement of an untruth with the intent to mislead fellow students, faculty, patients, hospital staff, or administrative officials. Lying includes "lies of omission" or failure to divulge voluntarily the whole and complete truth. Fabrication or falsification of information (verbal or written) in any academic or clinical exercise is in violation of the Honor Code. Lying also includes any false testimony presented during Preliminary or Formal Hearings.
2. **Cheating:** All tests, quizzes, written work, laboratory work, research, and examinations at the Medical University of South Carolina are conducted under the Honor Code. Cheating is defined as using or attempting to use unauthorized assistance, devices, material, or study aids in or prior to examinations or any other academic work; or cheating or attempting to prevent others from using authorized assistance, material or study aids.
 - a. **Plagiarism:** using the ideas, information, work, or writings of another person and accepting credit for the work as one's own without proper acknowledgment on any paper, test, essay, lab work, research, or similar course activity.
 - b. **Altering records:** misrepresenting or tampering with transcripts, academic records, research data, or computer programs; obtaining or using another's ID code, social security number, or electronic password.
 - c. **Knowingly using, buying, selling, transporting, or soliciting, any or all of or in part of the contents of an examination or other assignment not authorized for release, including the use of previously administered exams without the permission of the instructor.**
3. **Stealing:** Possession of MUSC property or another individual's private property without permission or knowledge.
4. Any of the following also constitute a violation of the Honor Code, but this list should not be interpreted as all-inclusive.
 - a. **Facilitating academic dishonesty; colluding with another in the violation of any provision of this code.**
 - b. **Breach of appropriate standards of behavior in the presence of patients.**
 - c. **Breach of confidentiality with respect to information about patients.**
 - d. **The use of pressure, threat, abuse, bribery, or other practices that results in harassment.**
 - e. **The failure to report any violation of this Honor Code or the withholding of evidence pertinent to any case under investigation.**
5. **Unauthorized entry or presence in any office, laboratory, clinic, or other location is a violation of the Honor Code. Likewise, the abuse or destruction of any instruments, equipment, supplies, property, or books constitutes an offense of the Honor Code.**

STATEMENT OF ACKNOWLEDGEMENT

I, the undersigned, hereby certify that I have read and fully understand the MUSC Honor Code. I further certify that I understand exactly what is expected of me as a student at the Medical University of South Carolina College of Medicine, and I have familiarize myself with the rules and regulations and understand that a plea of ignorance is no defense or mitigation for any breach thereof.

Signature: Kayla Bingham

Print Name: Kayla Bingham



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 - b. **Altering records:** misrepresenting or tampering with transcripts, academic records, research data, or computer programs; obtaining or using another's ID code, social security number, or electronic password.
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Signature: Kellie Bingham

Print Name: Kellie Bingham

RECEIVED

Jun 27 2024

SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

Kristi F. Curtis, Circuit Court Judge

Appellate Case No.: 2023-000952

Kellie Bingham and Kayla BinghamAppellants-Respondents

v.

Medical University of South Carolina.....Respondent-Appellant.

CERTIFICATE OF COUNSEL

The undersigned certifies that the Record on Appeal contains all material proposed to be included by any parties and not any other material.

By: _____



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John E. Parker, Jr., Esq.
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jparker@parkerlawgroupsc.com
jayparker@parkerlawgroupsc.com

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RESPONDENTS

June27, 2024