It is the policy of the University of South Carolina, School of Medicine to engage in ongoing quality improvements of all School of Medicine policies, programs and processes to ensure the achievement of the mission and the effective monitoring of the medical education program's compliance with accreditation standards.

2021 University of South Carolina School of Medicine Program Assessment and Continuous Quality Improvement Report

Academic Year 2019-2020

2021 Program Assessment Report

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PROGRAM ASSESSMENT PLAN ACTIVITIES AND LCME ELEMENTS

It is the policy of the University of South Carolina, School of Medicine to engage in ongoing quality improvements of all college policies, programs and processes to ensure the achievement of the mission and the effective monitoring of the medical education program's compliance with accreditation standards.

Such improvement initiatives, while far-reaching in scope, include a focus on planning and continuous quality improvement (CQI) processes undertaken to optimize the medical education program's 1) response to evolving resources and knowledge bases, and 2) compliance with all accreditation standards.

The Director, Program Assessment and Continuous Quality Improvement is responsible for managing the process, as well as receiving and analyzing relevant data. Standing committees and senior administrators within the college contribute to the monitoring effort, and additional associated personnel provide coordination and support the process.

The Associate Dean for Medical Education and Academic Affairs ensures that appropriate resources are allocated for these activities, including personnel, information technology systems and infrastructure for the collecting and reporting of data.

Areas for monitoring and/or improvement are identified from the following categories:

1. Elements that have been cited as "not in compliance" or "compliance with monitoring" during previous accreditation visits.

2. New elements or elements in which Liaison Committee on Medical Education (LCME) expectations have evolved (as communicated through Association of American Medical Colleges meetings, the LCME website or other communication from the secretariats).

3. Elements that are affected by review or changes to SOM policies.

4. Elements that explicitly require regular monitoring or relate to regularly occurring processes.

5. Other components brought forth as a result of the program evaluation process, and items brought forward to the Curriculum Committee as areas of concern from the faculty or students, including results of institutional or national surveys such as internal questionnaires, student feedback surveys and the Graduation Questionnaire.

Monitoring of specific elements and data is accomplished with a work plan that indicates the details being monitored, appropriate time intervals and the group responsible.

The Director, Program Assessment and Continuous Quality Improvement is a resource member on the Curriculum Committee, Strategic Planning Committee, Executive Committee, and chair of the Core Student Assessment Subcommittee which is a subcommittee of the Curriculum Committee.

The SOM Program Assessment and Continuous Quality Improvement Plan describes a series of program assessment activities that systematically address outcomes at specific points in a multi-year cycle, how data is collected and analyzed, and how the loop is closed by identifying and integrating implications for change.

The assessment plan includes the following information:

1. How outcomes were assessed
2. Data collection and analysis
3. Where and how data was collected
4. When and how often outcomes were assessed
5. Closing the loop
6. Results and implications

1. How outcomes were assessed. To determine how objectives were assessed, it was necessary to look at what students are required to do to demonstrate what they have learned. These activities are the assessment tasks—activities used to assess student learning of the objective. Typical course-embedded tasks included papers, projects, presentations, performances, and specific parts of examinations, to name a few. For most courses, a national standardized test served as the most appropriate assessment task. Sometimes the measure is the average score on a task for all students. A commonly used instrument is a rubric. Other assessment instruments included surveys of alumni and recent graduates. These surveys are considered indirect forms of assessment because they measure a perception of learning as opposed to more direct forms of student learning (course-embedded tasks, national tests, etc.)

The process for assessing attainments of the desired competencies is both formative and summative in nature. Course content and processes focus on the competencies using traditional classroom and technologically-enhanced instructional strategies, and measuring achievement of the competencies most commonly through objective tests, written assignments, and laboratory or simulated applications. In many cases the competencies are ultimately applied to the practice setting in the clerkship or practice experience program. Surveys are administered to regularly at the end of courses. These surveys help to document the development of skills as well as their views on instruction, services, policies, and resources. As with most schools of medicine, a primary outcome assessment tool is performance on the USMLE Step Examinations. The data compare overall performance on the Step Examinations by medical students nationally. Examination passage rates are evaluated to assure appropriate curricular development of student's knowledge and skills. The provision of a continuous performance level provides evidence of the effectiveness of the overall curriculum. Note: Grades are assigned to students based on performance in a course. To outside entities, the content of a course is unknown; therefore, what students learn is unknown. By providing data by learning objectives, instead by courses, interested parties can determine what learning has taken place. Furthermore, the learning objectives are developed for programs, not just courses, thus, the learning outcomes of a program are more explicit with assessment information.

2. Data collection and analysis. Data was collected and analyzed by the Director of Program Assessment and Continuous Quality Improvement, the Curriculum Committee and its subcommittees, the Associate Dean for Medical Education, the Assistant Deans for Preclinical Curriculum and Clinical Curriculum and Assessment, Medical Student Education-Florence, and Program and Clerkship Directors.

Data elements currently available were used for program-level assessment. These include:

- Faculty developed exams, assignments, and projects
- Papers and other written assignments and presentations (presenting research study findings)
- Materials describing curricular practices (syllabi, exams, textbooks)
- Trends in student exam performance on critical examinations over time

- Standardized test performance
- Surveys, interviews, faculty, students
- Student clerkships and group work
- Capstone coursework
- SOM policies

3. When and how often outcomes were assessed. Quantifiable and measurable outcomes for the achievement of curricular competencies are described in each course syllabus and determined by the course instructors. As noted in Table 1, a number of performance indicators were used to evaluate student achievement at progressive points throughout program matriculation. Periodic course examinations were the most common method employed to evaluate students' achievement of course objectives. Laboratory exercises, assigned readings, papers, projects, and presentations were also commonly employed throughout the curriculum to measure student mastery of skills and the application of knowledge. A number of these evaluation points have mandated passage criteria with necessary remediation in order to pass the course or proceed to the next year.

4. Results and implications. The reporting function of assessment includes setting up a repository for the data which also includes reporting the changes made to enhance student learning. Planning for documentation is essential not only for anyone to view results of assessment and generate reports, but also for ensuring that the process continues should a key faculty or staff member leave the institution

5. Closing the loop. Someone has to be responsible for assessment analysis. The data needs to be aggregated and reviewed to identify where learning should/can be improved. However, the responsibility for "closing the loop" ultimately rests with the faculty. Therefore, a process for communicating the results of assessment to the faculty should be part of the assessment plan. Otherwise the results could end up sitting on a shelf or buried in a database without any follow-up. The follow-up is what is known as "closing the loop". In the analysis, the objectives that need the most improvement are identified. In closing the loop strategies for creating change to enhance student learning are developed. Closing the loop occurs when a change was made in a program based on program assessment data. In some cases, the development of an action plan may be necessary when addressing a serious problem.

An action plan should be submitted to the Associate Dean and the Director for Program Assessment and Continuous Quality Improvement. It should include the following elements.

- A clearly stated goal and clearly define objective. Take into consideration not only the importance of the goal, but also how reachable it is considering the time frame and resources available.
- Use a team to create the action plan. This won't be appropriate in certain cases, but brainstorming with team members can help create a stronger plan of action. And in the course of creating a plan, it may be necessary to seek input from others outside the team as well.
- Choose action steps that are concrete, measurable and attainable. These steps should be clearly defined, not vague ideas.
- Identify who is responsible for each action step and who will be supporting them. Support people are not responsible for the outcome of an action step, but they assist in the process.

- Provide a clear schedule for completing action steps. Your final goal may be a short-term project or take years to complete. It's important to break down the timeline for each step along the way. List the resources necessary for accomplishing action steps. If sufficient resources are not currently available, include a plan for their acquisition.

- Review and update your action plan as it is implemented. As you track the progress of your plan, make any changes needed as they arise.

- Communicate with key people about the plan's progress and effects as it is carried out.

A template for an action plan is available electronically from the Director for Program Assessment and Continuous Quality Improvement and appears below.

Action plans will be included in the CQI report for the following year.

2021 CQI REPORT

The 2021 CQI report is for the academic year 2019-2020 and includes prioritized focused review on 19 LCME elements. Elements marked with a single asterisk (*) were designated by LCME in need of monitoring; elements marked with two asterisks (**) were found by LCME to be unsatisfactory. All other elements were either rated satisfactory by the LCME or are being reviewed for the first time.

1.1 CQI and Strategic Planning*

2.4 Sufficiency of administrative staff *

3.2 Community of scholars/research opportunities*

3.3 Diversity/pipeline programs and partnerships**

3.5 Learning Environment/Professionalism

3.6 Student mistreatment

4.4 Feedback to Faculty

6.7 Academic Environments

7.9 Interprofessional Collaborative Skills

8.1 Curricular Management

8.2 Use of medical education program objectives

8.3 Curricular Design, Review, Revision/Content Monitoring*

8.4 Program Evaluation

8.5 Medical Student Feedback

8.6 Monitoring of Completion of Required Clinical Experiences

9.1 Preparation of resident and non-faculty instructors*

11.2 Career advising*

11.3 Oversight of extramural activities*

12.1 Financial aid/debt management counseling/student educational debt*

Elements LCME Addressed in 2021 CQI Review

Nineteen LCME elements are included in this report for the 2019-2020 academic year.

LCME ELEMENT 1.1: Strategic Planning and CQI

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

LCME ELEMENT 2.4: Sufficiency of administrative staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

LCME ELEMENT 3.2: Community of scholars/research opportunities

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

LCME ELEMENT 3.3: Diversity/pipeline programs and partnerships

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

LCME ELEMENT 3.5: Learning Environment/Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

LCME ELEMENT 3.6: Student mistreatment

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical educational program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

LCME ELEMENT 4.4: Feedback to Faculty

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

LCME ELEMENT 6.7: Academic Environments

The faculty of a medical school ensures that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

LCME ELEMENT 7.9: Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

LCME ELEMENT 8.1: Curricular Management

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

LCME ELEMENT 8.2: Use of Medical Educational Program Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensures that the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content, review and revise the curriculum, and establish the basis for evaluating programmatic effectiveness. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

LCME ELEMENT 8.3: Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

LCME ELEMENT 8.4: Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

LCME ELEMENT 8.5: Medical Student Feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

LCME ELEMENTS 8.6: Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

LCME ELEMENT 9.1: Preparation of Resident and Non-faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

LCME ELEMENT 11.1: Academic Advising

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

LCME ELEMENT 11.2: Career advising

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

LCME ELEMENT 11.3: Oversight of extramural activities

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

Potential risks to the health and safety of patients, students, and the community

- *The availability of emergency care*
- *The possibility of natural disasters, political instability, and exposure to disease*
- *The need for additional preparation prior to, support during, and follow-up after the elective*

- *The level and quality of supervision*
- *Any potential challenges to the code of medical ethics adopted by the home school.*

LCME ELEMENT 12.1: Financial aid/debt management counseling/student educational debt

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

LCME STATUS REPORT

At its June 18-20, 2019 meeting, the Liaison Committee on Medical Education (LCME) reviewed the status report submitted on March 29, 2019 on behalf of the medical education program leading to the MD degree at the University of South Carolina School of Medicine, Columbia. The status report addressed the program's performance in the following elements: Element 1.1 (strategic planning and continuous quality improvement), Element 2.4 (sufficiency of administrative staff), Element 3.2 (community of scholars/research opportunities), Element 3.3 (diversity/pipeline programs and partnerships), Element 3.6 (student mistreatment), Element 4.3 (faculty appointment policies), Element 6.1 (program and learning objectives), Element 7.1 (biomedical, behavioral, social sciences), Element 8.3 (curricular design, review, revision/content monitoring), Element 9.1 (preparation of resident and non-faculty instructors), Element 11.2 (career advising), Element 11.3 (oversight of extramural electives), Element 11.6 (student access to educational records), and Element 12.1 (financial aid/debt management counseling/student educational debt).

Based on the information provided, the LCME voted as follows: LCME Determination End indeterminate term and continue full accreditation of the medical education program for the remainder of the eight-year term Required Follow-Up for the School Status report due by August 17, 2020 Next Full Survey Visit 2024-25 academic year The Medical School Directory on the LCME website, lcme.org/directory has been updated to reflect this change in the next survey visit date.

The LCME requested a status report original due by August 17, 2020 but delayed until March, 2021 due to the COVID-19 pandemic. The status report was to contain the following information:

Element 1.1 (strategic planning and continuous quality improvement)—Satisfactory with a Need for Monitoring

1. Provide a specific timeline for monitoring each of the strategic objectives from the most recent medical school strategic plan, including how often each of the strategic objectives is being/will be monitored. In the time line, include which of the strategic objectives already have been monitored and have had outcomes identified.

2. Complete the following table for the LCME accreditation elements that been or will be monitored in the school's CQI process.

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcomes of Monitoring (e.g., Decision that are Element is Satisfactory, Decision that Action is Required)

Element 2.4 (sufficiency of administrative staff)—Satisfactory with a Need for Monitoring

1. Complete the following tables with information from the AAMC Medical School Graduation Questionnaire (AAMC GQ)

Office of the Associate Dean of/for Students [i.e., Office of Student and Career Services]				
Provide school and national data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students.				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

Office of the Associate Dean for Educational Programs/Medical Education [i.e., Office of Curricular Affairs]				
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students who were *satisfied/very satisfied* (combined) with the Office of the Associate Dean for Educational Programs/Medical Education.				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Accessibility				
Awareness of student concerns				
Responsiveness to student problems				

1. Complete the tables in **attachment 1** with data from a survey of students in all classes on satisfaction with the accessibility, awareness of student concerns, and responsiveness to student problems of the Office of Student and Career Services and the Office of Curricular Affairs.

Use the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, n/a (no opportunity to observe). Provide the data by class and campus.

2. Describe the steps taken during the 2019-20 academic year to address dissatisfaction among third and fourth-year students as contained in the June 2019 status report.

Element 3.2 (community of scholars/research opportunities) – Satisfactory with a Need for Monitoring

1. The LCME asked for a description of the activities during the 2019-20 academic year of the Research Center for Transforming Health and the Student Opportunity for Academic Achievement through Research (SOAR) initiatives. Note any enhancements to the opportunities for students to participate in research, to be informed about research opportunities, and to receive funding for participation.

2. The SOM was also asked to complete tables with data from a survey of students in all classes on satisfaction with the availability of a) funding for summer research opportunities; b) information on how to become involved in research; and c) research opportunities. Use the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, n/a (no opportunity to observe). Provide the data by class and campus.

Element 3.3 (diversity/pipeline programs and partnerships) – Unsatisfactory

The LCME asked for a description of the programs related to the recruitment and retention of faculty and of senior administrative leadership from school-defined diversity categories for the 2019-20 academic year. The description was to include the following:

a. The funding sources that the medical school has available

b. The individual personnel dedicated to these activities and their time commitments

c. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

Note which of these programs are newly implemented in 2019-20 and which had been in existence previously.

2. Summarize the recent activities of the university diversity Council and the medical school Diversity and Inclusion Implementation Committee during 2019-20 that were directed at enhance the recruitment and retention of faculty and senior administrative staff in the school-defined diversity categories.

3. Complete the following tables for the indicated academic years.

Offers Made for Faculty Positions						
Provide the total number of offers of faculty positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2018-19			AY 2019-20		
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers

Offers Made for Senior Administrative Staff Positions						
Provide the total number of offers of senior administrative staff positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2018-19			AY 2019-20		
School-identified Diversity Category	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers

2. Provide the requested information for the 2020-21 academic year on the number and percentage of employed faculty and senior administrative staff in each of the school identified diversity categories.

Faculty and Senior Administrative Staff		
School-identified Diversity Category	Number and percent of Employed/ Full-Time Faculty	Number and percent of Senior Administrative Staff

Element 8.3 (curricular design, review, revision/content monitoring) – Satisfactory with a Need for Monitoring

1. Complete the following table based on the process for review and revisions of the curriculum in place during the 2019-20 academic year.

Role in Curriculum					
For each of the listed tasks, indicate the role[1] of the individual(s)/group(s) listed below (D, I, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank.					
Task	Course/ Clerkship Directors and Faculty	CAO/ Associate Dean for Medical Education	Office of Medical Education Staff	Curriculum Committee	Curriculum Committee Subcommittee(s)
Monitoring curriculum content, including horizontal and vertical integration					
Evaluating the outcomes of curriculum phases					
Evaluating the outcomes of the curriculum as a whole					

1 Definitions:

(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational program objectives, the plan and tools for course evaluation)

(I) Implement = Carry out the process or utilize the product

(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes

(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation (A) Approve/Take Action = Have final responsibility for an action related to the product or process

2. Describe the process for formal review of the phases of the curriculum. Include in the description the areas and outcomes that are evaluated, as well as the frequency with which the reviews of each phase are conducted, the process by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving and acting on the results of the evaluation. Note when the most recent review of each curriculum phase was conducted.

3. Describe the current status of implementing a review of the curriculum as a whole, including curriculum content (whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education program objectives) and outcomes (whether there is evidence that the medical education programs are being met). Include a description of the resources available for the review.

Element 9.1 (preparation of resident and non-faculty instructors) – Satisfactory with a Need for Monitoring

1. Describe how residents at all sites, including regional campuses, who supervise/assess medical students in required clinical clerkships receive the relevant clerkship learning objectives and the list of required clinical encounters.

2 Provide a list of programs offered during the 2019-20 academic year to orient residents to their roles in teaching and assessing medical students. In the description, include the location of the residents (e.g., Florence) and the location(s) of the faculty/staff providing the training (e.g., Columbia, Florence).

3. How does the medical school ensure that all residents who teach/assess medical students receive the necessary orientation/preparation for their teaching role?

Element 11.2 (career advising) – Satisfactory with a Need for Monitoring

1. In the table below, describe the career advising activities in place for students during the 2019-20 academic year.

Optional and Required Career Advising Activities			
Describe each career information session and advising activity that was available for medical students in each year of the curriculum during the most recently completed academic year. Note whether each was required (R) or optional (O). *Schools with regional campus(es) should provide the information by campus.*			
Career Information and Advising Activities			
Year 1	Year 2	Year 3	Year 4

1. Using the table above, describe which career advising activities are new/enhanced for the 2019-20 academic year and which were in place previously.

2. In the table below, provide data from a survey of students in all classes on satisfaction with career counseling.

Use the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, n/a (no opportunity to observe). Provide the data by class and campus.

Satisfaction with Career Counseling							
Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).							
Medical School Class	Number of Total Responses to this item/ Response Rate	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1							
M2							
M3							
M4							
Total							

Element 11.3 (oversight of extramural electives) – Satisfactory with a Need for Monitoring

1. Provide summary data on the percent of students who submitted evaluations of extramural electives during the 2019-20 academic year.

2. Describe the status of plans to create a portal so that students can review summary evaluation data of extramural electives. Note if the portal is "live" and include any available data on utilization by students and/or advisors.

Element 12.1 (financial aid/debt management counseling/student educational debt) – Satisfactory with a Need for Monitoring

1. Describe the status of responding to areas of identified student concern related to financial aid (i.e., access to financial aid staff and availability of scholarship funding). Note any changes/enhancements to these areas during the 2019-20 academic year.

2. In the tables below, provide data from a survey of students in all classes on satisfaction with financial aid administrative services and adequacy of debt management counseling. Use the following scale: very dissatisfied, dissatisfied, satisfied, very satisfied, n/a (no opportunity to observe). Provide the data by class and campus.

3. Provide a copy of the most recent LCME Part I-B Annual Financial Aid Questionnaire

Satisfaction with Financial Aid Administrative Services

Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).

Medical School Class	Number of Total Responses to this item/ Response rate	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1							
M2							
M3							
M4							
Total							

Satisfaction with Debt Management Counseling

Provide data by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).

Medical School Class	Number of Total Responses to this item/ Response rate	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of combined Satisfied and Very Satisfied Responses	
		N	%	N	%	N	%
M1							
M2							
M3							
M4							
Total							

LCME DETERMINATIONS OF COMPLIANCE WITH ACCREDITATION STANDARDS

Table 1.1 represents the program's current compliance with each of the standards. LCME determinations of compliance with standards that were not addressed in the status report were taken from the most recent LCME review of the program's compliance with those standards.

Table 1.1: LCME Standards Determination

Standard	LCME Determination
Standard 1: Mission, Planning, Organization, and Integrity	CM
Standard 2: Leadership and Administration	C
Standard 3: Academic and Learning Environments	CM
Standard 4: Faculty Preparation, Productivity, Participation, and Policies	C
Standard 5: Educational Resources and Infrastructure	C
Standard 6: Competencies, Curricular Objectives, and Curricular Design	C
Standard 7: Curricular Content	C
Standard 8: Curricular Management, Evaluation, and Enhancement	CM
Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety	C
Standard 10: Medical Student Selection, Assignment, and Progress	C
Standard 11: Medical Student Academic Support, Career Advising, and Educational Records	CM
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	CM

C = Compliance, CM = Compliance with a Need for Monitoring, NC = Noncompliance

Table 1.2 contains the specific areas cited within each standard that are included in this report and their current status.

Table 1.2: LCME Elements Determination

Element	LCME Determination
Element 1.1. (strategic planning and continuous quality improvement)	SM
Element 2.4 (sufficiency of administrative staff)	SM
Element 3.2 (community of scholars/research opportunities)	SM
Element 3.3 (diversity/pipeline programs and partnerships)	†U
Element 3.6 (student mistreatment	S
Element 4.3 (faculty appointment policies)	S
Element 6.1 (program and learning objectives)	S
Element 7.1 (biomedical, behavioral, social sciences)	S
Element 8.3 (curricular design, review, revision/content monitoring	SM
Element 9.1 (preparation of resident and non-faculty instructors)	SM
Element 11.2 (career advising)	SM
Element 11.3 (oversight of extramural electives	SM
Element 11.6 ((student access to educational records)	S
Element 12.1 (financial and debt management counseling/student educational debt	SM

S = Satisfactory, SM = Satisfactory with a Need for Monitoring, U = Unsatisfactory

† Note that the program has been in unsatisfactory performance in Element 3.3 (diversity/pipeline programs and partnerships) since June 2017. The LCME voted to extend, for good cause, the time to achieve satisfactory performance in Element 3.3 to December 2020, noting that the program had provided written and compelling evidence that the nature of the needed change reasonably requires a time period exceeding two years

PROGRAM ASSESSMENT RESULTS FOR ACADEMIC YEAR 2019-2020

LCME ELEMENT 1.1: STRATEGIC PLANNING AND CQI

A MEDICAL SCHOOL ENGAGES IN ONGOING PLANNING AND CONTINUOUS QUALITY IMPROVEMENT PROCESSES THAT ESTABLISH SHORT AND LONG-TERM PROGRAMMATIC GOALS RESULT IN THE ACHIEVEMENT OF MEASURABLE OUTCOMES THAT ARE USED TO IMPROVE PROGRAMMATIC QUALITY, AND ENSURE EFFECTIVE MONITORING OF THE MEDICAL EDUCATION PROGRAM'S COMPLIANCE WITH ACCREDITATION STANDARDS.

When/How Often Implemented: CQI is ongoing. Reports are submitted the School of Medicine's (SOMs) Executive Committee for review and approval annually.

Data Sources: The primary data sources include NBME Step Exam scores, CBSE scores, Gate Exam Scores, NBME Subject and Clerkship NBME subject exam scores, end of course evaluations, graduation surveys, PGY I survey, alumni surveys, end of year surveys, AAMC GQ survey response data, school data on faculty productivity, contact hours, mid-year evaluations, course and clerkship director feedback, focus group results, program survey results, admissions data, student affairs data, curriculum committee and subcommittee minutes, strategic plan, school bulletin, course syllabi, course objectives, program objectives, scholarly research publication statistics, curriculum inventory and map, faculty development courses.

Methodology: Identification of LCME elements for focused review based on 2017 site visit results and additional elements not reviewed previously; identification of previously reviewed elements for continuous monitoring based on change in status or new developments impacting outcomes.

Results: A plan for Continuous Quality Improvement is in the process was implemented and approved by the School of Medicine's (SOMs) Executive Committee. The 2017 and 2018 Program Assessment and CQI Reports containing a focused review of 38 LCME elements have been reviewed and approved by the SOM's Executive Committee.

The 16 elements that were cited by the LCME site visit report as requiring monitoring or unsatisfactory form the basis for the focused review contained in the 2018 Program Assessment and CQI Report in addition to updated data for the elements reviewed in 2017, 2018, and 2019. The report of the findings was reviewed and approved by the SOMs Executive Committee in August 2018, November 2019, and July 2020

Implications: CQI plan will be produced annually covering new elements each year and updating the status of elements in which changes have been made in relation to the strategic plan.

Closing the Loop: Results of the strategic planning process and the program assessment report are shared annually with the Executive Committee, the Curriculum Committee, the Core Student Assessment Subcommittee, and the MI and MII Subcommittees and additional MI and MII Curriculum Innovation Subcommittees to guide revision of the curriculum and improve the educational process. This Element will continue to be monitored

ELEMENT 1.1 (STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT) – SATISFACTORY WITH A NEED FOR MONITORING

The LCME requested that the SOM's 2019 report provide a specific timeline for monitoring each of the strategic objectives from the most recent medical school strategic plan, including how often each of the strategic objectives is being/will be monitored. In the timeline, include which strategic objectives already have been monitored and have had outcomes identified.

The UofSC School of Medicine Columbia completed its five year strategic plan in 2017. The SOM Strategic Planning Steering Committee, in concert with our Office of Continuous Professional Development and Strategic Affairs, monitors progress toward achieving twenty-one objectives on at least an annual basis. The table below outlines strategic objectives for each of the five focus areas in the strategic plan, as well as information about current results from actions implemented in response to the plan.

Focus Area	Strategic Objective	Frequency of Monitoring	Current Status
Create a collaborative culture of discovery	1.1a Establish a discovery center in the SOM	Annual	Research Center for Transforming Health (RCTH) established 2017. Ongoing growth in Center staff/mission during past year. Objective met.
	1.1b Establish four new interdisciplinary research focus areas	Annual	Four focus areas identified (neuroscience, cardiovascular, immunology/ID, and psychiatry). CV Translational Research Center established 2020. Objective met.
	1.1c Increase research in area of health disparities	Annual	Unsuccessful attempt to fill endowed chair in cancer disparities within past two years. Will continue to seek other strategies to grow health disparities research.
	1.2a Incorporate professional development goals into annual reviews.	Annual	Documents developed and implemented in 2019. Objective met.
	1.2b Establish mentoring programs for faculty	Annual	RCTH established Emerging Physician Scientists' Program as a research mentoring program in 2018; now training third cohort. Physician Executive Leadership Institute established 2019, with two cohorts trained.

Focus Area	Strategic Objective	Frequency of Monitoring	Current Status
			Objective met.
	1.3 Increase scholarly contributions of faculty and trainees.	Annual	RCTH assisting with mentoring faculty. New seed grant process being launched fall of 2020. Objective not yet met.
Strengthen key partnerships.	2.1 Pursue five integrated programs with health system/community partners to advance population health	Annual	Two new remote pediatric clinics established in rural areas -2018. New rural Family Medicine residency in Sumter, SC - 2018. New rural scholarship program initiated through SOM Rural Health Center - 2018. Statewide Hepatitis C telemedicine program initiated – 2019. Statewide maternal-fetal medicine project to standardize high risk care for diabetic mothers – 2020. Objective met.
	2.1b Collaborate with clinical and educational partners on new health initiative to advance research, educational, and patient care missions.	Annual	$2M high risk pregnancy grant from BC/BS which included MUSC and USC SOM Greenville - 2020. Telepsychiatry initiative launched with McLeod Family Medicine program in Florence – 2019, supported by grant funding. $5.5M FoodShare grant from BC/BS to advance healthy eating – 2020. Objective met. Continue to follow.
	2.1c Leverage relationship with Prisma Health to advance research mission, education mission, and leadership mission.	Annual	New goal established in 2019. Collaboration between Simulation Centers at SOM Columbia and SOM Greenville established 2020. New joint seed grant process established fall 2020. Joint professional development activities planned in 2021.

Focus Area	Strategic Objective	Frequency of Monitoring	Current Status
			Objective met. Will continue to follow.
	2.2a In collaboration with Prisma Health, implement a roadmap to provide patient registries and data warehousing.	Annual	COVID-19 patient registry jointly established 2020. Plans underway to expand data warehousing capabilities after implementation of EPIC EHR in 2021. Objective still is a work in progress.
	2.3.a: Establish at least one additional dual degree program, executive degree program, or certificate program through collaboration with other USC schools and other educational and clinical partners within the next five years.	Annual	Establishment of new executive MHA program by UofSC, introduced 2018, made pursuing this goal unnecessary. Objective retired 2019.
	2.5a Increase the percentage off graduating residents who are retained within our health system	Annual	Over past three years, retention rate of graduating residents has increased from 22% to 25% to 29%. Objective met. Will continue to follow.
Innovate medical school curriculum	3.1a Establish medical curriculum task force	Annual	Task force established 2017. Recommendations for new curricular framework received 2018. Implementation of curricular changes began 2018-19. Anticipate full implementation by 2022.
	3.1b Review graduate programs curricula to identify opportunities for interprofessional enhancement	Annual	Curriculum review conducted. New Simulation and Interactive Learning Center established 2019; now performing IP simulations. Summer research program (SOAR) expanded, providing interaction between medical students and grad students/basic science faculty. IPE seminars piloted 2019. Low attendance suggested alternate format needed. Objective partially met; ongoing monitoring.

Focus Area	Strategic Objective	Frequency of Monitoring	Current Status
	3.2a Establish a Student Success and Wellness Center to provide enhanced student learning resources	Annual	SCWC established 2018 with new Director recruited. Staffing increased 2020. Student first time pass rates on Board exams improving in past 1-2 years.
Advance diversity and inclusion	4.1a Offer annual recurring learning opportunities about diversity and inclusion	Annual	Five diversity forums held over the past two years. Student discussion groups focusing on the impact of racism in medicine initiated summer of 2020. Very well received by students.
	4.1.b Integrate additional diversity and inclusion training into medical school curriculum.	Annual	Additional curricular elements related to diversity/inclusion incorporated into the 2018 curricular changes. Additional elements added in summer, 2020. Objective met; will monitor for effectiveness.
	4.2a Require training of members of search committees re: implicit bias.	Annual	Search committees for leadership roles (chairs, assistant deans, and associate deans) have undergone implicit bias training over the past three years.
	4.2c Double the annual health professions scholarship funds available to support SOM Columbia students over five years.	Annual	Student scholarship funding now is the top philanthropic priority for the SOM Columbia. Annual scholarship offerings have increased by about 50% in the past three years. Objective not yet met.
Maintain SOM facilities and advance plan for new SOM Health Sciences Campus	5.1a Partner with UofSC to advocate for new health sciences campus	Annual	New health sciences campus has been a top capital priority of the University since 2017. Legislative financial support obtained, with more likely to follow. One $1 million + gift in support of new campus received in 2020. Objective not yet met; will continue to monitor.

Focus Area	Strategic Objective	Frequency of Monitoring	Current Status
	5.1b Ensure current facilities are maintained and improved to allow for quality medical education		Current SOM campus has undergone several facilities improvements in past three years: - New Student Success and Wellness Center - New Simulation and Interactive Learning Center - Renovation of large flexible classroom - Expansion of student study space - Lab renovations for the new CV Translational Research Center taking place 2020-2021. Objective met. Will continue to monitor.

For academic year 2020-2021, in addition to continuing the follow-up to plans outlined above, our leadership has recommended that we focus new strategic planning efforts on improving the effectiveness of our programs to improve diversity, equity and inclusion. The SOM Strategic Planning Committee is meeting monthly to oversee these efforts. Working groups have been established in three areas:

1. Attracting, enrolling, and supporting a talented and diverse student body.
2. Hiring and retaining a talented and diverse group of faculty and staff.
3. Promoting an equitable culture of inclusion throughout the School of Medicine.

As an early response to this dialogue, the SOM plans to diversify the portraits/images we display within the SOM educational building. See additional information regarding this initiative under Element 3.3 below.

We anticipate that additional strategic initiatives related to diversity and inclusion will emerge out of the ongoing work of the three small groups over the course of the 2020-2021 academic year.

1. Complete the following table for the LCME accreditation elements that have been or will be monitored in the school's CQI process.

Elements that are Monitored	**Interval of Monitoring (e.g., Yearly)**	**Individual/Group Responsible for Taking Action on the Monitoring Result**	**Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)**
1.1 CQI and Strategic Planning	Annually	Director of Program Assessment and Continuous Quality Improvement, Dean and Associate Dean for Medical Education and Academic Affairs	Work on this element will continue to be monitored in an effort to ensure that areas needing attention are identified and responsible parties develop action plans to address deficiencies.
1.2 Conflict of Interest Policies	Annually	Governing board members University and medical school administrators Medical school faculty	Satisfactory with annual review to ensure that policies are updated as necessary.
1.4 Affiliation Agreements	Annually	Director of Legal Affairs, Dean, SOM Executive Committee	Satisfactory with continuous updating of policies as necessary.
2.4 Sufficiency of administrative staff	Annually	Dean or an associate dean on the dean's office staff and Department Chairs	Satisfactory with need for monitoring to ensure that students are satisfied/very satisfied with administrative staff.
3.1 Resident participation in medical student education	Annually	Dean, Associate Dean, Clerkship Directors, Curriculum Committee	Satisfactory
3.2 Community of scholars/research opportunities	Annually	Office of the Associate Dean for Research	Satisfactory with need for monitoring to ensure that this program meets or

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)
			exceeds student needs.
3.3 Diversity/pipeline programs and partnerships	Monthly	Office of Diversity and Inclusion	Action Needed; the Diversity and Inclusion Implementation Committee and the Strategic Planning Committee continue to address these issues.
3.5 Learning environment/professionalism	Annually	Chairs of the Clinical Departments, Clerkship Directors, Curriculum Committee, Executive Committee	Satisfactory, continue to monitor evaluations to ensure a positive learning environment for all students.
3.6 Student mistreatment	Annually	Associate/Assistant Dean, Program Directors, Executive Committee	Satisfactory, the SOM must remain alert to the possibility of negative behavior and be prepared to deal with it in a timely fashion.
4.2 Scholarly productivity	Annually	Office of the Associate Dean for Research	Satisfactory
4.3 Faculty appointment policies	Every 3 Years	Office of the Dean, Executive Committee, Associate Dean for Academic Affairs	Satisfactory with the need for development of a schedule for committees to review criteria to ensure that they are up-to-date.
4.5 Faculty professional development	Annually	Office of Continuous Professional Development and Strategic Affairs (OCPDSA	Satisfactory with monitoring. With the development and implementation of a new curriculum, an action plan is necessary for

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)
			addressing faculty needs.
6.1 Program and learning objectives	Annually	Curriculum Committee and subcommittees	Objectives are being rewritten for the new curriculum with oversight by the Curriculum Committee. This area is satisfactory, but requires continued monitoring.
6.2 Required clinical experience	Annually	Curriculum Committee and subcommittees	Satisfactory with need for monitoring as the new curriculum is developed.
6.4 Inpatient/outpatient experiences	Annually	Curriculum Committee and subcommittees	Satisfactory with the need to monitor experiences as the new curriculum develops.
6.6 Service-learning	Annually	Curriculum Committee and subcommittees	Satisfactory with the need for monitoring as the new curriculum is developed.
6.7 Academic Environment	Annually	Curriculum Committee; Dean	Satisfactory, but requires monitoring to ensure appropriate interactions.
7.1 Biomedical, behavioral, social sciences	Annually	Curriculum Committee and subcommittees	Satisfactory with the need for the development of an evaluation plan to address low Step 1 scores in this area.
7.2 organ systems/life cycle/primary care/ prevention/wellness/symptoms/signs/differential diagnosis,	Annually	Assistant Dean for Clinical Learning, Curriculum Committee	Satisfactory with a need for monitoring given a curriculum redesign is underway.

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)
treatment planning, impact of behavioral and social factors			
7.3 Scientific method/clinical/translational research	Annually	Assistant Dean for Clinical Learning, Office of the Associate Dean for Research	Satisfactory with the need for monitoring as the new curriculum is developed.
7.4 Critical judgment/problem-solving skills	Annually	Assistant Dean for Clinical Learning	Satisfactory with the need to monitor students' communication and interpersonal skills.
7.5 Societal problems	Annually	Assistant Dean for Clinical Learning, Curriculum Committee, Assistant Dean for Clinical Curriculum and Assessment	Satisfactory with the need to monitor how this area fits into social determinants of health in the new curriculum.
7.6 Cultural competence and health care disparities	Annually	Associate and Assistant Deans for Diversity and Inclusion, Assistant Dean for Clinical Learning, Assistant Dean for Clinical Curriculum and Assessment	Satisfactory with need to monitor how this elements fits into the new curriculum.
7.7 Medical ethics	Annually	Office of Medical Education and Academic Affairs	Satisfactory, new curriculum director has been identified.
7.8 Communication skills	Annually	Assistant Dean for Clinical Learning, Clerkship Directors, Assistant Dean for Clinical Curriculum and Assessment	Need to monitor students' communication skills relative to performance on the Step 2 CS exam.
7.9 Inter-professional collaboration skills	Annually	Assistant Dean for Clinical Learning, Clerkship Directors, Assistant Dean for Clinical Curriculum and Assessment	Satisfactory, but continue to monitor with the curricular changes being introduced.

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)
8.2 Use of medical education program objectives	Annually	Curriculum Committee and subcommittees	Need to monitor as the new curriculum develops.
8.3 Curricular design, review, revision/content monitoring	Annually	Course/Clerkship Directors, Curriculum Committee and subcommittees, Associate Dean for Medical Education and Academic Affairs	Need for monitoring with the new curriculum; requires the development of an evaluation plan.
8.4 Program evaluation	Annually	Director of Program Assessment and Continuous Quality Improvement	Need for monitoring how the new curriculum with be evaluated. Requires the development of an action plan.
8.6 Monitoring of completion of required clinical experience	Annually	Assistant Dean for Clinical Curriculum and Assessment, Clerkship Directors, Registrar	Satisfactory
8.7 Comparability of education/assessment	Annually	Assistant Dean for Clinical Curriculum and Assessment, Clerkship Directors, Curriculum Committee, Associate Dean for Medical Education and Academic Affairs	Satisfactory with the need to monitoring as a new Assistant Dean at the Florence campus finishes his first year.
9.1 Preparation of resident and non-faculty instructors	Annually	At Prisma Health, the director of education development in the GME Office and the director of faculty development in the Office of Continuous Professional Development and Strategic Affairs, Assistant Dean for Clinical Curriculum and Assessment	Satisfactory with need for monitoring
11.2 Career advising	Annually	Assistant Dean for Student Affairs	Satisfactory with need for monitoring student satisfaction levels in relation to national average.

Elements that are Monitored	Interval of Monitoring (e.g., Yearly)	Individual/Group Responsible for Taking Action on the Monitoring Result	Outcome of Monitoring (e.g., Decision that the Element is Satisfactory, Decision that Action is Required)
11.3 Oversight of extramural activities	Annually	Study Abroad Office; Clerkship Directors; Assistant Dean for Clinical Curriculum and Assessment	Satisfactory with need for monitoring
11.6 Student access to educational record	Every 3 Years	Registrar, Associate Dean for Medical Education and Academic Affairs	Satisfactory
12.1 Financial aid/debt management counseling/student education debt	Annually	Office of Financial Aid and Scholarship, Assistant Dean for Student Affairs	Satisfactory with need for monitoring and the development of an action plan for reducing student debt.

Table 1.1: **LCME Elements Monitored**

Elements Monitored	Date	Data Source(s)	Stakeholders
1.1 CQI and Strategic Planning*	2017-2018 2018-2019 2019-2020	The primary data sources include USMLE Step Exam scores, CBSE scores, Gate Exam Scores, NBME Subject exam scores, end of course evaluations, graduation surveys, PGY I survey, alumni surveys, end of year surveys, AAMC GQ survey response data, school data on faculty productivity, contact hours, mid-year evaluations, course and clerkship director feedback, focus group results, program survey results, admissions data, student affairs data, curriculum committee and subcommittee minutes, strategic plan, school bulletin, course syllabi, course objectives, program objectives, scholarly research publication statistics, curriculum inventory and map, faculty development courses.	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
1.2 Conflict of Interest Policies	2017-2018 2018-2019	AAMC GQ, student surveys, faculty surveys, Board of Trustees Conflict of Interest Policy BTRU 1.18; USC policies ACAF 1.50 and RSCH 1.06; USCSM Conflict of Interest Policy; Prisma USC Medical Group	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
1.4 Affiliation Agreements	2017-2018		

Elements Monitored	Date	Data Source(s)	Stakeholders
		Carolinas Hospital System; McLeod Regional Medical Center; Prisma; Providence Hospital; SC Dept. of Mental Health; Dept. of Veteran Affairs	Dean, SOM Executive Committee, Strategic Planning Committee, Executive Committee
2.4 Sufficiency of administrative staff*	2017-2018 2018-2019 2019-2020	AAMC GQ, PGY 1 Survey, student feedback from focus groups, semi-annual student surveys	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors
3.1 Resident participation in medical student education	2017-2018	Carolinas Hospital System; McLeod Regional Medical Center; Prisma; WJB Dorm VA Medical Center records, SOM clerkship records	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
3.2 Community of scholars/research opportunities*	2017-2018 2018-2019 2019-2020	ISA, AAMC GQ; Greenwood Genetics research program; AHA research fellowship program; research publication/presentation annual data; student and faculty surveys	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course

Elements Monitored	Date	Data Source(s)	Stakeholders
			directors, faculty, students
3.3 Diversity/pipeline programs and partnerships**	2017-2018 2018-2019 2019-2020	Office of Diversity and Inclusion and Human Resources; Certificate of Graduate Study in Biomedical Science; Post-Baccalaureate Research Education Program (PREP); Adventures in medicine program; Girl Scout Days Program; Life Science Connections (Ultrasound Institute) Diversity and Inclusion Implementation Committee quarterly meeting reports	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
3.5 Learning environment/professionalism	2018-2019 2019-2020	Clinical evaluations, formative and summative evaluations, small group assessment results, Institute for Healthcare Improvement module completion rates; Learning Environment Scales for the 2017 AAMC GQ and the USCSM PGY-1 survey; Honor Council Activities, USCSOM publications completions of the Healthcare Basic Certificate program	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
Elements Monitored	**Date**	**Data Source(s)**	**Stakeholders**
3.6 Student mistreatment	2017-2018 2018-2019 2019-2020	AAMC GQ, student surveys, PGY 1 Survey; SOM Bulletin GME Office at Prisma policies; student orientation materials; student handbook	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course

Elements Monitored	Date	Data Source(s)	Stakeholders
			directors, faculty, students
4.2 Scholarly productivity	2017-2018 2018-2019	Data collected by the school for tenure and promotion	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
4.3 Faculty appointment policies	2017-2018	The "Appointment and Promotion Procedures and Criteria for Non-Tenure Track Basic Science Faculty" document; the update for the Tenure and Promotion Guidelines for Tenure-Track Clinical Unit Faculty; and the update for the Tenure and Promotion Guidelines for Tenure-Track Basic Science Faculty	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty
4.4 Feedback to faculty	2019-2020		
4.5 Faculty professional development	2016-2017 2017-2018	The Office of Continuous Professional Development and Strategic Affairs; USCSM Library; Office of Curricular Affairs and Media Resources Center for Teaching Excellence; Office of Graduate Medical Education at Prisma; AAMC Faculty Forward survey; Annual Institutional Review (AIR) and Annual Program Evaluation (APE) reports; Resident surveys	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty

Elements Monitored	Date	Data Source(s)	Stakeholders
6.1 Program and learning objectives	2016-2017 2017-2018 2018-2019	The outcome measures are linked the medical education program objectives in OASIS; Clinical Skills Attainment Documents and the New Innovations patients encounter documentation; USCSM Student Handbook to Clinical Rotations; USCSM Bulletin; USCSM Curriculum Committee Handbook and the USCSM Clerkship Directors' Handbook	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
6.2 Required clinical experience	2016-2017-2017-2018	List of patient types/clinical conditions and skills across courses and clerkships; case-based online modules; New Innovation® and/or the Clinical Skills Attainment Document. Students	Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
6.4 Inpatient/outpatient experiences	2016-2017 2017-2018	list of M-III electives in the OASIS scheduling system; the assistant dean for clinical curriculum and assessment; guidelines set by the Curriculum Committee	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
6.6 Service-learning	2018-2019	AAMC GQ; ICM I course Syllabus; USCSM Senior Mentor Program; USCSM service-learning web page	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and

Elements Monitored	Date	Data Source(s)	Stakeholders
			assistant deans, clerkship and course directors, faculty, students
6.7 Academic environments	2019-2020		
7.1 Biomedical, behavioral, social sciences	2016-2017 2017-2018 2018-2019	Curriculum map; AAMC GQ; student survey; end of course evaluations; course objectives; curriculum inventory	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
7.2 organ systems/life cycle/primary care/ prevention/wellness/symptoms/signs/differential diagnosis, treatment planning, impact of behavioral	2016-2017 2017-2018 2018-2019	Course/clerkship syllabi; curriculum map; Senior mentor program assignments; reflection exercises; clinical evaluations by attending physicians; feedback from practice scenarios with standardized patients; small group work formal course exams	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students

Elements Monitored	Date	Data Source(s)	Stakeholders
7.3 Scientific method/clinical/translational research	2016-2017 2017-2018	Multiple-choice exams; evaluations of literature; graded literature search; problem-based learning projects; graded problem sets; discussion board content; AAMC GQ	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
7.4 Critical judgment/problem-solving skills	2016-2017 2017-2018	Orientation materials; Gate Exam; CBSE; OSCEs; problem-based learning projects; critiques of medical literature; standardized patient exams; oral reports; patient notes; direct observation check lists; AAMC GQ	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students, student services
7.5 Societal problems	2018-2019	Patient encounter grades; course/clerkship objectives; group projects; assess evidence for the validity and clinical applicability of medical literature and transfer this knowledge to patient care; solving patient management situations; child abuse journal; nutrition case study; utilization of state databanks for refinement of treatment outcome measures; AAMC GQ.	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
7.6 Cultural competence and health care disparities	2016-2017 2017-2018	Clinician's self-assessments and reflections; SKAT; quizzes; senior mentor program papers; AAMC GQ	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
7.7 Medical ethics	2016-2017 2017-2018	AAMC GQ; 360 evaluations; problem-based learning cases; exams; Honor Code; USCSM policies; HIPPA; USCSM Honor Council; USC Academic Integrity Committee documents	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students

Elements Monitored	Date	Data Source(s)	Stakeholders
7.8 Communication skills	2016-2017 2017-2018	AAMC GQ; learning objectives; Senior Mentor Program outcomes; patient presentations at morning reports and morbidity/mortality conferences, mini-lectures to the patient care team, and the recording of histories and physicals, daily progress notes, and procedure/operative notes in patient charts; SIBR training; orientation materials	Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
7.9 Inter-professional collaboration skills	2016-2017 2017-2018 2019-2020	Oral and written exams; AAMC GQ; on-line activities; problem-based learning activities; module reading and/or video assignments; quizzes; surveys; video assignments; team assignments; discussion board postings; reflection paper; 360 evaluations; presentations to patient care teams	Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
8.1 Curricular management	2019-20220		
8.2 Use of medical education program objectives	2016-2017 2017-2018 2019-2020	AAMC GQ; end of course evaluations; Curriculum Committee and subcommittee meeting minutes; Office of Curricular Affairs to conduct peer review of each required course and clerkships; reviews of program objectives; PBL cases; OSCEs; CBSE scores; NBME Subject Exam scores; curriculum inventory database	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
8.3 Curricular design, review, revision/content monitoring*	2016-2017 2017-2018 2018-2019 2019-2020	Peer reviews; course/clerkship directors reviews of content; student evaluations of courses/clerkships, content and faculty; curriculum map; AAMC GQ; PGY 1 survey; NBME subject exams; USMLE Step exams; NBME	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students

Elements Monitored	Date	Data Source(s)	Stakeholders
		content outline; curriculum committee and subcommittee reviews; OASIS database	
8.4 Program evaluation*	2018-2019 2019-2020	USMLE Step exams; Gate Exam; CBSE Exams; NBME subject area exams; NBME end of clerkship exams; student scores on faculty developed exams; AAMC GQ; student advancement and graduation rates; NRMP match results; specialty choice of graduates; assessment of residency performance of graduates; licensure rates of graduates; program policies and handbooks; meeting minutes; program/course objectives; course syllabi; curriculum database; student and faculty surveys and evaluations; focus groups; PGY 1 surveys; observations; peer reviews; program objectives and outcomes; self-assessments; course assignments; participation in service learning activities; OSCEs; ACGME graduates status reports	USC Office of Assessment, Dean, SOM Executive Committee, Strategic Planning Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
8.5 Medical student feedback	2019-2020		
8.6 Monitoring of completion of required clinical experience	2016-2017 2017-2018 2019-2020	CSAD cards; clinical encounters logs; AAMC GQ; PGY 1 survey; USMLE Step exam scores; Gate Exam scores	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, students
8.7 Comparability of education/assessment	2016-2017 2017-2018	Core objectives, clinical encounters, assessment methods and grading system; narrative assessments; OSCEs; NBME subject exam scores; student evaluations of clerkship experiences; curriculum committee annual report; student	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors,

Elements Monitored	Date	Data Source(s)	Stakeholders
		course evaluations; AAMC GQ data	
9.1 Preparation of resident and non-faculty instructors*	2017-2018 2018-2019 2019-2020	Course/clerkship objectives; curriculum committee; Prisma GME Office policies and standards of practice; Residents Ethics Conference; Capstone; GRIT; residency leadership courses; ITEACH; PACER; end-of-rotation evaluations; resident and faculty surveys; graduate survey	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
9.4 Assessment system	2016-2017 2017-2018	AAMC GQ; OSCEs; standardized patient exams; CBSE; NBME Subject Exams; Step exams; faculty developed exams; program objectives; course/clerkship objectives; mid-clerkship summative assessments; Core Student Assessment Subcommittee; Curriculum Committee; end-of – course/clerkship evaluations; curriculum map; CSAD cards; course syllabi; formative course/clerkship exams and quizzes; exam reviews; technology-supported assessment development and delivery	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
9.5 Narrative assessment	2016-2017 2017-2018	Policy of narrative descriptions, summative and formative UME assessments; AAMC GQ	
9.6 Setting standards of achievement	2016-2017 2017-2018	Curriculum Committee and subcommittee meeting minutes; department faculty meeting minutes; Subject exam scores, CBSE scores, Step scores; Academic Standards Committee standards;	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
9.7 Formative assessment and feedback	2016-2016 2017-2018 2018-2019	AAMC GQ; mid-clerkship feedback survey data; audience response system data; standardized patient encounter scores; quizzes; practice tests; self -assessments; mock OSCEs;	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students

Elements Monitored	Date	Data Source(s)	Stakeholders
		narrative feedback from small groups; Pgy-1 survey; course/clerkship evaluations	
9.8 Fair and timely summative assessment	2016-2017 2017-2018 2018-2019 2019-2020	Policy regarding delivery of grades; Registrar's Office records; process for dealing with late grades; AAMC GQ; end-of-course/clerkship evaluations; PGY-1 survey;	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
9.9 Student advancement and appeal process	2016-2017 2017-2017 2018-2019	Academic Review Committee meeting minutes; Student Promotions Committee meeting minutes; graduation requirements; Honor Committee and Honor Council records; due process policy; student handbook; academic bulletin; school student promotion policy; guidelines for appeals	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
11.2 Career advising*	2016-2017 2017-2018 2019-2020	Careers in Medicine website; values workshop; special interest groups; ERAS preparation materials; MSPEs; CV preparation workshop materials; mandatory meetings for class scheduling in third year;	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students; student affairs office
11.3 Oversight of extramural activities*	2016-2017 2017-2018 2019-2020	Assistant dean for clinical curriculum; registrar's office; Study Abroad Office documentation; USC/Prisma Travel Clinic located in the Department of Family and Preventive Medicine; course directors for global health initiatives; M-IV Elective Form;	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students
11.6 Student access to educational record	2016-2017 2017-2018 2018-2019	MSPE; Process for challenging grades; student handbooks; SOM Academic Bulletin; registrar's office; course/clerkship directors; student orientation materials	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students

Elements Monitored	Date	Data Source(s)	Stakeholders
12.1 Financial aid/debt management counseling/student education debt*	2017-2018 2018-2019 2019-2020	Financial aid office; AAMC GQ; Student surveys by year; Orientation Budget Session; Exit Counseling; Small Group Financial Planning; Financial Management Workshop; Office of Student and Career Services; Y2Q Survey; Corbett Trust Scholarship Program; Everett L. Dargan, MD Endowed Scholarship Fund	Dean, SOM Executive Committee, Curriculum Committee and subcommittees, associate and assistant deans, clerkship and course directors, faculty, students, financial aid office, student services; registrar's office

*Indicates elements requiring monitoring. **Indicates elements that are unacceptable

The Director, Program Assessment and Continuous Quality Improvement is responsible for managing the process, as well as receiving and analyzing relevant data. Standing committees and senior administrators within the college contribute to the monitoring effort, and additional associated personnel provide coordination and support the process.

The role of the director is to systematically collect information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development. Program evaluation does not occur in a vacuum; rather, it is influenced by real-world constraints. Evaluation should be practical and feasible and conducted within the confines of resources, time, and political context. Moreover, it should serve a useful purpose, be conducted in an ethical manner, and produce accurate findings. Evaluation findings are used both to make decisions about program implementation and to improve program effectiveness.

- In general, the director is responsible for answering evaluation questions that fall into these groups:
- **Implementation:** Were your program's activities put into place as originally intended?
- **Effectiveness:** Is your program achieving the goals and objectives it was intended to accomplish?
- **Efficiency:** Are your program's activities being produced with appropriate use of resources such as budget and staff time?
- **Benefit:** Does the value or benefit of achieving your program's goals and objectives exceed the cost of producing them?

Evaluation is one of several ways in which to answer the question "How are we doing?" That question might be posed during strategic planning, and in constructing performance measures. The director is responsible for the following tasks and activities:

- Have an evaluation plan for examining impact that includes a framework to Engage stakeholders.
- Describe the program.
- Focus the evaluation
- Gather credible evidence.
- Justify conclusions.
- Ensure use and share lessons learned.
- Engage in collaborative decision-making.

- Ensure evaluation findings are timely and relevant, so as to maximize their use in the organization's strategic planning, budgeting, and priority-setting processes.
- Incorporate changes and account for circumstances
- Expand to see all domains of influence.
- Encourage flexibility and improvement.
- Maximize context sensitivity.
- Treat contextual factors as essential information (e.g., system diagrams, logic models, hierarchical or ecological modeling).
- Select data sources
- Multiple (triangulation preferred).
- Use sampling strategies.
- Maximize context sensitivity.
- Mixed methods (qualitative, quantitative, and integrated).Track/demonstrate the use of evaluation findings for program improvement for maximum impact.
- Ensure that evaluation findings are easily accessible to users, major constituencies, and stakeholders.
- Act as a point of contact as a focal point, champion, and resource for evaluation and performance measurement within the organization.
- Ensure that new initiatives present an evaluation plan/approach that includes evaluations across the lifecycle of the effort so that findings can be deployed for program improvement even in early stages.
- Ensure that program-specific evaluation plans are developed along with, informed by, and complimentary to the organization's strategic goals and objectives, as much as practicable.
- Coordinate and communicate about evaluation efforts across organizational units with overlapping or complementary missions.
- Ensure a process for tracking how evaluation findings are used by a program and the impact of evaluation findings on program decisions and changes.

LCME Element 2.4: SUFFICIENCY OF ADMINISTRATIVE STAFF

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

When/How Often Implemented: Annually

Source(s): The primary data source is the AAMC GQ

Methodology: The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience.

Results: Table 2.4a shows the percentage of students who were satisfied/very satisfied (aggregated) with the Office of the Associate Dean of/for Students. Table 2.4B shows the percentage of students who were satisfied/very satisfied (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education.

Table 2.4a: Office of the Associate Dean of/for Students

School and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were *satisfied/very satisfied* (aggregated) with the Office of the Associate Dean of/for Students.

	GQ 2016		GQ 2017		GQ 2018		GQ 2019		GQ 2020	
	Schl %	Nat %	Schl %	Nat %	Schl %	Nat %	Schl %	Nat %	Schl%	Nat%
Accessibility	61.7	79.3	63.8	79.5	55.6	78.6	76.3	80.0	52.8	79.5
Awareness of student concerns	57.5	72.9	58.6	72.7	37.1	71.1	69.8	71.7	41.6	72.0
Responsiveness to student problems	50.7	71.5	56.1	72.1	35.2	70.0	66.6	70.3	36.7	69.4

As shown in Table 2.4a, the results across the board in all three areas surveyed were far below the national average in 2020. Student satisfaction with the activities of this office has fallen dramatically in the past year.

Table 2.4b: Office of the Associate Dean for Educational Programs/Medical Education

School and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were satisfied/very satisfied (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education.

	GQ 2016		GQ 2017		GQ 2018		GQ 2019		GQ 2020	
	Schl. %	Nation %	Schl %	Nation %	Schl %	Nation %	Schl %	Nation %	Schl %	Nation %
Accessibility	63.0	73.7	74.1	74.3	64.6	72.5	69.8	73.7	48.6	74.2
Awareness of student concerns	54.8	70.0	65.5	70.1	56.9	68.1	65.1	68.7	37.5	69.2
Responsiveness to student problems	52.8	67.5	63.8	68.4	44.6	65.9	63.5	66.4	33.4	66.5

Table 2.4b shows a significant decrease across the three areas surveyed with respondents' satisfaction with the Office of the Associate Dean for Educational Programs/Medical Education in 2020. The average percentages are far below the national averages in all three areas.

The LCME noted that prior to 2018, "t*here were recent significant declines in students' perceptions about the office of the dean for education and the dean of students in the areas of accessibility, awareness of student concerns, and responsiveness as reported in the AAMC Medical School Graduation Questionnaire (AAMC GQ). Three additional positions were approved and hired for the office of education since receipt of the AAMC GQ results; and the dean reports conversations with specific leaders directed at improvement in the dean of students office. During the survey visit, students reported improvements over the past year but reiterated issues with responsiveness remain."*

The SOM was asked to provide the results of a survey of students in all classes on satisfaction with the Office of Student and Career Services in the following areas using the scale for the survey: very satisfied, satisfied, dissatisfied, very dissatisfied, no opportunity to observe):

a. Accessibility
b. Awareness of student concerns
c. Responsiveness to student problems

The SOM was also asked to report the data by curriculum year using the following: % very satisfied + satisfied; % dissatisfied + very dissatisfied; % no opportunity to observe. Included are response rates for each curriculum year.

As shown in Tables 2.4 C, D, E, and F, survey respondents' levels of satisfaction with the services offered by the Office of Career Services is significantly higher than the level of satisfaction of respondents' to the AAMC GQ 2020 survey. As the SOM has noted previously, the AAMC GQ survey is administered after students have left the academic environment and entered residency programs, making their responses artificially low. However, there is still room for improvement in the areas of Accessibility, Awareness, and Responsiveness on the Columbia campus. It must be noted that the closure of the campus due to the COVID-19 pandemic restricted student access to the services offered by the Office of Student and Career Services, thus resulting in lower satisfaction ratings.

Table 2.4c: **Office of Student and Career Services – Accessibility (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Student and Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	15	26	6	10	37	56
MII	70/74%	14	20	13	19	43	61
MIII	82/80%	8	10	7	8	67	82
MIV	73/88%	5	6	9	13	59	81

Source: School administered survey 2020

The LCME required student survey also shows a disturbing downward trend in student satisfaction with the Office of Student and Career Services accessibility on the Columbia campus in 2020. The response rate for the M-I students was substantially lower than the response rate for the other three classes surveyed.

Table 2.4d: Office of Student and Career Services -- Accessibility (Florence Campus) 2020

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Student and Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	1	12	7	88
MIV	9/75%	0	0	3	33	6	67

Source: School administered survey 2020

Table 2.4e: **Office of Student and Career Services – Awareness (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the Office of Student and Career Services awareness of student concerns.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	15	26	6	10	37	64
MII	70/74%	4	6	24	34	42	60
MIII	82/80%	3	4	7	9	72	87
MIV	73/88%	4	5	20	27	50	69

Source: School administered survey 2020

The M-III survey respondents from the Columbia campus expressed the highest level of satisfaction with the Office of Student and Career Services awareness of student concerns.

Table 2.4f: Office of Student and Career Services – Awareness (Florence Campus) 2020

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the Office of Student and Career Services awareness of student concerns.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	0	0	8	100
MIV	9/75%	1	11	3	33	5	56

Source: School administered survey 2020

The M-IV survey respondents from the Florence campus expressed the lowest level of satisfaction with the Office of Student and Career Services awareness of student concerns.

Table 2.4g: **Office of Student and Career Services – Responsiveness (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the responsiveness of the Office of Student and Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	9	15	6	10	43	74
MII	70/74%	4	6	19	28	47	67
MIII	82/80%	5	6	5	6	72	88
MIV	73/88%	4	5	20	27	50	69

Source: School administered survey 2020

The Office of Student and Career Services (Columbia) MII and MIV students expressed lower satisfaction ratings than other classes surveyed in the terms of the offices' responsiveness to student concerns (Table 2.4g).

Table 2.4g: **Office of Student and Career Services – Responsiveness (Florence Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the responsiveness of the Office of Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0		0	0	8	100%
MIV	9/75%	1	11	2	22	6	67

Source: School administered survey 2020

As shown in Table 2.4g, the MIV students surveyed expressed lower satisfaction than the MIII students on the Florence Campus, with responsiveness to the Office of Student and Career Services to student concerns.

Table 2.4h: **Office of Curricular Affairs – Accessibility (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Curricular Affairs.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	7	12	5	9	46	79
MII	68/72%	5	7	13	19	50	73
MIII	82/80%	4	5	5	6	73	89
MIV	72/88%	0	0	0	0	72	100

Source: School administered survey 2020

Overall, survey respondents were satisfied/very satisfied with the accessibility of the Office of Curricular Affairs in Columbia. The MII class had the lowest satisfaction rating of 73%.

Table 2.4i: **Office of Curricular Affairs – Accessibility (Florence Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Curricular Affairs.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	0	0	8	100
MIV	9/75%	2	22	0	0	7	78

Source: School administered survey 2020

Survey respondents from the Florence Campus expressed satisfaction with accessibility of the Office of Curricular Affairs in the MII and MIV classes.

Table 2.4j: Office of Curricular Affairs – Awareness (Columbia Campus) 2020

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the awareness of the Office of Curricular Affairs of student problems.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	4	7	12	21	42	72
MII	68/72%	1	2	28	41	39	57
MIII	82/80%	2	2	10	12	70	86
MIV	73/88%	4	5	14	20	55	75

Source: School administered survey 2020

As shown in Table 2.4j, the MII survey respondents on the Columbia Campus had the lowest percent of students who were satisfied/very satisfied with the awareness of the Office of Curricular Affairs of student problems, with only 57% expressing satisfaction.

Table 2.4k: **Curricular Affairs – Accessibility (Florence Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the awareness of the Curricular Affairs of student problems.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	0	0	8	100
MIV	9/75%	0	0	1	11	8	89

Source: School administered survey 2020

Table 2.4k shows that both MII and MIV survey respondents expressed high levels of satisfaction with (100% and 89%, respectively) with the Office's awareness of student problems on the Florence Campus.

Table 2.4l: **Office of Curricular Affairs – Responsiveness (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the responsiveness of the Office of Curricular Affairs.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	6	10	11	19	41	71
MII	67/72%	1	2	28	41	39	57
MIII	82/80%	4	5	8	9	70	86
MIV	73/88%	4	5	18	25	51	70

Source: School administered survey 2020

Table 2.4l shows that all classes surveyed, with the exception of the M-III class, reported low levels of satisfaction with the responsiveness of the Office of Curricular Affairs to student issues.

Table 2.4m: **Office of Curricular Affairs – Responsiveness (Florence Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the responsiveness of the Office of Curricular Affairs awareness.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	0	0	8	100
MIV	9/75%	1	11	1	11	7	78

Source: School administered survey 2020

As shown in Table 2.4m, students reported high levels of satisfaction with the Office of Curricular Affairs responsiveness to student problems on the Florence campus in 2020.

Closing the Loop: Student satisfaction it the Office of Curricular Affairs reaching reasonable levels (with the exception of the M-II class).

LCME ELEMENT 3.2: COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.

When/How Often Implemented: The primary data source is the AAMC GQ which is administered annually by the AAMC; school collected research publication data; LCME mandated research survey.

Methodology: The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience; The LCME required the SOM administer a survey of current student satisfaction with research and other aspects of the program.

Results: Tables 3.2a-g shows the student satisfaction with various aspects of the SOM's research program by campus.

Table 3.2a: AAMC GQ Research with a Faculty Member

School and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students reporting participation in a research project with a faculty member.

GQ 2016		GQ 2017		GQ 2018		GQ 2019		GQ 2020	
School %	Nat. %	School %	Nat %	School %	Nat. %	School %	Nat. %	School %	Nat. %
31.60	74.10	37.90	77.30	41.10	78.8	47.0	80.90	58.1	85.2

The AAMC GQ asked survey respondents if they participated in a research project with a faculty member. Only 51% reported engaging in research with faculty compared to 85.2% nationally. However, the percent of respondents who said they were satisfied/very satisfied has gone up 11.1% in 2020 compared to 2019, which indicates the possible beginning of a positive upward trend.

Table 3.2b: Availability of Research Opportunities (Columbia Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of research opportunities.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	5	9	23	40	30	51
MII	68/72%	10	15	29	42	29	42
MIII	82/80%	5	6	39	47	38	47
MIV	73/88%	4	5	27	37	42	58

Source: School administered survey 2020

A low percentage of respondents surveyed about the availability of research opportunities on the Columbia Campus said they were satisfied/very satisfied (Table 3.2b). In fact, as many respondents said they were dissatisfied/very dissatisfied as said they were satisfied/very satisfied in the M-II (42%) and M-III (47%) classes surveyed.

Table 3.2c: Availability of Research Opportunities (Florence Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of research opportunities.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	2	25	2	25	4	50
MIV	9/75%	2	22	3	33	4	45

Source: School administered survey 2020

As shown in Table 3.2c, low levels of satisfaction were also found among Florence Campus respondents to the survey question concerning the availability of research opportunities. It should be noted that the number of respondents to this question was low.

Table 3.2d: Availability of Funding for Summer Research Opportunities (Columbia Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of funding for summer research opportunities.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	10	17	18	31	30	52
MII	67/71%	14	21	23	35	30	45
MIII	82/80%	16	20	27	33	38	47
MIV	73/88%	10	14	21	29	42	57

Source: School administered survey 2020

On the question of availability of funding for summer research opportunities on the Columbia Campus, a low percentage of respondents in each class reported they were satisfied/very satisfied (Table 3.2d) across classes surveyed.

Table 3.2e: Availability of Funding for Summer Research Opportunities (Florence Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of funding for summer research opportunities.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	4	50	1	12	3	38
MIV	9/75%	3	33	5	55	1	11

Source: School administered survey 2020

On the question of availability of funding for summer research opportunities on the Florence Campus, an even lower percentage of respondents in each class reported they were satisfied/very satisfied (Table 3.2e). A higher percentage of M-IV respondents (55%) said they were dissatisfied/very dissatisfied than said they were satisfied/very satisfied (11%). It should be noted that the number of respondents is low.

Table 3.2f Availability of Information on How to Become Involved in Research (Columbia Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of information on how to become involved in research.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	2	3	24	42	32	55
MII	68/72%	6	9	28	41	34	50
MIII	82/80%	3	4	40	48	39	48
MIV	73/88%	3	4	22	30	48	66

Source: School administered survey 2020

Table 3.2f shows that a low percentage of respondents across classes surveyed were satisfied/very satisfied with the availability of information on how to become involved in research on the Columbia Campus.

Table 3.2g: Availability of Information on How to Become Involved in Research (Florence Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of information on how to become involved in research.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	3	38	5	62
MIV	9/75%	1	11	2	22	6	67

Source: School administered survey 2020

Slightly higher percentages of respondents surveyed on the Florence campus said they were satisfied/very satisfied with the availability of information how to become involved in research (Table 3.2g) than on the Columbia campus.

Implications: There was a higher level of student satisfaction with the availability of research opportunities on the LCME required student survey compared to the AAMC GQ survey results. The results on both surveys fall below the national averages and are limited at our institution and this issue should be addressed in terms of funding and faculty release time to pursue research with students. While the LCME survey results were higher than the AAMC GQ results, the percentage of satisfied/very satisfied respondents was lower than expected.

Closing the Loop: The Research Center for Transforming Health (RCTH) continued its ongoing support of the Student Opportunity for Academic Achievement through Research (SOAR) initiative for the 2019-2020 year. Improvements made to the program this year include being part of the M-I class's orientation schedule, and having regular interactions with the students to introduce them to the program and encourage their participation. This year, we had a record high 57 students apply for the program (and 48 mentors apply to host a student), representing nearly 60% of the class. Of these, we were able to provide funded placements for 25 students in various disciplines and locations. Due to COVID-19 restrictions, these experiences had to be adapted in many ways, but each student was able to complete a research experience. Post-program surveys indicated that 100% of the students were satisfied or very satisfied with the program and the opportunities offered.

Due to the "Stay-Home" order for COVID-19, our main spring presentation event, Discover USC, was cancelled. To ensure that students from the 2019 SOAR cohort did not miss out on the opportunity to present their final research outcomes, the RCTH created and hosted an online poster symposium. Participation was required for SOAR students but open to all School of Medicine students to showcase their work that would normally have been presented at Discover USC. In total, 48 posters were presented and over 400 individuals visited the poster sessions and interacted with the presenters. Of those who completed our feedback survey (n=28) 100% of them reported overall satisfaction with the online poster session as "Good" or "Excellent" and 100% would recommend the event to their colleagues.

In conjunction to managing the SOAR program, the RCTH facilitated additional research opportunities for School of Medicine students when possible. For example, students that applied to the 2020 SOAR program but were not awarded a SOAR placement, were given the opportunity to work with unmatched mentor projects over the summer in an unfunded capacity. This allowed for several additional students to gain valuable research experiences. Additionally, the RCTH provided guidance and facilitated several medical student-initiated research projects.

At this time, the RCTH is actively working towards expanding the number of funded research opportunities for medical students, supported with funds from both the Dean's Office and philanthropy. One approach is by partnering with internal centers and programs, as well as external organizations across the state to provide matched funding. Through this mechanism, we anticipate adding at least 5 new funded slots for the 2020-21 SOAR program.

Additionally, the director of the RCTH is on the School of Medicine's strategic planning committee, specifically serving on the subcommittee that is focused on students and their experience while enrolled. This will provide us the opportunity to enhance the research experience for these students as well. In order to develop additional opportunities for student research enhancements, the RCTH is discussing ways to work collaboratively with the School of Medicine Office of Student and Career Services. This may include support for independent projects, conference attendance, or other scholarly pursuits. This enhanced partnership would allow for broader student support.

This element was rated SM by the LCME. The data from the 2020 GQ Questionnaire indicate very low student satisfaction levels with the availability of research opportunities with faculty while the LCME 2020 mandated student survey shows somewhat higher levels of satisfaction. The AAMC GQ survey shows school results far below the national average. It is important to note that the respondents to the LCME required survey had the benefit of the changes that have been instituted recently, including securing new sources of research funding and the development of service programs in lieu of research projects. The COVID-19 pandemic has had a negative effect on research opportunities and availability of funding. This area will continue to be monitored.

LCME ELEMENT 3.3: DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

When/How Often Implemented: Annually

Source(s): The data collected by the Office of Diversity and Inclusion and Human Resources

Methodology: Information on diversity issues is collected by the Office of Diversity and inclusion and Human Resources.

Results: The LCME requested the following information as part of the SOMs annual report:

1. *For the 2019-20 academic year, describe the programs related to the recruitment and retention of faculty and of senior administrative leadership from school-defined diversity categories. In the description, including the following:*

   a. The funding sources that the medical school has available
   b. The individual personnel dedicated to these activities and their time commitments
   c. The organizational locus of the individuals involved in these efforts (e.g. the medical school dean's office, a university office)

   Note which of these programs are newly implemented in 2019-20 and which have been in existence previously.

The SOMC Dean's Office continues to support an Associate Dean for Diversity and Inclusion, Dr. Carol McMahon, who devotes 20% of her time to the diversity and inclusion program of the school. She leads the Diversity and Inclusion Implementation Committee for the SOMC and also serves on the UofSC campus-wide Diversity and Inclusion Council. Over the past year, Dr. McMahon helped to organize and oversee summer reading experiences on racism in medicine, which were very well received by our students. With our strategic planning process in the SOMC focusing explicitly on diversity and inclusion this year, Dr. McMahon has played a more active role, serving as a member of our Strategic Planning Leadership Council (new this year) as well as in her standing role as a member of the Strategic Planning Steering Committee. Dr. McMahon is personally leading the strategic work group focusing on creation of a culture of inclusion in the SOMC. Financial support for our strategic planning efforts around diversity and inclusion, including funding for an outside facilitator for the process, is provided by the Dean's Office (support increased this year compared to prior years).

The SOMC also continues to support an Assistant Dean for Diversity and Inclusion, Dr. Robert Rhinehart, who devotes 20% of his time to the diversity and inclusion program of the SOMC. Also serving as the Registrar for our SOM and Director of our Office of Admissions, Dr. Rhinehart devotes much of his effort to creating and maintaining pipeline programs that increase interest in SOM admissions among minority students. This year, he is also serving as a member of our Strategic Planning Leadership Council, and is serving as the leader of the work group which is examining strategies for the recruitment and support of diverse students in the SOMC.

During the 2019-2020 academic year, several initiatives were advanced to promote enhancement of the diversity of our faculty and senior administrative staff. These initiatives fall into three inter-related areas: hiring practices, faculty development, and promoting a culture of diversity.

Faculty Hiring:

Basic Science and Research Faculty Diversity Pipeline Incentive Program: This program, initiated in 2019 by the Office of the Dean, provides a one-time allotment of $50,000 in start-up funds to any department that successfully recruits a URM faculty member (AA, Hispanic) to a UofSC FTE faculty position (applies to basic science faculty and tenured/tenure-track

faculty hires in clinical departments). A department is eligible for multiple supplements if multiple hires are made. This program supported the addition of one under-represented minority faculty member in 2019-2020.
Understanding that some of our basic science faculty are hired from post-doctoral fellow positions, the Office of the Dean also began providing $25,000 support annually for up to two years to any department that successfully recruits a URM postdoctoral fellow. A department is eligible for multiple supplements if multiple hires are made. This program supported the addition of one under-represented minority post-doctoral fellow in 2019-2020.

Our diversity and inclusion deans, human resources leaders, and basic science department chairs have collaborated with the Dean's Office to develop these programs. Funding for these initiatives is new funding, and is being supplied by the Office of the Dean, with a firm commitment to continue the funding for at least three years, and with the hope that these programs will continue indefinitely. These economic incentives are being focused on the basic science faculty and other research faculty, as the greatest need to increase under-represented minority faculty lies in these areas. While the funds for these programs come from the Dean, the chairs of the three basic science departments are actively involved and largely responsible for their implementation. Clinical faculty for the SOMC demonstrate greater levels of diversity than our basic science faculty, but since clinical faculty are now hired by the health system, not directly by the SOMC, these new hires are no longer reflected in our diversity data.

Search Committees Processes: Over the course of the past year, the SOM Associate Dean for Diversity and Inclusion has offered implicit bias training to several faculty search committees as well as our Admissions Committee. In addition, search committees have made extra efforts to expand pools of applicants to include minority candidates. During our search process for a new chair of the SOMC Department of Obstetrics/Gynecology in late 2019 and early 2020, the search was extended for an additional two months to allow our recruiters to personally contact approximately 200 additional faculty in Obstetrics/Gynecology departments throughout the Southeast U.S. This dedicated effort did yield one additional diverse applicant, but his academic experience (assistant professor) did not rise to the appropriate level of experience for a department chair role.

When selecting leaders, we continue to consider not only opportunities to improve racial diversity, but also ways to improve gender diversity. One female interim department chair was named during AY 2019-2020 and another female interim department chair was named already in AY 2020. Two additional female department chairs have been reappointed to three year terms during the past six months.

For the 2020-2021 academic year, the SOMC strategic plan – developed throughout 2016 and initiated in 2017 – is being re-examined with a focus on strengthening the strategic initiatives related to diversity, inclusion, and equity in education, research, clinical care, and community engagement. To that end, the leadership and membership of the strategic planning committee has been revised and expanded to include those from different backgrounds, areas of expertise, and training. One of the three strategic work groups that has been established is developing recommendations on actions to enhance our hiring, development, and retention of diverse and talented faculty members. A second work group will be working on strengthening a culture of inclusion, while the third work group identifies strategies to strengthen our student recruitment and support programs. We believe all three of these focus areas will work synergistically to attract new diverse faculty to SOMC.

For the past few months, SOMC has been actively recruiting an NIH-funded basic science faculty member who currently has NIH funding for leading a diversity pipeline initiative in the basic sciences. This employment offer is being supported with a combination of funding provided from the Dean's Office, UofSC Provost's Office, and the Department of Pharmacology, Physiology and Neuroscience. He has accepted our offer, and is expected to be on campus by February 2021. We look forward to partnering with him to further advance our diversity pipeline programs in the basic sciences over the coming years.

Faculty Development:

The School of Medicine Dean's Office is investing in the development of a diverse group of faculty leaders. Over the past three years, four under-represented minority faculty have attended AAMC Minority Faculty Development Courses (incremental funds were devoted in AY2019-2020). All faculty who have attended have returned to our SOM stating that the experience was transformative. All of these faculty have made ongoing contributions to leadership, with one serving on our Executive Committee and two serving on our Strategic Planning Committee. We would have enrolled additional minority faculty in the AAMC Faculty Development Courses this year; however, in-person events were cancelled due to COVID-19.

In 2019, the SOM Dean's Office sponsored Dr. Sharon Weissman as a participant in the Infectious Disease Society Leadership Institute, intended to strengthen leadership skills within rising stars from within the infectious disease faculty community (this was new incremental funding to promote gender diversity). In summer of 2020, Dr. Weismann assumed the role of interim chair of the Department of Internal Medicine (our largest department), and is currently providing outstanding leadership in this capacity.

With encouragement and (new) financial support from the Dean's Office, our faculty Women in Science and Medicine Group was reinvigorated over the past 15 months, under the leadership of one of our basic science faculty members, supported by a committee of 15 women faculty, staff, and students. Earlier this year, they sponsored the first of what will become an annual Women in Medicine and Science Conference. Due to COVID-19, the event this year was conducted virtually, with almost 200 participants.

Culture of Diversity:

We recognize that attracting and retaining diverse faculty and staff at the University of South Carolina requires a multifaceted approach. In addition to deliberate search strategies and ongoing faculty development efforts, we must foster a welcoming climate that draws individuals from diverse backgrounds as well as a culture of inclusion that assures all faculty, staff, and students that they will be able to contribute to their full capacity

Supported by the SOMC Diversity and Inclusion Implementation Committee, the SOMC has hosted several diversity seminars, open to SOM students, faculty, and staff as well as individuals from the University main campus, and the community over the past three years. A wide range of topics have been presented at these seminars by both local and national speakers. We have had to temporarily pause our diversity seminars due to COVID-19, but we hope to resume them in the coming months when deemed safe to do so.

During AY 2019-2020, an ad hoc committee on Diversity in the Arts was charged by the SOM Dean to develop recommendations on methods to diversify the images portrayed on the walls within our School of Medicine, which embarrassingly were all images of white males. After an interruption of the committee's work due to COVID-19, in early fall of 2020 the committee recommended that seven African American men and women be honored on a Wall of Luminary Leaders in Medicine and Science to be installed in the lobby of our SOM educational building in early 2021 (to coincide with Black History Month). Later in 2021, an additional group of five men and women will be added to this display, with additional individuals added in future years. This grouping of men and women representing multiple races will be seen by all prospective students and faculty entering our SOM, hopefully prompting them to reflect that perhaps there is also a place for them in the SOMC.

In spring of 2020, following a few isolated incidents within the SOM in which disruptive behavior was exhibited by individuals associated with the SOM, we established a Climate Task Force comprised of a diverse group of faculty, staff, and students to outline steps the SOM can take to promote a more consistent climate of civility. Following a period of interruption due to COVID-19, this task force is using existing data elements and input from focus groups to identify

opportunities to improve the alignment of our actions with our institutional values. This effort is being led by our Office of Continuous Professional Development, utilizing support from the Dean's Office.

Finally, as noted previously, largely in response to the national dialogue on racial inequities and the impact of racism on medicine, the SOM Executive Committee determined that new SOM strategic planning efforts for AY 2020-2021 should be focused on enhancing our culture of diversity and inclusion. One of the three strategic work groups is specifically developing recommendations on actions to advance a culture of inclusion

2. *Summarize the recent activities of the university diversity Council and the medical school Diversity and Inclusion Implementation Committee during 2019-20 that were directed at enhance the recruitment and retention of faculty and senior administrative staff in the school-defined diversity categories.*

The University Diversity Council (or CADO for Council of Academic Diversity and Inclusion Officers) has been focused principally on the academic climate for current and prospective faculty members through a variety of workshops and webinars:

- *Recognizing and Responding to Racial Trauma in Academia* concerning the history of racial trauma and race-related stress and how they manifest in the classroom.
- Professional Development Series on Racial Literacy (e.g. what does colorblind mean or anti-racist vs not racist).
- Ongoing revision and development of formal procedures for conducting faculty and staff searches that align with best practices in advancing diversity (College of Education).
- *Disability as Diversity: Changing the Narrative on our Campus* concerning working with the University Disability Resource Center.
- Creating a set of goals (Equity and Inclusion Plan approved by the BOT 3/2020) that included a focus on Composition (campus diversity by improving the number of full-time URM faculty across academic units).

At SOMC, the Associate and/or Assistant Deans for Diversity and Inclusion have provided bias training and participated on several search committees, specifically:

- Director, Center for Translational Cardiovascular Research (bias training).
- Assistant Dean for Clinical Curriculum and Assessment (committee member).
- Assistant Dean for Medical Student Education in Florence (bias training).
- Assistant Dean for Continuing Professional Development and Strategic Affairs (bias training).
- Assistant Dean for Clinical Learning (committee member).
- Director, Ultrasound Institute (bias training).
- Director, Research Center for Transforming Health (bias training).
- Department Chair for Obstetrics/Gynecology (bias training).

Due to the altered working environment imposed by the COVID-19 pandemic and in view of national events showcasing racial hostilities, recruitment efforts have been directed at addressing the climate of racism, justice, bias, and equity. As a result, the Office of Diversity and Inclusion has conducted several workshops or presentations for the:

- Department of Pathology, Microbiology and Immunology (general discussion, faculty development).
- Dean's Executive Advisory Committee (fundraising).
- SOMC Strategic Planning Committee (general discussion).
- Department of Pediatrics (faculty development).
- Department of Neuropsychiatry and Behavioral Science (resident training, faculty development).

3. Complete the following tables for the indicated academic years:

Table 3.2a: Offers Made for Faculty Positions						
Provide the total number of offers of faculty positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2018-19			AY 2019-20		
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
African American Men	0	0	0	0	0	0
African American Women	0	0	0	0	0	0
Hispanic	0	0	0	0	1	1
Women	0	2	2	0	4	4

Table 3.2b: Offers Made for Senior Administrative Staff Positions						
Provide the total number of offers of senior administrative staff positions made to individuals in the school's identified diversity categories. Add rows as needed for each diversity category.						
	AY 2018-19			AY 2019-20		
School-identified Diversity Category	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
African American Men	0	0	0	0	0	0
African American Women	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
Women	0	2	2	0	1	1

4. *Provide the requested information for the 2020-21 academic year on the number and percentage of employed faculty and senior administrative staff in each of the school-identified diversity categories.*

Table 3.2c: Faculty and Senior Administrative Staff Beginning of AY 2020-21		
School-Identified Diversity Category	Employed/ Full-time Faculty*	Senior Administrative Staff
African American Men	4 (2.0%)	2 (5.4%)
African American Women	8 (4.0%)	2 (5.4%)
Hispanic	4 (2.0%)	0
Total Under-represented Minorities	**16 (8.0%)**	**4 (10.8%)**
Women	81 (40.5%)	14 (37.8%)

**Includes only those individuals employed by UofSC, does not include those minority and women faculty employed by Prisma Health or other affiliated health systems.*

Closing the Loop: The SOM has a taken a number of steps to increase faculty/staff diversity. Increasing diversity among students and faculty still remains an issue.

LCME ELEMENT 3.5: ACADEMIC ENVIRONMENT

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs.

When/How Often Implemented: Annually

Data Source(s): The data sources include written communication with course directors, students, faculty, and town meetings minutes.

Methodology: Qualitative analyses of sources.

Results: In the fall of 2019, a number of events occurred over the course of several months that highlighted issues related to professionalism. The issues arose in a number of areas across the SOM; some involved faculty members, some involved students, and some involved staff members. Although each incident received attention and follow-up, a general consensus was that a more coordinated effort to address the issue was warranted.

In response to the professionalism issues, Dean Hall established an advisory task force, with representation from students, faculty, staff, and administration, to advise SOM leadership on opportunities to enhance professionalism within the school. The task force will be asked to summarize existing policies, programs, and other resources related to professionalism, best practices for improving the culture of professionalism within the medical schools, specific gaps in practices or resources within our SOM which might be addressed to improve professional behavior, recommended actions to address these gaps.

In response to incidents of racism on the main campus, the task force released the following letter to all members of the SOM:

School of Medicine Columbia Response to Recent Episodes of Racism and Inequity

Dear School of Medicine faculty, staff, and students,

All within our School of Medicine family and our community have been deeply affected by recent events that highlight ongoing racism within our society. The senseless death of George Floyd is a potent reminder that we are still far from the American ideal of achieving "liberty and justice for all." Inequitable treatment and illicit use of power at the expense of the powerless brings harm to the victims, while collectively breeding anxiety, fear, mistrust, hopelessness, and depression.

As a school of medicine, we must acknowledge these issues serve as barriers to achieving a just society, and exercise our responsibility to be part of the solution. Many of the health disparities that continue to plague our surrounding community find their roots in hundreds of years of oppression of minorities. It is shameful that many of our neighbors do not have equal access to needed health care services and struggle to find adequate housing. As health care professionals and healers, this is our space. We neither ignore the validity of the concerns nor observe from the sidelines offering advice; we can and must join with millions who are prepared to work together to combat racism and bias, and to find real and lasting solutions.

Our School of Medicine leaders have talked at length about actions we can take within the School of Medicine in partnership with the communities we serve. This is an ongoing discussion that will in time lead to a more extensive list of opportunities and commitments. However, we wanted to share with you some initial actions that the School of Medicine plans to take in the coming weeks.

1. New student orientation for incoming medical students and graduate students is immediately being revised to include additional material related to racial bias, cultural competency, equity, and inclusion. Using assigned readings related to recent events, students will be challenged to reflect and share how their learning can enhance their ability to make a difference as health professionals.
2. New elements are being added to the medical student curriculum focusing on better understanding of health disparities and interventions available to address those disparities. We will continue to seek additional enhancements to our medical school and graduate program curricula that effectively explore the impact of racism on health and health outcomes.
3. Prior to students returning to campus for the fall semester, faculty will be reaching out to some groups of students seeking their input on how to improve equity and inclusion within the School of Medicine. These discussions will continue during the fall semester.
4. We will reinvigorate the Diversity and Inclusion Committee, through which faculty, staff, and students will be able to provide ongoing input about proactive steps we can take to improve the climate of diversity and inclusion within our school.
5. For the coming year, the top fundraising priority for the School of Medicine will be the raising of funds for minority student support. The Dargan Scholarship fund was established to honor Dr. Everett L. Dargan, a renowned surgeon who served as an early African-American faculty member in the UofSC School of Medicine. In establishing this endowment, Dr. Dargan's dream was that more minority students would have the opportunity to pursue a medical career in South Carolina. To learn more about supporting scholarships, visit the Give to Medicine webpage.
6. The School of Medicine's Ad Hoc Committee on Diversity in the Arts, which was formed this spring, will be asked to facilitate the development of a display highlighting exemplary minority faculty, staff, alumni, and benefactors of the School of Medicine, whose contributions have advanced our school's mission and values. This display will become the cornerstone of ongoing efforts to highlight the

7. For the coming year, the School of Medicine Strategic Planning Steering Committee will focus primarily on enhancing our strategies to build a more robust culture of diversity and inclusion. These efforts will examine ways to facilitate meaningful dialogue and deeper understanding, while seeking opportunities to improve our student pipeline programs, hiring practices, and faculty and staff development efforts.
8. The Dean's Executive Advisory Council, a diverse group of community leaders, alumni, and friends of the School of Medicine, regularly advises the SOM. We will be reaching out to them to solicit their input on further steps we can take to strengthen our culture of diversity and inclusion.

We harbor no illusions that the answers to these profound issues are simple. However, despite the almost unfathomable pain and sorrow experienced by so many in the past two weeks, we are hearing a new theme of "hope" introduced into conversations over the past few days. Many share a growing sense that our nation seems to understand that we must move beyond rhetoric to real change. There is a belief that perhaps we now have a critical mass of individuals interested in being a part of the solution, enough that together we will become part of a better future. We commit to working with each of you toward building such a better future in the coming weeks, months and years.

Les Hall, MD

Dean

Carol McMahon, MD

Associate Dean for Diversity and Inclusion

The AAMC released the following statement.

AAMC Statement on Police Brutality and Racism in America and Their Impact on Health

Washington, D.C., June 1, 2020*—David J. Skorton, MD, president and CEO of the AAMC (Association of American Medical Colleges) and David A. Acosta, MD, AAMC chief diversity and inclusion officer, released the following statement:*

"For too long, racism has been an ugly, destructive mark on America's soul. Throughout our country's history, racism has affected every aspect of our collective national life—from education to opportunity, personal safety to community stability, to the health of people in our cities large and small, and in rural America.

Over the past three months, the coronavirus pandemic has laid bare the racial health inequities harming our black communities, exposing the structures, systems, and policies that create social and economic conditions that lead to health disparities, poor health outcomes, and lower life expectancy.

Now, the brutal and shocking deaths of George Floyd, Breonna Taylor, and Ahmaud Arbery have shaken our nation to its core and once again tragically demonstrated the everyday danger of being black in America. Police brutality is a striking demonstration of the legacy racism has had in our society over decades. This violence has eroded trust of the police within black and other communities of color who are consistently victims of marginalization, focused oppression, racial profiling, and egregious acts of discrimination.

Our country must unite to combat and dismantle racism and discrimination in all its forms and denounce race-related violence, including police brutality. Enough is enough.

As healers and educators of the next generation of physicians and scientists, the people of America's medical schools and teaching hospitals bear the responsibility to ameliorate factors that negatively affect the health of our patients and communities: poverty, education, access to transportation, healthy food, and health care.

Racism is antithetical to the oaths and moral responsibilities we accepted as health professionals who have dedicated our lives to advancing the health of all, especially those who live in vulnerable communities.

As leaders of anchor institutions in our communities, academic medicine's physicians, educators, hospital leaders, faculty, researchers, learners, and staff must lead by example and take bold action in partnership with the communities we serve:

- We must acknowledge and speak out against all forms of racism, discrimination, and bias in our environments in our institutions, communities, and society.
- We must stand in solidarity with the black community and speak out against unjust and inhumane incidents of violence.
- We must demonstrate empathy and compassion and acknowledge the pain and grief that the families and the communities of these victims are experiencing.
- We must take the lead in educating ourselves and others to address these issues head on.
- We must be deliberate and partner with local communities, public health agencies, and municipal governments to dismantle structural racism and end police brutality.

- We must employ anti-racist and unconscious bias training and engage in interracial dialogues that will dispel the misrepresentations that dehumanize our black community members and other marginalized groups.
- We must move from rhetoric to action to eliminate the inequities in our care, research, and education of tomorrow's doctors.

"The AAMC stands against racism and hate in all its forms, and we call on academic medicine to stand together on this issue. We are committed to harnessing all of our resources to catalyze meaningful and lasting solutions. We can no longer be bystanders. We must not be silent. But while our solidarity is necessary, it is not sufficient. Together, and in partnership with the communities we serve, we must work together to heal our nation."

Implications: The SOM faced a number of serious challenges in 2019-2020: COVID-19 pandemic, unprofessional behavior, and racism on the USC campus. Each issue has been dealt with swiftly and appropriately and will continue to be monitored and new strategies will be implemented to ensure a safe and respectful learning environment.

Closing the Loop: Plans will be implemented for reducing unprofessional behavior and addressing racism. Curricular adjustments are being planned for all years of the medical school curriculum. The school is closely following CDC recommendations for ensuring safety of students, faculty, and staff during the COVID -19 pandemic.

LCME ELEMENT 3.6: STUDENT MISTREATMENT

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

When/How Often Implemented: Annually

Data Source(s): The data source is the AAMC GQ which is a survey administered annually by the AAMC to graduates of the SOM.

Methodology: Student ratings related to student mistreatment and sources of mistreatment.

Results: In the fall of 2019, numerous events highlighted issues related to professionalism. The issue shave arisen in numerous areas of the SOM; some have involved faculty members, SOM students, and some staff members. Although each incident received attention and follow-up, a general consensus was that a more coordinated effort to address this issue was warranted. The Dean established an advisory task force, with representation from students, faculty, staff, and administration, to advise SOM leadership on opportunities to enhance professionalism and address culture within the school.

Table 3.6a provides updated school and national benchmark data from the AAMC GQ on respondents' who reported experiencing incidents of mistreatment as reported in the 2019 AAMC GQ. The only category where a slightly higher percentage of respondents reported mistreatment than the national average was being publically embarrassed. All other categories were below the national average in terms of occasionally or frequently experienced areas of mistreatment.

Table 3.6a: Student Mistreatment Experiences in 2019

School and national benchmark data for the listed year on respondents' experiences with each of the following behaviors during medical school.

	AAMC GQ 2019							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publically embarrassed	48.4	57.1	26.6	20.4	23.4	21.1	1.6	1.4
Publicly humiliated	78.1	77.3	14.1	13.1	6.3	8.8	1.6	0.8
Threatened with physical harm	98.4	98.7	1.6	1.0	0.0	0.3	0.0	0.1
Physically harmed	98.4	98.2	1.6	1.5	0.0	0.2	0.0	0.1
Required to perform personal services	98.4	95.0	1.6	3.5	0.0	1.4	0.0	0.1
Subjected to unwanted sexual advances	98.4	95.2	1.6	2.8	0.0	1.8	0.0	0.2
Asked to exchange sexual favors for grades or other rewards	100.0	99.7	0.0	0.2	0.0	0.1	0.0	0.1
Denied opportunities for training or rewards based on gender	98.4	93.8	1.6	3.0	0.0	2.8	0.0	0.5
Subjected to offensive, sexist remarks/names	74.6	84.2	17.5	6.9	7.9	8.2	0.0	0.8
Received lower evaluations/grades based on gender	98.4	92.9	1.6	4.5	0.0	2.2	0.0	0.6
Denied opportunities for training or rewards based on race or ethnicity	100.0	96.3	0.0	1.5	0.0	1.5	0.0	0.6
Subjected to racially or ethnically offensive remarks/names	92.2	91.5	7.8	4.1	0.0	3.9	0.0	0.5
Received lower evaluations or grades solely because of race	100.0	96.5	0.0	1.7	0.0	1.3	0.0	0.4

or ethnicity rather than performance								
Denied opportunities for training or rewards based on sexual orientation	100.0	99.3	0.0	0.3	0.0	0.2	0.0	0.1
Subjected to offensive remarks, names related to sexual orientation	100.0	98.0	0.0	0.9	0.0	1.0	0.0	0.1
Received lower evaluations or grades solely because of sexual orientation rather than performance	100.0	99.4	0.0	0.3	0.0	0.2	0.0	0.1

In an effort to address gaps in medical students' awareness of procedures to report mistreatment and school mistreatment policies a line was added to opening of each survey administered indicating where mistreatment could be reported. Initial data indicate that the education has resulted in higher awareness and satisfaction. Monitoring is required to ensure continued effectiveness.

As part of the M-III Orientation process, students were introduced to three Ombudspersons; their roles; and, on-line resources for all students. In the future, the ombudspersons will also attend M-I and M-II orientations.

Procedures for reporting incidents of mistreatment and unprofessional behavior are provided in the USCSM Bulletin. Procedures for Handling Allegations of Inappropriate Behavior in the Teacher/Learner Context' as follows:

Table 3.6b: Student Mistreatment Experiences in 2020

School and national benchmark data for the listed year on respondents' experiences with each of the following behaviors during medical School.

	AAMC GQ 2020							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publically embarrassed	55.6	58.5	27.8	20.2	16.7	20.2	0.0	1.0
Publicly humiliated	80.6	78.2	80.6	78.2	16.7	12.7	2.8	805
Threatened with physical harm	100.0	98.6	0.0	1.1	0.0	0.2	0.0	0.0
Physically harmed	97.2	98.3	2.8	1.5	0.0	0.2	0.0	0.0
Required to perform personal services	93.1	95.3	6.9	3.3	0.0	1.4	0.0	0.1
Subjected to unwanted sexual advances	94.4	95.3	1.4	3.0	4.2	1.6	0.0	0.1
Asked to exchange sexual favors for grades or other rewards	100.0	99.8	0.0	0.1	0.0	0.1	0.0	0.0
Denied opportunities for training or rewards based on gender	97.2	94.3	1.4	2.5	1.4	2.7	0.0	0.4
Subjected to offensive, sexist remarks/names	81.9	84.8	11.1	6.8	6.9	7.8	0.0	0.6
Received lower evaluations/grades based on gender	95.8	93.0	4.2	4.4	0.0	2.2	0.0	0.3
Denied opportunities for training or rewards based on race or ethnicity	98.6	96.2	0.0	1.4	1.5	1.8	0.0	0.5
Subjected to racially or ethnically offensive remarks/names	93.1	91.5	4.2	4.3	2.8	3.9	0.0	0.4
Received lower evaluations or grades solely because of race or ethnicity rather than performance	98.6	96.2	1.4	1.9	0.0	1.4	0.0	0.5

Denied opportunities for training or rewards based on sexual orientation	100.0	99.4	0.0	0.3	0.0	0.2	0.0	0.1
Subjected to offensive remarks, names related to sexual orientation	98.6	98.1	1.4	0.9	0.0	0.8	0.0	0.2
Received lower evaluations or grades solely because of sexual orientation rather than performance	100.0	99.4	0.0	0.3	0.0	0.2	0.0	0.1
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation?	98.6	92.8	1.4	3.3	0.0	3.2	0.0	0.7

The procedure for handling reports of mistreatment includes the following:

Upon being notified of alleged inappropriate behavior, the associate/assistant dean or program director will notify the dean and other appropriate senior administration officials in a written report within five business days of the allegation. If the complaint is lodged against a faculty member, other than those matters referred to the Office of Equal Opportunity Programs, the matter will be handled by the dean in consultation with the appropriate associate dean and department chair and, where established, the appropriate USCSM and university policies. The dean may also choose to appoint an *ad hoc* committee to investigate the complaint.

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

If the behavior involves unwanted physical contact or other forms of violent or threatening acts, the matter may be referred to the University's campus police or appropriate security.

The USCSM is committed to the fair treatment of all individuals involved in this process. All efforts will be made to maintain the confidentiality of the resolution process to the extent possible and subject to the overriding concern of a prompt fair investigation and/or resolution of the complaint.

The USCSM will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith. Individuals who believe that action has been taken against them in retaliation for raising concerns under this policy, may address those concerns through the procedures described in this policy or through a USCSM ombudsperson.

Records of all communications as well as written reports of the associate/assistant deans, program directors, and any ad hoc committee (if formed) will be kept in the dean's office. If it is determined that the allegations from the complainant were not made in good faith, the student will be referred to the Honor Council.

Additionally, the USCSM has a student run Honor Council that students and faculty can refer students to for unprofessional behavior. The Honor Council includes and M-II chair and an M-IV investigator along with two faculty advisors. If warranted an Honor Committee hearing can be held with the student to discuss the allegation of unprofessional behavior. Findings are reported to the USC Office of Academic Integrity and recommendations are made to the Student Promotions Committee who then makes recommendations to the executive dean.

The SOM has adopted a set of guidelines for 'Conduct in Teacher/Learner Relationships' that are published in the SOM Bulletin and available online to all faculty, residents, staff, and students. This policy can also be found in the Student Handbook to Clinical Rotations and the Clerkship Directors Handbook which are also available on-line through the Office of Curricular Affairs website. The policy defines ten responsibilities for the teacher/learner relationship, five each for the respective parties. It also identifies examples of inappropriate conduct, as well as avenues and procedures to address student mistreatment. During their respective orientations both new faculty (full-time, part-time, and volunteer) and first year students attend a presentation by a representative from the USC Office of Equal Opportunity Programs on sexual harassment and reporting procedures. The SOM has a policy of zero tolerance for mistreatment and these numbers are followed closely. Standards as outlined in the teacher/learner relationship document will continue to be widely disseminated and strictly enforced. The self-study committee recommended that full guidelines describing Teacher/Learner relationships be distributed to first year students during orientation and that the SOM website be enhanced to include a dedicated link to the guidelines, with contact information for each ombudsperson.

Prisma is continuing to focus efforts on the fair and appropriate ways to support the prevention of medical student mistreatment through its efforts in implementing a safe clinical learning environment. Efforts include policies focused on

the professionalism and supervision expectations of the learning environment, leadership initiatives for residents on leading and working with teams of learners, teaching and research educational opportunities when working with medical students, orientation experiences focused on expected behavior at PH, and diversity and inclusion issues applicable to all team members. In addition, the office has added a full-time staff member who has focused responsibility on the medical student experience at PH and works collaboratively with residency programs to ensure consistency and quality. Specific activities that residency program administrators make sure happen include resident review of LCME requirements when working with medical students, signed documentation by residents about their review of such requirements, and teaching seminars focused on working with medical students.

Data on mistreatment is formally collected yearly through the AAMC GQ. While the USCSM wishes to be perfect in this regard, the reported numbers reported are small and generally are at or below national percentages. This data is reviewed by the SOM curriculum committee/sub-committees and course/clerkship directors' meetings.

Data collection is important to have in order to confirm school efforts are effective in creating an environment that is free from mistreatment. However all reports of mistreatment are treated as important events to be acted on and corrected. Every event is reviewed as to cause and treatment and then discussed for prevention in the future.

Table 3.6c and the chart that follows show the sources of publically humiliated behaviors experienced personally by respondents to the AAMC GQ Survey. The most often identified source of public humiliation occurred in the clinical setting and involved clerkship faculty. The percentage of respondents (18.8%) reporting this behavior rose dramatically in 2019 compared with those reporting the same behavior in 2018 (7.7%), and reached an all-time high in 2019.

Table 3.6c: Sources of Publically Humiliating Behavior by Year: 2015-2020

Sources of "Publically humiliated" –only behaviors experienced personally. The actual question was: "Indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply."	***AAMC GQ***					
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
	Percent	Percent	Percent	Percent	Percent	Percent
Pre-clerkship faculty	0.0	0.0	1.7	1.5	1.6	1.4
Clerkship faculty (classroom)	0.0	4.1	0.0	1.5	1.6	4.2
Clerkship faculty (clinical setting)	10.0	12.3	13.8	7.7	18.8	9.7
Resident/Intern	10.0	12.3	6.9	3.1	3.1	1.4
Nurse	0.0	2.7	5.2	0.0	0.0	1.4
Administrator	1.3	0.0	0.0	1.5	0.0	1.4
Other institution employee	1.3	0.0	0.0	1.5	0.0	0.0
Student	1.3	0.0	1.7	0.0	1.6	0.0
Number of respondents	80	73	58	65	64	72

Table 3.6d and the graphic that follows, show the percent of respondents reporting sources of offensive behavior (excluding publically embarrassed and publically humiliated). The only category of offensive behavior that was reported by USC SOM students being subjected to occasionally was offensive, sexist remarks/names. The highest percent of respondents (31.3%) reported this type of behavior occurring in the clinical setting by clerkship faculty. The percent of respondents reporting the source of offensive behavior has reached an all-time high.

1.4

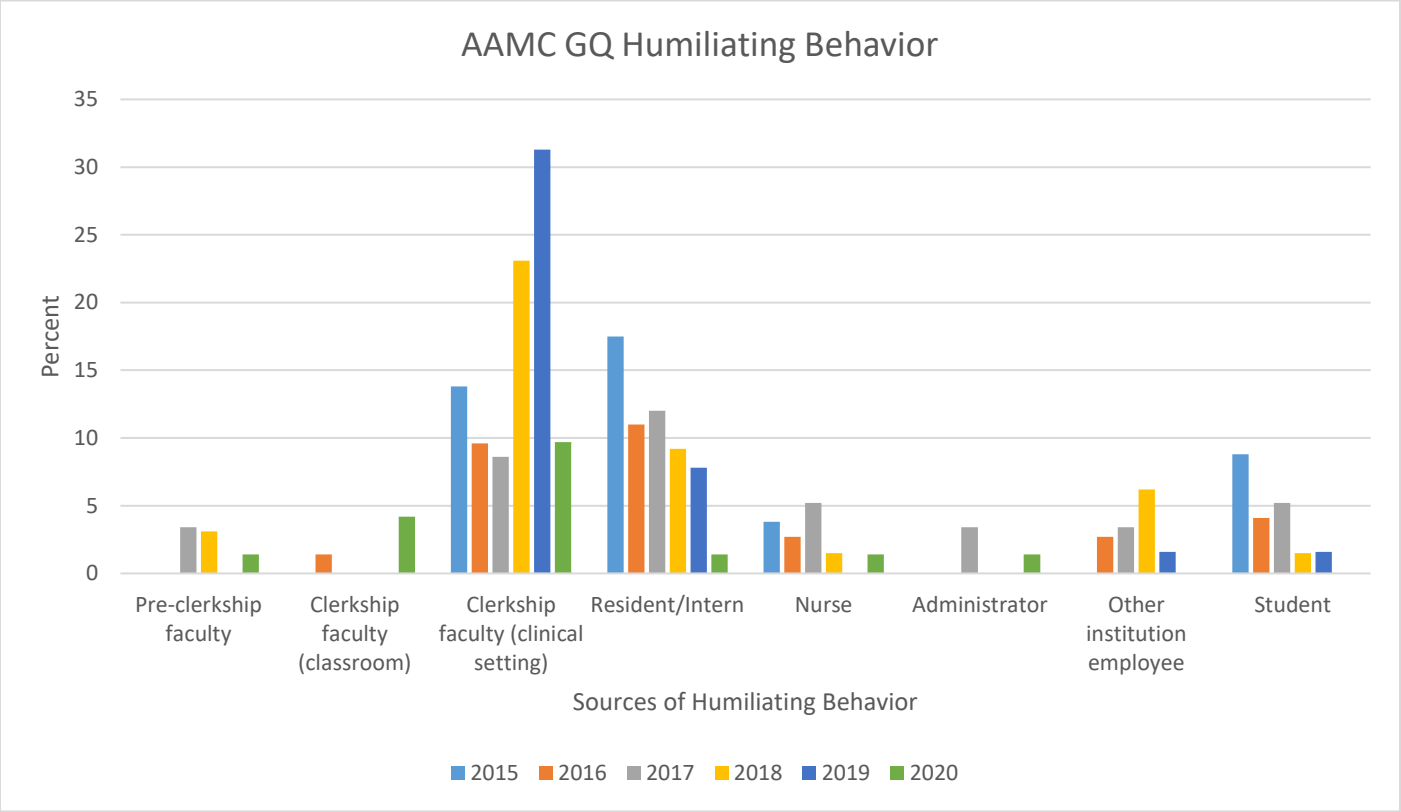
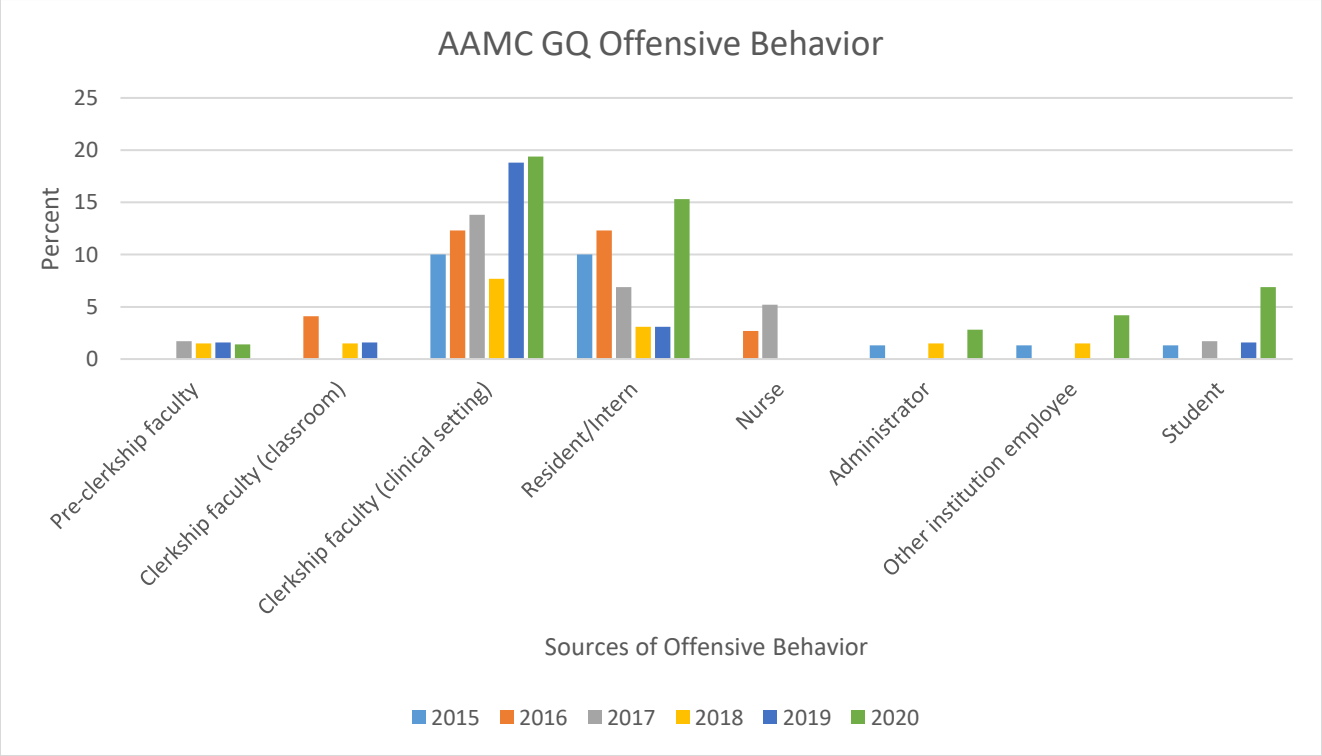


Table 3.6e: Sources of Offensive Behavior by Year

Sources of behaviors experienced personally, excluding "publically embarrassed" and "publically humiliated" in Table 3.6b. The actual question was: "Indicate below which person(s) engaged in the behavior that was directed at you. Check all that apply."	*AAMC GQ*					
	2015	2016	2017	2018	2019	2020
	Percent	Percent	Percent	Percent	Percent	Percent
Pre-clerkship faculty	0.0	0.0	3.4	3.1	0.0	1.4
Clerkship faculty (classroom)	0.0	1.4	0.0	0.0	0.0	0.0
Clerkship faculty (clinical setting)	13.8	9.6	8.6	23.1	31.3	19.4
Resident/Intern	17.5	11.0	12.0	9.2	7.8	15.3
Nurse	3.8	2.7	5.2	1.5	0.0	0.0
Administrator	0.0	0.0	3.4	0.0	0.0	2.8
Other institution employee	0.0	2.7	3.4	6.2	1.6	4.2
Student	8.8	4.1	5.2	1.5	1.6	6.9
Number of respondents	80	73	58	65	64	72

The chart below graphically shows ang upward trend in students reporting offensive behavior compared to 2019. Specifically, offensive sexist remarks/names by clerkship faculty in the clinical setting and residents/interns, administrators, other employees, and students.



In order to create secure routes of student reporting, there are peer advocacy students in each class, three school wide ombudspersons, and all administrative officials in the Office of Medical Education who will help in the resolution of any complaints.

The three USCSM ombudspersons are empowered to receive and investigate reports of mistreatment in a completely confidential manner, to mediate between the parties involved, and, in the event mediation is not successful, to make recommendations with the student's consent directly to the executive dean of the USCSM regarding appropriate resolution of any complaints. Presently there are ombudspersons for both the basic science and clinical campuses to which students may take their complaints.

The ombudsperson strives for impartiality, fairness and objectivity in the treatment of people and the consideration of issues. The ombudsperson advocates for fair and equitably administered processes and does not advocate on behalf of any individual within the organization. These unique characteristics distinguish the ombudsperson from mediators, arbitrators, and other alternative dispute resolution professionals. The use of the ombudspersons' services to resolve a complaint represents a form of alternate dispute resolution.

First year medical students engage in several presentations during orientation activities related to student conduct, mistreatment, and professionalism. In 2017, the orientation agenda included two talks on professionalism, one on sexual harassment, and one on the newly revised Honor Code. In addition, students entering their third year (July, 2016) received a copy of the 'Student Handbook to Clinical Rotations', which includes the full guidelines describing expectations and responsibilities in the teacher/learner relationship and had a presentation on professional behavior in the clinical setting. New faculty members joining the USCSM during AY 2016-17 are informed of guidelines for 'Conduct in Teacher/Learner Relationships' published in the USCSM Bulletin.

Residents at PH are informed during orientation experiences about the professionalism and supervision issues that are required components of their work – and their work with medical students. Prior to their arrival on campus each year and once they are identified in the Match each March, residents are required to complete extensive checklists, documenting their review of all resident policies. Of those directed at preventing student mistreatment are: Professionalism, Disruptive Behavior, Supervision of Medical Students, Clinical Learning and Working Environment, among others. In the 2014-15 AY, PH completely restructured its resident orientation experience to reflect that system's restructuring but also to incorporate intentional efforts related to the patient safety and quality aspect of the ACGME's Clinical Learning Environment Review. To that end, residents spend an entire day of their 3-day orientation experience focused on the Standards of Behavior expected as a PH employee. These include an attitude of respect and dignity offered to all team members with whom residents work – medical students are no exception.

Procedures for reporting incidents of mistreatment and unprofessional behavior are provided in the USCSM Bulletin.

'Procedures for Handling Allegations of Inappropriate Behavior in the Teacher/Learner Context' as follows:

> *Upon being notified of alleged inappropriate behavior, the associate/assistant dean or program director will notify the dean and other appropriate senior administration officials in a written report within five business days of the allegation. If the complaint is lodged against a faculty member, other than those matters referred to the Office of Equal Opportunity Programs, the matter will be handled by the dean in consultation with the appropriate associate dean and department chair and, where established, the appropriate USCSM and university policies. The dean may also choose to appoint an ad hoc committee to investigate the complaint.*
>
> *If the behavior involves unlawful discrimination or sexual or other forms of unlawful harassment, the matter will be referred to the Office of Equal Opportunity Programs and be handled through University policies established for that office. The student may also directly contact that office.*

If the behavior involves unwanted physical contact or other forms of violent or threatening acts, the matter may be referred to the University's campus police or appropriate security.

The USCSM is committed to the fair treatment of all individuals involved in this process. All efforts will be made to maintain the confidentiality of the resolution process to the extent possible and subject to the overriding concern of a prompt fair investigation and/or resolution of the complaint.

The USCSM will not tolerate any form of retaliatory behavior toward learners who make allegations in good faith. Individuals who believe that action has been taken against them in retaliation for raising concerns under this policy, may address those concerns through the procedures described in this policy or through a USCSM ombudsperson.

Records of all communications as well as written reports of the associate/assistant deans, program directors, and any ad hoc committee (if formed) will be kept in the dean's office. If it is determined that the allegations from the complainant were not made in good faith, the student will be referred to the Honor Council.

Table 3.6f shows the number of students who reported complaints of mistreatment and Table 3.6E shows to whom those complaints were reported.

Table 3.6f: Reported Complaints of Mistreatment

Did you report any of the behaviors listed in Table 3.6b to a designated faculty member or a member of the medical school administration empowered to handle such complaints?	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
	Percent	Percent	Percent	Percent	Percent	Percent
Yes	0.0	21.7	12.5	5.6	28.1	6.9
No	100.0	78.3	87.5	94.4	71.9	93.1
Number of respondents	25	23	16	18	32	29

Source: AAMC GQ 2020

Table 3.6g: Persons to Whom the Behaviors Were Reported

To whom did you report the behavior(s)? Check all that apply.	**2016**	**2017**	**2018**	**2019**	**2020**
	Percent	Percent	Percent	Percent	Percent
Dean of Students	0.0	0.0	0.0	33.3	50.0
Designated counselor/advocate/ombudsperson	0.0	0.0	0.0	11.1	0.0
Other medical school administrator	40.0	50.0	0.0	55.6	0.0
Faculty member	60.0	0.0	0.0	44.4	50.0
Other	20.0	50.0	100.0	22.2	50.0
Number of respondents	5	2	1	9	2

Source: AAMC GQ 2020

In 2019, the percentage of students who responded "Yes" to the question concerning whether or not they reported incidences of mistreatment rose dramatically to 28.1% from 5.6% the previous year. In addition, Table XX shows that students reported incidents of mistreatment to a number of sources, most often other medical school administrators (55.6%), faculty member (44.4%), and the Dean of Students (33.3%). Four of the five response categories are at or above the national average.

When asked how satisfied they were with the outcome of having reported the behavior(s), 55.5% said they were satisfied/very satisfied. In 2018 and 2017 no students said they satisfied/very satisfied.

Additionally, the USCSM has a student run Honor Council that students and faculty can refer students to for unprofessional behavior. The Honor Council includes and M-II chair and an M-IV investigator along with two faculty advisors. If warranted an Honor Committee hearing can be held with the student to discuss the allegation of unprofessional behavior. Findings are reported to the USC Office of Academic Integrity and recommendations are made to the Student Promotions Committee who make final recommendations to the executive dean.

The USCSM has adopted a set of guidelines for 'Conduct in Teacher/Learner Relationships' that are published in the USCSM Bulletin and available online to all faculty, residents, staff, and students. This policy can also be found in the Student Handbook to Clinical Rotations and the Clerkship Directors Handbook which are also available on-line through the Office of Curricular Affairs website. The policy defines ten responsibilities for the teacher/learner relationship, five each for the respective parties. It also identifies examples of inappropriate conduct, as well as avenues and procedures to address student mistreatment. During their respective orientations both new faculty (full-time, part-time, and volunteer) and first year students attend a presentation by a representative from the USC Office of Equal Opportunity Programs on sexual harassment and reporting procedures.

The USCSM has a policy of zero tolerance for mistreatment and these numbers are followed closely. Standards as outlined in the teacher/learner relationship document will continue to be widely disseminated and strictly enforced. The self-study committee recommended that full guidelines describing Teacher/Learner relationships be distributed to first year students during orientation and that the USCSM website be enhanced to include a dedicated link to the guidelines, with contact information for each ombudsperson.

The GME Office at Prisma is continuing to focus efforts on the fair and appropriate ways to support the prevention of medical student mistreatment through its efforts in implementing a safe clinical learning environment. Efforts include policies focused on the professionalism and supervision expectations of the learning environment, leadership initiatives for residents on leading and working with teams of learners, teaching and research educational opportunities when working with medical students, orientation experiences focused on expected behavior at PH, and diversity and inclusion issues applicable to all team members. In addition, the office has added a full-time staff member who has focused responsibility on the medical student experience at PH and works collaboratively with residency programs to ensure consistency and quality. Specific activities that residency program administrators make sure happen include resident review of

LCME requirements when working with medical students, signed documentation by residents about their review of such requirements, and teaching seminars focused on working with medical students.

Data on mistreatment is formally collected yearly through the AAMC GQ and Y2Q. While the USCSM wishes to be perfect in this regard, the numbers reported are small and generally are in line with the national percentages. This data is reviewed by the USCSM curriculum committee/sub-committees and course/clerkship directors' meetings.

Data collection is important to have in order to confirm school efforts are effective in creating an environment that is free from mistreatment. However all reports of mistreatment are treated as important events to be acted on and corrected. Every event is reviewed as to cause and treatment and then discussed for prevention in the future.

Student data from the LCME self-study 'Independent Student Analysis' indicate awareness and satisfaction with USCSM policies related to student mistreatment. M-II students were least satisfied with such policies and procedures. Results from the past two AAMC Graduate Questionnaires indicate a lower percentage of USCSM students are aware of policies and procedures regarding student mistreatment, compared to national averages. However, students completing the GQ in 2015 and 2016 generally report fewer instances of student mistreatment than schools nationwide.

First year medical students engage in several presentations during orientation activities related to student conduct, mistreatment, and professionalism. In 2016, the orientation agenda included two talks on professionalism, one on sexual harassment, and one on the newly revised Honor Code. In addition, students entering their third year (July, 2016) received a copy of the 'Student Handbook to Clinical Rotations', which includes the full guidelines describing expectations and responsibilities in the teacher/learner relationship and had a presentation on professional behavior in the clinical setting. New faculty members joining the USCSM during AY 2017-18 were informed of guidelines for 'Conduct in Teacher/Learner Relationships' published in the USCSM Bulletin.

Residents at Prisma are informed during orientation experiences about the professionalism and supervision issues that are required components of their work – and their work with medical students. Prior to their arrival on campus each year and once they are identified in the Match each March, residents are required to complete extensive checklists, documenting their review of all resident policies. Of those directed at preventing student mistreatment are: Professionalism, Disruptive Behavior, Supervision of Medical Students, Clinical Learning and Working Environment, among others. To that end, residents spend an entire day of their 3-day orientation experience focused on the Standards of Behavior expected as a Prisma employee. These include an attitude of respect and dignity offered to all team members with whom residents work – medical students are no exception.

SOM Policies and Procedures for reporting mistreatment

The SOM has three student ombudspersons, one based on both the basic science and clinical campuses in Columbia and another on the regional campus in Florence. At least one of the ombudspersons attends both the M-I and M-III orientations to introduce themselves and explain their role. A follow-up email was sent on 10/3/17 to all students introducing all three Ombudspersons; explaining their roles; and providing online resources for all students. Procedures for reporting incidents of mistreatment and unprofessional behavior are provided in the USCSM Bulletin which is linked to the student page of the SOM website, and included in the online Student Handbook to Clinical Rotations.

Students completing the AAMC Graduation Questionnaire (GQ) in 2016 and 2017 generally reported fewer instances of student mistreatment than schools nationwide. The results of focus groups conducted with current students in February of 2018 indicated that students are aware that there is an Ombudsperson. They indicated that they recalled hearing about a policy during orientation. Although they did not recall the policies per se, they recalled a general impression that "mistreatment" would apply to situations in which they felt discriminated against or targeted in some way. M-I's and M-II's volunteered that they "would feel comfortable going to Dr. Williams", Assistant Dean for Student Affairs, if they needed to report something or seek advice on this type of matter. M-IIIs and M-IVs indicated that they had never felt mistreated and reported not being able to imagine experiencing a situation in which they would feel compelled to report something.

The Office of Student and Career services is tasked with monitoring this element and insuring that appropriate information concerning the school's mistreatment policies is updated as needed and also delivered to the students on an annual basis. Information from the annual GQ continues to be monitored by the Office of Medical Education with reporting to the Curriculum Committee. Focus groups will be convened on an as needed basis should the GQ information warrant such. An end of the academic year survey is planned in May 2018 to follow-up on student awareness of how to report mistreatment and resources available to them.

At the request of LCME, the SOM administered a survey regarding student satisfaction with Student Mistreatment issues in March of 2019. The results are shown in Table 3.6a.

Tables 3.6h and 3.6i show data from the 2018 and 2019 AAMC Medical School Graduation Questionnaire (AAMC GQ) on the issue of awareness of policies regarding mistreatment and procedures for reporting mistreatment:

Table 3.6h: **AAMC GQ School Mistreatment Policies and Procedures Awareness 2018**

Percent of medical students who reported that they:	
are aware of school policies regarding the mistreatment of medical students	know school procedures for reporting the mistreatment of medical students
School %	**School %**
98.5	89.2

Source: AAMC GQ 2018

As shown in Table 3.6h, nearly all AAMC GQ 2018 respondents (98.5%) reported being aware of school policies regarding the mistreatment of students. A slightly lower percenter of respondents (89.2%) reported knowing the procedures for reporting mistreatment. It should be noted that the students responding to this questionnaire have not had the benefit of the SOM's recent campaign to increase awareness of the procedures for reporting mistreatment.

Table 3.6i: **AAMC GQ School Mistreatment Policies and Procedures Awareness 2019**

Percentage of medical students who reported that they:	
are aware of school policies regarding the mistreatment of medical students	know school procedures for reporting the mistreatment of medical students
School %	**School %**
98.4	87.5

Source: *AAMC GQ 2019*

Similarly, Table 3.6i shows that nearly all AAMC GQ 2019 respondents (98.4%) reported being aware of school policies regarding the mistreatment of students. A slightly lower percenter of respondents (87.5%) reported knowing the procedures for reporting mistreatment. Again, it should be noted that the students responding to this questionnaire have not had the benefit of the SOM's recent campaign to increase awareness of the procedures for reporting mistreatment.

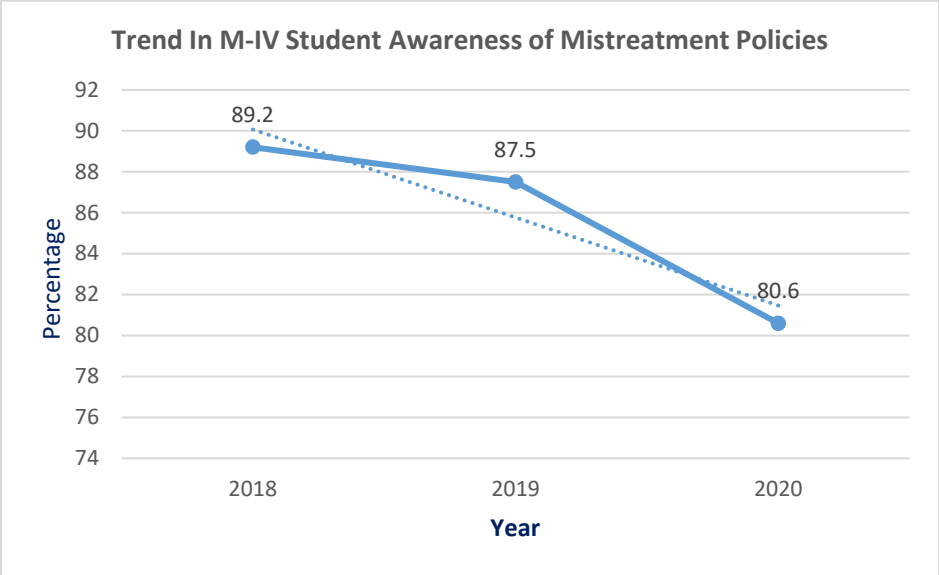
Table 3.6j: **AAMC GQ School Mistreatment Policies and Procedures Awareness 2020**

Percentage of medical students who reported that they:	
are aware of school policies regarding the mistreatment of medical students	know school procedures for reporting the mistreatment of medical students
School %	**School %**
93.1	80.6

Source: *AAMC GQ 2020*

Awareness of school policies and procedures for reporting mistreatment dropped in 2020 from students reporting awareness in 2018 and 2019. This may indicate the beginning of a trend that began in 2019.

Implications: Student awareness of policies surrounding the reporting of incidences of student mistreatment have been made accessible to students even before activities took place to increase student awareness of the existence of such policies. The drop in students reporting awareness reflects the overall low satisfaction ratings throughout the 2020 survey. However, it is possible that the drop in awareness from 2018 to 2019 to 2020 indicates a downward trend. Additional reminders may be necessary for the procedures and policies regarding mistreatment.



Closing the Loop: This element was rated "S" by the LCME. The SOM and their partners (e.g., Prisma), and other groups have identified a number of different venues for publishing policies related to reporting student mistreatment as well as letting students know of the policies during student orientation. Links to report student mistreatment have been added to the school's website as well as to school surveys. Moving forward, the SOM should continue to be alert to what may be the beginning of a downward trend in student awareness if mistreatment policies and procedures in order to take corrective action. It should be noted that the reported lack of awareness and overall dissatisfaction may be the result of school safety measures taken in response to the COVID-19 pandemic that forced the cancellation of a number of school activities enjoyed by fourth-year students.

LCME ELEMENT 4.4: FEEDBACK TO FACULTY

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure

When/How Often Implemented: End of Semester

Data Source(s): The data sources include student course and clerkship evaluations, tenure and promotion policies; department chair evaluations and clerkship director evaluations; faculty manual.

Methodology: Qualitative analyses of sources.

Results: Faculty progress in all areas of academic performance, particularly in those areas pertaining to tenure and promotion (T&P), is evaluated by a formal process of annual reporting and planning. Briefly, formal written annual reports are compiled utilizing forms designed for this purpose that collect information about a faculty member's activities in the three areas of teaching, research and service. In addition, each year a new planning document that details the faculty member's plans for activities in all three areas is also prepared utilizing specific forms. This planning document and the annual report are reviewed by the chair or division director who assigns scores to a faculty's performance in each area, and an overall score. The chair also indicates on the annual evaluation document whether or not in his/her opinion the

faculty is making significant progress towards tenure and/or promotion, if applicable. Student and peer evaluation of teaching are included in the annual evaluation and taken into account in the overall annual evaluation.

The department chair adds to the document his/her numerical scores (according to a point system) and a summary of his/her findings pertaining to the faculty member's performance that year. The chair meets in person with each faculty member to discuss his/her evaluation and planning document, which both of them sign. A faculty member's signature on an annual evaluation does not necessarily indicate that agreement with the chair's assessment.

These forms are then forwarded to the chair of the T&P Unit, who organizes a review of all evaluations of tenured and tenure-track faculty by ad hoc subcommittees of the T&P Unit. The subcommittees discuss each annual evaluation and express in writing their agreement or disagreement with the chair's assessment, adding comments that are meant to provide further guidance (if needed) and feedback to both faculty and chair.

A formal review of tenure-track faculty is also held during the third year of their probationary period, to help faculty determine whether or not they are on track for T&P and what areas they may need to improve to be successful when they seek T&P. The review process is detailed in the Faculty Manual and adopted across the entire university, as well as being guided by the Unit's specific guidelines. The faculty member assembles his/her interim T&P file utilizing the same forms that are used when applying for T&P. This way, the file is essentially ready and undergoes a first review by the Unit; updates with the information from the next two years are added along with any reviewer mid-point recommendations prior to final submission. Third year review files are processed as regular T&P files, with two major differences: 1) Outside references are not solicited during third year review; and 2) files are not forwarded to the Provost and University Committee on Tenure and Promotion, but remain with the Dean.

Implications: Policies are in place and are being followed. This standard was not cited by LCME.

Closing the Loop: No further action is necessary. This standard will be monitored again before the next LCME site visit.

LCME ELEMENT 4.5: FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or its sponsoring institution provides opportunities for professional development to each faculty member in the areas of discipline content, curricular design, program evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.

When/How Often Implemented: Continuously

When/How Often Implemented: Annually

Data Source(s): Office of Medical Education documents; Curriculum Committee Minutes, subcommittee Minutes, Committee and subcommittee bylaws

Methodology: Qualitative analysis of documents.

Results: Results are reported below.

Institutionally the Office of Continuous Professional Development and Strategic Affairs (OCPDSA) had one full time (director of faculty development) and two part time (senior associate, faculty development and director, maintenance of certification) staff to aid in faculty development. The USCSM Library offers instructional services through course instruction, consultations, classes, and tutorials. The Office of Curricular Affairs and Media Resources houses three assistant deans: the assistant dean for preclinical curriculum, the assistant dean for clinical curriculum and assessment, and the assistant dean for clinical learning. The University of South Carolina also houses the Center for Teaching Excellence

which offers a multitude of teaching resources for faculty. Additionally, the Office of Graduate Medical Education at Prisma employs the director of education development.

Departmentally, most program directors, chairs, and associate program directors are available to aid in both content development and delivery. Many department staff meetings include content on faculty development through speakers from within and outside the university. Some departments offer a mentorship program for junior faculty members to discuss development with senior faculty members, but this varies among departments. For example, the department of pediatrics vice chair of education provides faculty development for the department, and in basic science departments each junior faculty member is paired with at least one, often two faculty mentors.

Faculty development programming needs are identified at both the medical school and departmental levels through a variety of methods:

1) Results of student and recent graduate surveys, evaluations and course results reviewed through curriculum committee and during the strategic planning process for departments

2) Discussions during departmental steering committees and staff meetings

3) Resident surveys about the clinical learning environment

4) Results of site analyses, discussions and work at department levels including *iTEACH!* Course, direct work with departments and divisions – such as the Surgery Department, Pulmonary Division, Infectious Disease Division, Pediatrics and others over the past 7 years

5) Directives from the leadership of PH and USCSM – often informed by GME subcommittees' work such as review of the Annual Institutional Review (AIR) and Annual Program Evaluation (APE) reports or special review committee results as these are related to our clinical faculty performance across our system

6) Focus groups of faculty

7) Changing accreditation expectations have helped us in gap analyses - i.e. more emphasis on clinical correlation resulted in our offering workshops on incorporation of clinically based test questions.

8) Development of the new clinical campus in Florence with new faculty members required a comprehensive needs assessment including interviews of key leadership at the USCSM who had been working with Florence faculty, Dr. William Hester, the assistant dean for medical student education - Florence, interviews of clinical leaders at the two Florence hospitals, and the available student evaluations/comments from the pilot year. This resulted in the creation of two educational series:

i. Florence Faculty Development Series - (Subtitled *Mastering the Transition from Clinician Clinician-Educator*) including not only the new 4-hour course *iTEACH! Medical Students*", but also sessions on Professionalism and Scholarship

ii. Florence Clerkship Directors Seminar – including pre-work, afternoon of education and homework.

Faculty development programs offered include:

1) The university has the Center for Teaching Excellence that provides valuable resources and tools for preparation, teaching and course assessment. Faculty is informed about CTE offerings through the listserv and internal advertising.

2) USCSM events – Faculty are alerted through the listserv and information posted on the web site. Occasionally there will be direct e-mailings if a topic is particularly relevant to a physician or department.

3) The iTEACH! is scheduled through divisions/department leadership and administration and then individuals within the sections are contacted with an invitation to enroll.

4) Florence faculty development – mass emails, phone calls, and emails/calls from Dr. Hester and his assistant. OCDPSA staff has been going to Florence for the majority of the training and offering both morning and mid-day sessions each time to accommodate the clinicians' schedules.

5) New Faculty Professional Orientation –Emails are sent directly to potential participants and date notices to department's chairs and administrators.

6) Within USCSM departments, topics are discussed at department meetings and faculty members are encouraged to attend.

Identification of problems concerning teaching and assessment skills, and remediation. These issues are generally handled at the departmental level and vary among the departments. Most faculty members receive feedback through student and peer evaluations. In seven departments, the faculty member and chair discuss a performance improvement plan. Performance improvement plans may utilize other department members, such as more established faculty members. Often the chair may recommend classes on teaching or consultations with the director of faculty development, prior to the faculty member's teaching being reassessed. Two departments utilize self-assessments with coaching from the chair of the department. One department uses teaching mentors to address these issues and another department utilizes the expertise of an outside expert. In most departments, any immediate problem concerning teaching is brought to the attention of the chair or education director and addressed as soon as possible.

Funding to support faculty participation in professional development activities. Funding is available to support faculty participation in professional development at the department level. Most departments provide a designated annual amount of funding available for each faculty member for expenses related to faculty and professional development such as travel for scientific meetings. Departments also allocate a specified amount of leave time to participate in these activities. Depending on the department, these funds could be capped or expenses could be covered based upon request. Departments also utilize grant funding from educational and research grants to present and attend conferences. Some examples of departmental practices are as follow: Obstetrics and Gynecology provides funds to the chair of the department for additional professional development, and receives funding from the American Congress of Obstetrics and Gynecology. The Department of Pediatrics provides extra funding to leadership faculty. For example, the vice chair of Pediatrics attends the Council on Medical Student Education in Pediatrics annually and brings information back to the department. The Department of Pathology, Microbiology, and Immunology provides funding for its faculty to attend the Educational Strategies Workshop which is hosted by the Association of Medical School Microbiology and Immunology Chairs. Some departments engaged the faculty in internally funded faculty development programs – through videos or

Short-term workshops such as discussing standardized exam questions or challenges of clinical teaching. These efforts in some cases are managed as CEM courses and supported by OCPDSA.

Formal activities at the departmental, medical school, and/or university level used to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. Activities at the departmental level primarily assists faculty in enhancing skills in research, publication, and grant procurement. Leaders engage staff through diverse methodologies. These include lecture series, journal clubs, appointing leaders to help with specific tasks (i.e., grant applications), and providing mentor-mentee relationships for research. Peer review of grant applications is a service offered to all departments by the USCSM. Two departments have specified staff on retainer to act as research liaisons. In

addition to the departmental level activities, there are also a number of initiatives stemming from the Office of the Associate Dean for Research and Graduate Education.

To increase the number of USCSM faculty engaged in academic activities, which include clinical research, quality-outcomes initiatives, as well as basic sciences, several programs and initiatives have been put in place.

Bi-monthly "peer-review' sessions have been established for USCSM faculty to provide formative feedback on extramural proposals to both junior and senior faculty, and to provide a forum for engagement, collaboration and learning. These sessions also provide a reasonable and user friendly check-point for ensuring high quality applications that are responsive to a sponsor is submitted. These sessions have been in effect since 2013 and well over 50 proposals and concepts have been presented and discussed.

Another program for our clinicians is the Pediatric Network and Child Health Outcomes recently funded by NIH. This NIH program is designed to facilitate programmatically based academic activities such as training grants, foundation awards and program development such as the medical student research program, a business manager has been hired in the office of the Associate Dean for Research, effective October 1, 2016. This individual will manage cross-disciplinary efforts across departments, to include managing and facilitating the peer review sessions, the programs such as the Pediatric Network and AHA medical student fellowship awards.

Specific programs or activities offered to assist faculty in preparing for promotion. Institutionally, the University of South Carolina holds a workshop annually for faculty members considering promotion, which outlines the requirements and necessary documentation. The USCSM also offers a peer group that hosts sessions on promotion and tenure issues.

In three departments in the USCSM, promotion progress is incorporated in the faculty member's annual evaluation. In two departments, faculty members are evaluated quarterly. Three departments offer junior faculty members two mentors each, who focus on the process of promotion by meeting with their junior member for portfolio review. Department chairs discuss the qualifications necessary for promotion with the faculty members assuring understanding of the expectations and definitions of academic productivity.

Faculty members are encouraged to participate in activities valued toward promotion. Such activities include presenting at Grand Rounds, providing didactic lectures to residents and medical students, publishing articles, applying for grants, and serving on international/national/regional/local committees.

Following the approval of a new curriculum by the Curriculum Committee and Executive Committee in 2019, a number of professional development opportunities have been offered through the CTE to assist faculty in designing active learning opportunities, flipped classrooms, and problem-based learning. Presentations from faculty at other medical schools were planned but the COVID-19 pandemic interrupted these activities with the need to switch to remote instruction.

Implications: There are a variety of opportunities available to faculty for professional development in adopting the approved new curriculum.

Closing the Loop: It is anticipated that once students and faculty are able to return to campus, planned professional development activities will resume as planned.

LCME ELEMENT 6.7: ACADEMIC ENVIRONMENTS

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs and in continuing medical education programs

When/How Often Implemented: Annually

When/How Often Implemented: Annually

Data Source(s): Office of Medical Education documents; Graduate School Documents; Curriculum Committee Minutes, subcommittee Minutes, Committee and subcommittee bylaws

Methodology: Qualitative analysis of documents.

Results: Results are reported by committee/subcommittee below.

Table 6.7a lists the health professions/professional degree programs located at the same campus as the medical school.

Table 6.7a: Master's and Doctoral Degree Students Taught by Medical School Faculty: 2019-2020

Number of students enrolled in master's and doctoral degree programs taught by medical school faculty		
Department or Program	**# of Master's Students**	**# of Doctoral Students**
Biomedical Science	29	42
Genetic Counseling	17	NA
Nurse Anesthesia	102	NA
Physician Assistant	83	NA
Rehabilitation Counseling	46	NA

Source: School-reported

Table 6.7b lists the total number of residents and clinical fellows across years. The numbers of residents and fellows has steadily increased since 2016.

Table 6.7b: Graduate Medical Students

Total number of residents and clinical fellows on duty in ACGME-accredited programs that are the responsibility of the medical school faculty for the indicated academic years.					
Campus		**AY 2016**	**AY 2016-17**	**AY 2017-18**	**AY 2018-19**
Columbia	Fellows:	20	20	32	34
Columbia	Residents:	237	238	273	276

Source: *School-reported*

Table 6.7c shows each sponsoring organization's current accreditation status and length of accreditation term.

Table 6.7c: Continuing Medical Education

Each sponsoring organization's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.

Program Sponsor	Accreditation Status	Length of Accreditation Term
ACCME	Accreditation with Commendation	6 years – Next Review 2021

Source: School-reported

The health professions/professional degree programs located at the same campus as the medical school include the following:

- Masters of Biomedical Sciences
- Doctor of Biomedical Sciences
- Masters of Genetic Counseling
- Masters of Nurse Anesthesia
- Masters in Science in Physician Assistant Studies
- Masters of Rehabilitation Counseling

Formal and informal opportunities are available for medical students to interact with students in graduate programs and the medical school encourages such interactions. Preclinical students interact with graduate students as they attend lecture in the Biochemical Basis of Disease, M-I course. Medical and graduate students also work side by side in the various research laboratories here on campus as part of the summer research program. New for 2016-2017, M-I students shared small groups with Physician Assistant (PA) students in Introduction to Clinical Medicine where PA faculty were added.

For example, first year medical students interact through the USC inter-professional course called Transforming Healthcare. It is housed in the Introduction to Clinical Medicine I course and all activities are required. Students from Nursing, Pharmacy, Public Health, and Social Work participate side by side with medical students as well as students from the Graduate Program's Genetic Counseling program and Physician Assistant program.

During the clinical years, medical students interact with other health professional students during rounds, at part of clinics, morbidity/ mortality conferences, and discharge planning. In addition to students from Nursing, Pharmacy, and Social Work, Nurse Practitioner students are also present. As the students in the new Physician Assistant Studies program begin their clinical rotations, they will also join the medical students at Prisma and our other affiliated hospitals. A unique learning experience in interprofessional HIV care became available to M-III students as of October, 2016. The curricular development was done interprofessionally and funded through a HRSA grant (Divya Ahuja, MD - USCSM Principal Investigator). Students may select this 2-week IPE experience as a part of their ambulatory care experience in the M-III Internal Medicine Clerkship. Five such rotation blocks were delivered in the 2016-17 academic year, reaching a total of 45 students.

All students interact with other health care professional students when they attend the Columbia Free Clinic and when they participate in the Institute of Healthcare Improvement (IHI) Open School Activities. Requiring one IHI meeting in the M-I and M-II years serves to engage many of the students in ongoing IHI activities and often in leadership roles with the USC Chapter. The IHI activities focus on topics such as leadership, person and family centered care, patient safety,

and improvement capability. Activities include: regular lecture and interactive case-study series, inter-professional social events, community engagement, and support of individual or small group projects that impact health.

Implications: The faculty of a medical school ensures that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programs, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programs. This issue will be addressed as part of the introduction of the MD program curriculum.

Closing the Loop: The Dean has the full support of school leadership in ensuring continued opportunities permitting interaction with students enrolled in other health professions. This area requires periodic monitoring.

LCME ELEMENT 7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

When/How Often Implemented: Continuously

When/How Often Implemented: Annually

Data Source(s): Office of Medical Education documents; Curriculum Committee Minutes, subcommittee Minutes, Committee and subcommittee bylaws

Methodology: Qualitative analysis of documents.

Results: Results are reported by committee/subcommittee in Table 7.9a.

Table 7.9a: Collaborative Practice Skills in Learning and Program Objectives

Linkage between course and clerkship learning objectives related to collaborative practice skills with medical education program objectives.	
Course/Clerkship Learning Objective(s)	Medical Education Program Objective(s)
Introduction to Clinical Medicine I: Demonstrate basis teamwork skills in an interprofessional learning environment.	S.5 Demonstrate skill in communicating, both orally and in writing, with patients and family, colleagues and others with whom information must be exchanged when carrying out duties. S.14 Demonstrate skill in the ability to function as part of an interprofessional health care team and/or serve in a leadership role.
Introduction to Clinical Medicine I:	S.5 Demonstrate skill in communicating, both orally and in writing, with patients and

Define the role(s) of other health professions and identify opportunities to seek the expertise of health professions other than their own, for improving health care delivery and research.	family, colleagues and others with whom information must be exchanged when carrying out duties. S.14 Demonstrate skill in the ability to function as part of an interprofessional health care team and/or serve in a leadership role.
<u>Introduction to Clinical Medicine I:</u> Identify ways in which interprofessional collaboration methods can improve health care delivery through a systems-based approach to: a) patient safety and error reduction; b) the interactions between ethics, values, and culture; c) healthcare disparities; and d) social determinants (i.e. income, education, employment, social status, state laws, etc.).	S.13 Demonstrate skill in using the scientific method to establish the causation of disease and efficacy of traditional and non-traditional therapies. S.14 Demonstrate skill in the ability to function as part of an interprofessional health care team and/or serve in a leadership role.

Course/Clerkship Learning Objective(s)	Medical Education Program Objective(s)
Introduction to Clinical Medicine I: Demonstrate important, and now frequently used, concepts to improve health care delivery through completion of a root cause analysis of a fictitious sentinel event.	S.13 Demonstrate skill in using the scientific method to establish the causation of disease and efficacy of traditional and non-traditional therapies. AB.7 Demonstrate commitment to respect and collaborate with other healthcare professionals in caring for patients and in promoting the health of defined populations.
Medical Embryology and Gross Anatomy: To work as a team member and interact appropriately with all faculty, staff, and students.	AB.7 Demonstrate commitment to respect and collaborate with other healthcare professionals in caring for patients and in promoting the health of defined populations.
Family Medicine clerkship: Collaborate with peers, faculty and preceptors for other health related fields including pharmacy, social work, public health, and nursing in providing care for individual patients as well as families.	AB.7 Demonstrate commitment to respect and collaborate with other healthcare professionals in caring for patients and in promoting the health of defined populations. S.14 Demonstrate skill in the ability to function as part of an interprofessional health care team and/or serve in a leadership role.
Internal Medicine/Neurology clerkship: Relate successfully to patients, families, and professionals. Including the following tasks: a. Demonstrate appropriate listening skills, including both verbal and nonverbal techniques. b. Demonstrate interest and responsibility in patient care and patients' needs.	AB.1 Demonstrate commitment to the compassionate treatment of patients and respect for their privacy and dignity. AB.2 Demonstrate commitment to honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives. AB.3 Demonstrate a commitment to advocate at all times for the patients' interests over his/her personal interests.

Course/Clerkship Learning Objective(s)	Medical Education Program Objective(s)
Obstetrics and Gynecology clerkship: Interact and respond positively to patients, faculty, residents and medical staff during clinical rounds and teaching conferences. Demonstrate professional operating room behavior.	AB.1 Demonstrate commitment to the compassionate treatment of patients and respect for their privacy and dignity. AB.2 Demonstrate commitment to honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives. AB.3 Demonstrate a commitment to advocate at all times for the patients' interests over his/her personal interests. AB.4 Demonstrate commitment to provide care to patients unable to pay for medical services and to advocate for access to health care for members of traditionally underserved populations. AB.5 Demonstrate commitment to engage in life-long learning in order to state abreast of relevant scientific advances. AB.6 Demonstrate commitment to recognize and accept limitations in his/her knowledge and clinical skills and a commitment to improve his/her knowledge and ability through self-assessment. AB.7 Demonstrate commitment to respect and collaborate with other healthcare professionals in caring for patients and in promoting the health of defined populations.

Source: School-reported

For example, prior to the changes in the curriculum, during the M-I year in the course Introduction to Clinical Medicine I, Transforming Healthcare is built into the curriculum of Introduction to Clinical Medicine I. Participants in the collaborative course are medical students, nursing students, pharmacy students, genetic counseling students, social work students, speech therapy students, and physical therapy students. Physician Assistant students will be added in 2017. The course has a blended curriculum including on-line activities and classroom sessions. Moving forward this will be part of the M-IV curriculum.

The course objective is to recognize basic factors, which influence the quality and safety of patient care by comparing and contrast options to ethical and moral medical dilemmas. Prior to the three group meetings, small groups of approximately 5 to 6 work online to prepare for a larger class meeting. The students then meet face to face to discuss cases that address concepts to improve patient safety and error reduction, healthcare disparities, and collaborative methods that can improve health care delivery. The class is led by accredited practitioners from each of the professional schools. To pass the course, the students must: complete module reading and/or video assignments. Complete quizzes and surveys as indicated in the modules. Complete online team assignments as instructed. Participate as an active member during small group discussions as scheduled. Contribute to the course work as a team member. Post a 250-500 word reflection on inter-professional collaboration experience in this course to the team discussion board. Attend all 3 live class meetings.

Another example includes the M-III year Pediatric clerkship that has as its objectives to demonstrate professional conduct that will contribute to positive physician, patient, and family relationships. Demonstrate positive interpersonal skills that will enhance communication between the physician and the patient and his/her family including the delivery of comprehensive care to patients in both inpatient and outpatient setting: a. Compile and discuss problem list and differential diagnosis, b. Formulate a plan of therapy, c. Discuss management options.

The in-patient treatment rounds on the Pediatric clerkship are family centered. On the team along with physicians, residents, and medical students are nurses, pharmacists, at times discharge planning individuals such as social workers. The students interact with them as they provide their expertise to help create appropriate treatment protocols. The medical students also attend a special needs clinic for 1/2 day in which occupational therapists, physical therapists, psychologists, and a medical preceptor are present. Students are required to attend morning report every week. At these meetings, faculty, house staff, pharmacists, private pediatricians interact.

A third example is the M-III year Family Medicine clerkship. Clerkship objectives include collaborating with peers, faculty and preceptors from other health related fields, including pharmacy, social work, public health and nursing in providing care for individual patients as well as families. Students gain experience working with other health professionals throughout this clinical clerkship. Students are required to present patients at morning report and at morbidly/ mortality conferences. They also present reports to the patient care team, which includes physicians, nursing, pharmacy, and social work, at discharge planning. During inpatient and outpatient work hours, the student must interact with nursing staff and the many other students/ staff who might be in attendance. Collaboration with other health professionals is paramount in this clerkship. M-III students receive 360° evaluations on this clerkship from residents, attending physicians, and other health professionals.

Closing the Loop: The SOM has opportunities for interprofessional collaborative skills throughout the medical school program.

LCME ELEMENT 8.1 CURRICULAR MANAGEMENT

A medical school has in place an institutional body (e.g., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

- Curriculum Committee
- M-I/M-II Subcommittee
- M-III/M-IV Subcommittee
- Interdisciplinary/ Interdepartmental Integration Subcommittee
- Core Student Assessment Subcommittee
- Independent Learning Subcommittee

When/How Often Implemented: Annually

Data Source(s): Office of Medical Education documents; Curriculum Committee Minutes, subcommittee Minutes, Committee and subcommittee bylaws

Methodology: Qualitative analysis of documents.

Results: Results are reported by committee/subcommittee below.

A number of curriculum-related committees and subcommittees currently exist at the SOM. In addition to voting members: Chair; faculty/course directors and student members, there are also ex-officio nonvoting members who serve in an advisory capacity.

Curriculum Committee

Committee members are elected from each USCSM department. The associate dean for medical education and academic affairs, the assistant dean for preclinical curriculum, the assistant dean for clinical learning, the assistant dean for clinical curriculum and assessment, and the assistant dean for medical student education-Florence serve the Curriculum Committee as ex officio non-voting members. Two representatives from each basic science department and one representative from each clinical department are elected from the departmental faculty. In addition there will be one representative elected at-large by the Florence faculty. Members serve a three-year-long term on the Curriculum Committee and may be re-elected.

To assure a smooth transition, a system of staggered terms of membership has been adopted for Committee members. The medical students are represented by two members each from both the M-II class and the M-IV class, all of whom serve one year terms. An additional M-IV representing the Florence Regional Campus all serves a one year term. Students are selected in the spring of their M-I and M-III year after a self-nomination process and selection by the faculty in the Office of Medical Education and Academic Affairs. Multiple consultants who serve ex officio without vote are available to the Curriculum Committee; they include the associate dean for continuous professional development and strategic affairs, the associate dean for diversity and inclusion, the director of admissions services/registrar who is also the assistant dean for diversity and inclusion, the assistant dean of student and career services, the director of library services, the assistant dean of information technology, and the associate dean for graduate education.

The chair serves a two-year term and is elected biennially. Chairs are elected alternately from among basic science and clinical science committee members; Chairs also serve as their department's committee representative. A Chair may

therefore serve as a Curriculum Committee member for a maximum five-year term if he/she is elected chair in the third year of his/her committee membership.

If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership and reporting relationship to the parent committee.

All subcommittees are advisory to the Curriculum Committee. Committee members make their preference known to the Curriculum Committee chair about which subcommittee they would like to serve on and the chair then assigns members with consideration given to balancing the subcommittees for experience and expertise. Course, clerkship, and vertical curricula directors who are not already voting members of the Curriculum Committee are appointed to the respective M-I/M-II, M-III/M-IV, and I3 (Interdepartmental & Interdisciplinary Integration) curriculum subcommittees. They serve as ex-officio voting members of their respective subcommittees.

There are five standing subcommittees of the Curriculum Committee, there charges are as follows:

M-I/M-II Subcommittee

1. Perform, under the supervision of the Curriculum Committee, periodic reviews and assessments of all required M-I and M-II courses for medical students.
2. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required M-I and M-II courses, to the Curriculum Committee.
3. Evaluate and assist in the horizontal and vertical integration of course material.
4. Meet annually with each course director and review a summary report of the course submitted by the course director.

M-III/M-IV Subcommittee

1. Perform, under the supervision of the Curriculum Committee, periodic reviews and assessments of all required M-III and M-IV clerkships for medical students.
2. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required M-III and M-IV clerkships, to the Curriculum Committee.
3. Evaluate and assist in the horizontal and vertical integration of course material.
4. Meet annually with each clerkship director and review a summary report of the clerkship submitted by the clerkship director.

Interdepartmental/Interdisciplinary Integration (I3) Subcommittee

1. Conduct periodic reviews and updates of vertical curricula.
2. Ensure the integration of interdepartmental and interdisciplinary educational efforts.

Independent Learning Subcommittee

1. Develop and implement recommendations in the areas of independent and service learning.
2. Review current independent and service learning components in the curriculum.
3. Select the medical student recipient of the annual Student Independent Learning Award.

Core Student Assessment Subcommittee (approved October 2016)

1. Regularly review USCSM assessment policies and procedures and recommend improvements to the Curriculum Committee.

2. Support USCSM assessors with information and resources to maintain and carry out assessment plans, including more specific assessments of student learning outcomes.

Utilizing OASIS and with guidance from the assistant dean for preclinical curriculum, each subcommittee conducts periodic reviews of educational program objectives as well as the curriculum committee as a whole. During the last academic year, the subcommittees moved to an annual reporting process of all courses and clerkships by the course/clerkship director in addition to a periodic peer review of the course/clerkship. This process is accomplished utilizing a standardized format developed by the Office of Curricular Affairs to conduct peer review of each required course and clerkship. Presentations of these reviews were provided to the Curriculum Committee (CC). Adding this review process to the CC's end-of-semester and end-of-year reviews of course evaluations enriched this experience for course directors and allowed for meaningful discussion of identified needs and potential course adjustments.

On a regular basis at CC meetings, we continue to look closely at results of all standardized testing for courses and national board exam results to identify potential areas for curricular improvements. The Curriculum Committee has had a number of discussions in this past year about resources for our students' preparation for boards and assessment of individual readiness for high stakes testing. The USCSM Library has added self-study resources organized all of these resources in three LibGuides (for example: Step One LibGuide - http://uscmed.sc.libguides.com/step1) for ease of access. In an effort to better prepare M-II students for Step One, the Curriculum Committee approved the plans to administer the NBME Comprehensive Basic Science Exam (CBSE) several years ago. Student performance on subsequent CBSE testing and correlated results for Step 1 performance guided the decisions for policy changes, from voluntary participation to mandatory CBSE testing and passage of the exam which was approved two years ago by the Academic Standards Committee on recommendation of the Curriculum Committee. Students have multiple testing opportunities and resources for remediation, but are now required to pass the CBSE before attempting Step 1. Continued improvement efforts are focused on early identification of learners who struggle either with particular course content areas or with standardized testing as a whole.

LCME ELEMENT 8.3: CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the faculty to ensure that the curriculum functions effectively as a whole to achieve medical education program objectives.

When/How Often Implemented: Annually

Data Source(s): Office of Medical Education, Course/Clerkship Syllabi, Curriculum Inventory, Curriculum Committee Minutes, Core Student Assessment Subcommittee Minutes, Course/Clerkship Evaluations, NBME/USMLE examinations, the Graduation Questionnaire and PGY-I surveys

Methodology: Outcomes are compared to other courses and clerkships, while subject exam grades are compared to national numbers. This data is reviewed annually by the Curriculum Committee as well as the Office of Medical Education and Academic Affairs.

Results: Results are reported by topic area below.

The LCME asked the SOM to describe the current status of implementing a review of the curriculum as a whole, including curriculum content (whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education programs are being met). They also asked for a description of the resources available for the review.

In response, the SOM reported that the curriculum is evaluated annually through end-of-course and end-of-clerkship evaluations. These evaluations are summarized and recommendations for change are reviewed and approved by the M-I/M-II and M-III/M-IV subcommittees and then presented to the full Curriculum Committee.

In addition, the SOM conducted a complete curriculum evaluation that led to a recommendation for curriculum changes as approved in September 2018 by the Curriculum Committee. As part of this process, all phases of the curriculum were examined and changes were recommended based on multiple years of course evaluations, USMLE Board exam outcomes, and a review of the AAMC Annual Graduation Questionnaire.

Since the new curriculum was approved, faculty have examined the distribution of the curriculum as recommended in the USMLE Content Outline and developed a plan to redistribute the content based on the move to a systems-based approach. As the final curriculum is developed, Course Directors and Block Directors will continue to use the USMLE Content Outline to ensure all appropriate content is covered. While modifications were made to the M-I, M-II, and M-IV years, the majority of these changes are taking place in the M-II year and are on track to be implemented in fall 2021.

Course faculty are presented the detailed outcome data from the annual administration of the Comprehensive Basic Science Exam (CBSE) and discuss areas for improvement. This takes place each summer following the annual administration of the CBSE following the second year of course completion. This review includes the item analysis by specific categories to help faculty pinpoint areas that did not have high performance.

Clinical clerkship directors annually receive data from the NBME Subject Examination Academic Year-End reports. This data includes information from SOM students relative to the comparison group in each content area. This allows clerkship directors to assess for the relative strengths of our students in each content area. Additionally, our clerkship directors have the opportunity to review the NBME subject exam for their discipline on an annual basis.

A summary of performance on the Step 1 exam is presented to the M-I/M-II Subcommittee and the Curriculum Committee each year. Similarly, performance results of the Step 2 CK and CS exams are presented to the M-III/M-IV subcommittee and Curriculum Committee. Faculty are able to review the categorical histogram to evaluate specific areas that need adjustment or improvement.

Additional information includes the following:

Developing the objectives for individual courses and clerkships: Course and clerkship directors primarily develop the objectives for respective courses, but welcome input from instructors, department heads, and administrative personnel.

1. Identifying the appropriate teaching and assessment methods: Course and clerkship directors take the lead in identifying appropriate teaching and assessment methods. Student comments, new information from conferences, professional organizations, medical education literature, advice from the Office of Medical Education also contributes to the overall course and clerkship development. A new Curriculum Committee subcommittee on Core Student Assessment has also been formed to review assessment policies and procedures and recommend improvements to the Curriculum Committee.

2. Identifying course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives: The medical education program objectives drive content as do the physician competencies. Assessment methods have generally been the choice of the course or clerkship directors in consultation with the

teaching faculty and department chairs and reviewed annually by the appropriate Curriculum Committee sub-committee.

3. Evaluating the quality of individual faculty member teaching (e.g., through peer assessment of teaching or review of course content): The quality of teaching faculty members is evaluated through peer reviews, course/ clerkship director reviews, and student evaluations. Course/clerkship directors also review teaching section content to ensure a broad and balanced curriculum. Peer and student evaluations are reviewed with each faculty member annually by their chair during their evaluation.

4. Monitoring the quality of individual faculty member teaching (e.g., through the review of student evaluations of courses and clerkships): Student evaluations are completed for every faculty member who is teaching or participates as a small group facilitator. These evaluations are initiated after every teaching encounter. Student evaluations are sent to the faculty member, course/clerkship director, and the chair at the end of each semester once course/clerkship grades have been received. Student evaluations of faculty are also available for review by the assistant deans in the Curricular Affairs as well as by the associate dean for medical education and academic affairs.

5. Evaluating the overall quality and outcomes of the course/clerkship: Course and clerkship quality is evaluated as part of a multi-level process using student evaluations, content matching to medical program objectives, content from the NBME/USMLE examinations, the Graduation Questionnaire and PGY-I surveys. Outcomes are compared to other courses and clerkships, while subject exam grades are compared to national numbers. This data is reviewed annually by the Curriculum Committee as well as the Office of Medical Education and Academic Affairs.

The process of formal review for each of the following curriculum elements is detailed below. Included in the description is the frequency with which such reviews are conducted, the means by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving the results of the evaluation.

Curriculum content is monitored on a continual basis by the Curriculum Committee and the M-I/M-II and M-III/M-IV subcommittees. The annual reviews serve as the monitoring process. In the first year curriculum, genetics was identified as being redundant because it was being taught within two courses with a gap in the learning objectives. Consequently, genetics was consolidated into the new Molecular Medicine course.

A gap has been identified recently in the area of social determinants of health and disease. A project leader has been identified and steps are under way to enhance this important curricular content as a vertical curriculum, to include experiential and service learning components.

The OASIS database houses the curriculum inventory. It is accessible and searchable by students and faculty. Content is written as course/clerkship descriptions and the learning objectives, MESH terms, and the appropriate medical education program objectives are all found easily by those who are assigned to monitor the curriculum.

View rights are available to anyone interested in the database with the most access being for the catalog information. Course and clerkship directors, administrative coordinators can also access the database. Monitoring falls to the director of educational program assessment, the assistant dean for preclinical curriculum, the assistant dean for clinical curriculum and assessment, the associate dean for medical education, and the evaluation coordinator. Reviews of curriculum content are shared with the course and clerkship directors by the various administrative staff under the umbrellas of the medical education or the curriculum committee.

The process of formal review for each of the following curriculum elements is detailed below. Included in the description is the frequency with which such reviews are conducted, the means by which they are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the individuals and groups (e.g., the curriculum committee or a subcommittee of the curriculum committee) receiving the results of the evaluation.

Individual years or phases of the curriculum: The individual years are reviewed periodically with changes recommended by the appropriate subcommittee. Most recently the third year curriculum was modified to incorporate Neurology into an expanded Internal Medicine clerkship which also allowed for internal medicine subspecialty exposure. Additionally, a one week intersession was added to meet student requests for ACLS earlier in their training. In the fourth year a required emergency medicine/critical care rotation was added in order to better meet objectives of preparing students for their internship year.

Required courses in the pre-clerkship phase of the curriculum: Courses are reviewed yearly through the USCSM Curriculum Committee M-I/M-II sub-committee. The course director presents the self-assessment which is augmented by student evaluations. Other reviews are conducted as needed by a curriculum committee member outside the course using a list of standardized questions. The M-I/M-II subcommittee is staffed by the assistant dean for pre-clinical curriculum who is able to provide assistance for the reviews. All results are reviewed by the subcommittee and the full Curriculum Committee.

Development of the objectives for individual courses and clerkships: Course and clerkship directors primarily develop the objectives for respective courses, but welcome input from instructors, department heads, and administrative personnel.

Identifying the appropriate teaching and assessment methods: Course and clerkship directors take the lead in identifying appropriate teaching and assessment methods. Student comments, new information from conferences, professional organizations, medical education literature, and advice from the Office of Medical Education also contribute to the overall course and clerkship development. A new Curriculum Committee subcommittee on Core Student Assessment has also been formed to review assessment policies and procedures and recommend improvements to the Curriculum Committee.

Identification of course and clerkship content and assessment methods that are appropriate for the course/clerkship learning objectives: The medical education program objectives drive content as do the physician competencies. Assessment methods have generally been the choice of the course or clerkship directors in consultation with the teaching faculty and department chairs and reviewed annually by the appropriate Curriculum Committee sub-committee.

Evaluation of the overall quality and outcomes of the course/clerkship: Course and clerkship quality is evaluated as part of a multi-level process using student evaluations, content matching to medical program objectives, content from the NBME/USMLE examinations, the Graduation Questionnaire and PGY-I surveys. Outcomes are compared to other courses and clerkships, while subject exam grades are compared to national numbers. This data is reviewed annually by the Curriculum Committee as well as the Office of Medical Education and Academic Affairs.

Required clerkships: Clerkships are reviewed yearly through the M-III/M-IV subcommittee of the USCSM Curriculum Committee. The clerkship directors provide a report to the subcommittee using a SWOT analysis to evaluate their clerkship which is augmented by student evaluations. The M-III/M-IV subcommittee is staffed by the assistant dean for clinical curriculum and assessment who is able to provide assistance for reviews. All results are reviewed by the subcommittee and the full Curriculum Committee.

Renewed emphasis has been placed on horizontal and vertical integration of the curriculum as well as instructional methods. Health Systems Sciences and ACE have been added as vertical curricula.

In 2016 Dean Hall formed a Strategic Planning Committee. One of the four focus areas was education and using the mission, vision, and goals developed by the Strategic Planning group along with the 2014 report of the Learning and Innovation Task Force, the strategic planning education subcommittee mapped out the educational goals for the five year strategic plan. A key goal was the development of an educational task force independent of the Curriculum Committee to review and make recommendations on the entire MD curriculum.

Based on the strategic planning findings, in the summer of 2017 the SOM formed a Curriculum and Innovation Task Force (CITF); the CITF was also to address the issues noted in the LCME report. The co-chairs appointed by Dean Hall were two senior faculty members and the make-up of the committee included representation from all basic science and clinical departments to foster integration and encourage recommendations for both phases of medical education, and a student from each medical class was added in spring of 2018. In addition, half the task force members were strategically chosen from the Curriculum Committee to allow for a strong link between the deliberations and recommendations of the task force and the Curriculum Committee, which would need to approve and implement any CITF recommendations. The committee objectives included: 1) conducting a comprehensive review of the entire medicine curriculum for the MD degree, 2) identifying areas for improvement and immediate implementation as early as fall of 2018, and 3) long-term curricular innovations targeting a 2020 implementation date. The committee was to address changes that would have a significant impact on student learning as measured by higher GPAs and USMLE Step exam scores, increased student satisfaction ratings on end of course evaluations and after graduation, match success, and better prepare students for clinical practice in the evolving health care environment.

The CITF first reviewed the data compiled in the previous 2014 ad hoc report and an updated pre- clinical curricular mapping, with a focus on the number of lecture hours in our curriculum. Additional data reviewed by the committee included student exam performance, our LCME self-study, and the new implemented CQI process. To identify alternative curricular models, integration of foundational and clinical information, and alternatives to lecture-based educational approaches, the CITF reviewed over 25 curricula from other institutions, discussed sentinel curricular innovation and experiential learning articles, collected input from students, and examined course and clerkship evaluations. Task force representatives provided regular updates to each department at faculty meetings and to the members of the curriculum committee.

Current and future work is being guided by the "ideal "graduate of the USC SOM defined during the first phase of strategic planning. CITF discussions have addressed and reinforced this vision. We are shaping our new curricular efforts and program assessment plans with these ideals in mind.

In the fall of 2017, recommendations were distributed in written form to all faculty and students. Results of the confidential surveys (Likert scale with open comments) were used as a springboard to the open forum discussions held first with students and then faculty. The goals, at that juncture, were to maximize input and to help develop a climate receptive to change. All findings were discussed by the task force, and recommendations were sent to the Curriculum Committee for consideration and approval for possible implementation in fall 2018.The Curriculum Committee started reviewing the recommendations at the December 2017 meeting. Two were approved, one with modifications. Discussion continued at the January 2018 meeting, where three additional recommendations met approval. One recommendation was sent to the I3 Subcommittee for further consideration, planning and implementation details before returning to the Curriculum Committee for further discussion.

The CITF focused on long-term curriculum changes and innovations for implementation in 2021. The task force developed overarching "frameworks" for the MD curriculum that reflect the SOM's Missions, Values, and Goals. Each change to the curriculum will be evaluated for its impact on teaching and learning. At each step input was sought from faculty and students via committee meetings, department meetings, surveys and forums. The Curriculum Committee approved a curriculum framework in the spring of 2019. Since that time, a number of changes were made:

Implications: The implementation of the revised M-I curriculum will take place in the fall of 2020. An explanation of the new curriculum and the curriculum map appear below.

NOTE: The proposed framework model starts in July (2020) with an onboarding experience we are calling "USCSOM Boot Camp"

USC School of Medicine "Boot Camp": M-I Students arrive early (second or third week of July) for a clinical training experience to happen along with orientation:

Purpose is to create readiness for the clinical and educational demands of medical student life and begin the process of professional identity formation.

- A Design team will need to determine content and methods, with emphasis on skill acquisition, optimizing study skills, hands-on and clinical exposure with potential for near-peer coaching (from other medical students).
- Orientation activities occur during this time; experience is to be strongly linked to subsequent activities in ICM.

M-1/M-II: Three longitudinal elements (courses):

ICM – Introduction to Clinical Medicine:

Tried and true, ICM will continue as 4-semester for M-I's and M-II's with growing coordination with foundational sciences and the new curricular elements.

Purpose is to teach the skills of relationship building, history-taking, physical exams, and the initial development of ability to frame clinical questions and differential diagnoses to work toward optimal patient care.

ACE - Application of Clinical Evidence: (2-3 hrs. /week):

Purpose is to develop the skill sets to draw from the latest best evidence for patient care, critically consider this literature and begin the process of application to care decisions at the individual and population levels.

Pulls content from and is coordinated with ICM (such as biostatistics, population health, etc.)
M-I Year includes (likely 2 hour course):

- Introduction and application of literature searches-could involve a self-designed research question
- Introduction to clinical and translational research (basics) and biostatistics, population health, etc.
- Journal club: student led with faculty oversight; coordinated with fundamental content

M-II year: transitions to ~3hrs/week for patient –based case studies coordinated with each system block; might relieve a little time from other courses (Path, Micro, Pharm) since case studies will be in this time block.

- Patient -based case study each week (or two weeks) combines physiology, path, micro, immune and pharm with one hour introduction each week, followed by two hour smaller group discussion, led by students with clinicians attending. Student assignments for leadership rotate so each student has to do so each semester.
- Cases could include patients (real or standardized), simulations, etc.

Health Systems Science – Seen as a critical element to preparation of physicians, just as foundational sciences and clinical instruction, Health Systems Science will be embedded in all 4 years of medical education. The first two years will include seminars, selected online modules; hands-on activities and workshops. Students keep a log/portfolio; Amount of credit to be determined; 4-year longitudinal allows students to develop scholarly "capstone" project in M-IV year, which may relate to health systems science or clinical-translational research.

Purpose is to prepare students to practice the knowledge, attitudes and skills that will lead to a safer, more effective, more equitable, patient-centered care delivery system through a coherent, longitudinal and flexible educational experience.

- Seminars and clinical quality improvement (QI) modules such as ones from Institute for Healthcare Improvement, potential workshops anticipated include health systems, health care finances, health care advocacy, personal finances, resilience, leadership , and inter-professionalism
- Activities that emphasize the social determinants of health (with reflection/self-assessment), some being interprofessional; i.e.: could include community health screenings, free clinics, ride-along with EMTs, and more.

Overview of Changes in M-I YEAR

FALL M-I

Anatomical Foundations: Includes Embryology, Gross anatomy, Neuroanatomy fundamentals, and Microanatomy

Purpose of integration is to help students conceptualize, learn and retain knowledge of normal structure of the body as an intact organism.

Combination of dissection and prosection approaches as appropriate to learning and retention

- Includes a few elements of fundamental neuroanatomy
- Microanatomy (Histology) merged into course
- Coordinated (aligned) with ICM-physical diagnosis moved to fall semester of M1 year
- Fall included ICM and aligned Application of Clinical Evidence course

ICM: Fall M-1 ICM includes physical diagnosis coordinated with anatomy course.

SPRING M-I

Biochemical and Molecular Foundations moves to spring to align with Physiology *to allow better content integration.*

Physiological Foundations: *better alignment with Biochemistry*

Applications of Clinical Evidence (ACE): includes Population Health, evidence in medicine, journal club

- Could include an individualized/group literature search on a research question as one project
- Journal clubs coordinated/aligned with Physiology & Biochemistry *to reinforce clinical significance*

Health Systems Science: *Building capacity to participate and lead best practices for patients and populations.*

Summer break is shorter-*classes resume after 4th July (last two weeks of July) - some students do RPMS or SDOH activities during the summer.*

Overview of Changes in M--II Year (Transition to Systems Based Framing)

The educational rationale for this change is to optimize student learning and retention of the foundational sciences for application to later clinical work and for meeting the challenges of high stakes testing.

Overall, estimated ~50-55 hours in "core content" which should include significant active learning approaches to deliver the content – occurring at 8-noon for initial three weeks of class (leaving afternoons free).

The initial 3 weeks are followed by 8 ***system-based blocks*** (weeks are *approximated* based on current curriculum):

- Each block has content which remains discipline-based, but is aligned into the system being studied (i.e. CV)
- Each block contains "time" that is allotted for:

  ICM (clinical aspects of disease)

  Pathology, Microbiology, Immunology of disease

Pharmacology/therapy for diseases

Patient –based case studies (housed in Application of Clinical Evidence longitudinal course); can include live patients, simulated patients, etc.:

- A collaborative group should design these "standardized" cases with each block so key diseases and concepts are highlighted and covered throughout the eight blocks
- Physician-basic science teams do each case to reinforce fundamentals/basic science elements

Principles of Medicine: first three weeks of systems blocks *Introduces the fundamentals that will be utilized throughout the subsequent blocks.*

- Fundamentals of immunology (approximately 27 core hours)
- Fundamentals of Pathology: molecular pathology and neoplasms, tissue repair, inflammation, etc. (~10 hours)
- Fundamentals of Pharmacology: Pharmacokinetics, Pharmacodynamics, Small groups (Maybe Autonomic Pharmacology?): (~15 core hours)
- Fundamentals of Microbiology: (5-10 Core hours, approximated)

Overview of M-II Year

The initial 3 weeks are followed by 8 ***system-based blocks*** (weeks are *approximated* based on current curriculum):

- Each block has content which remains discipline-based, but is aligned into the system being studied (i.e. CV)
- Each block contains "time" that is allotted for:
  - ICM (clinical aspects of disease)
  - Pathology, Microbiology, Immunology of disease
  - Pharmacology/therapy for diseases
  - Patient –based case studies (housed in Application of Clinical Evidence longitudinal course); can include live patients, simulated patients, etc.:
- A collaborative group should design these "standardized" cases with each block so key diseases and concepts are highlighted and covered throughout the eight blocks
- Physician-basic science teams do each case to reinforce fundamentals/basic science elements

Blocks:

  - Cardiovascular (4wks)
  - Renal (4wks)
  - Pulmonary (4wks)
  - Hematology (2wks)
  - Musculoskeletal (2wks)
  - GI (4wks)
  - Endocrinology/Reproduction (4wks)
  - Neuroscience (7 weeks): Note that Neuroscience was eliminated from first year except for foundational neuroanatomy, so this is a large block time includes most of medical neuroscience in one block.

Integrated Infectious Disease Workshops: one week of integrating infectious diseases, antimicrobials, etc. from all organ systems.

- Focuses on active learning activities (i.e. - flipped classroom, PBL, TBL)
- Involves clinicians (MD's and Pharm Ds) along with basic science experts for an integrated approach

No discipline shelf tests year 2, potentially, we can utilize the NBME test question bank to customize tests for each block to help prepare students for STEP exams.

STEP 1: PREP, CBSE, EXAM

We recommend that a ***structured review series*** be made available to students to support best practices and productive review for retention.

- 6 weeks' time for CBSE and STEP 1 review,
- Take Step 1
- Step 1 completed by end of June with a break

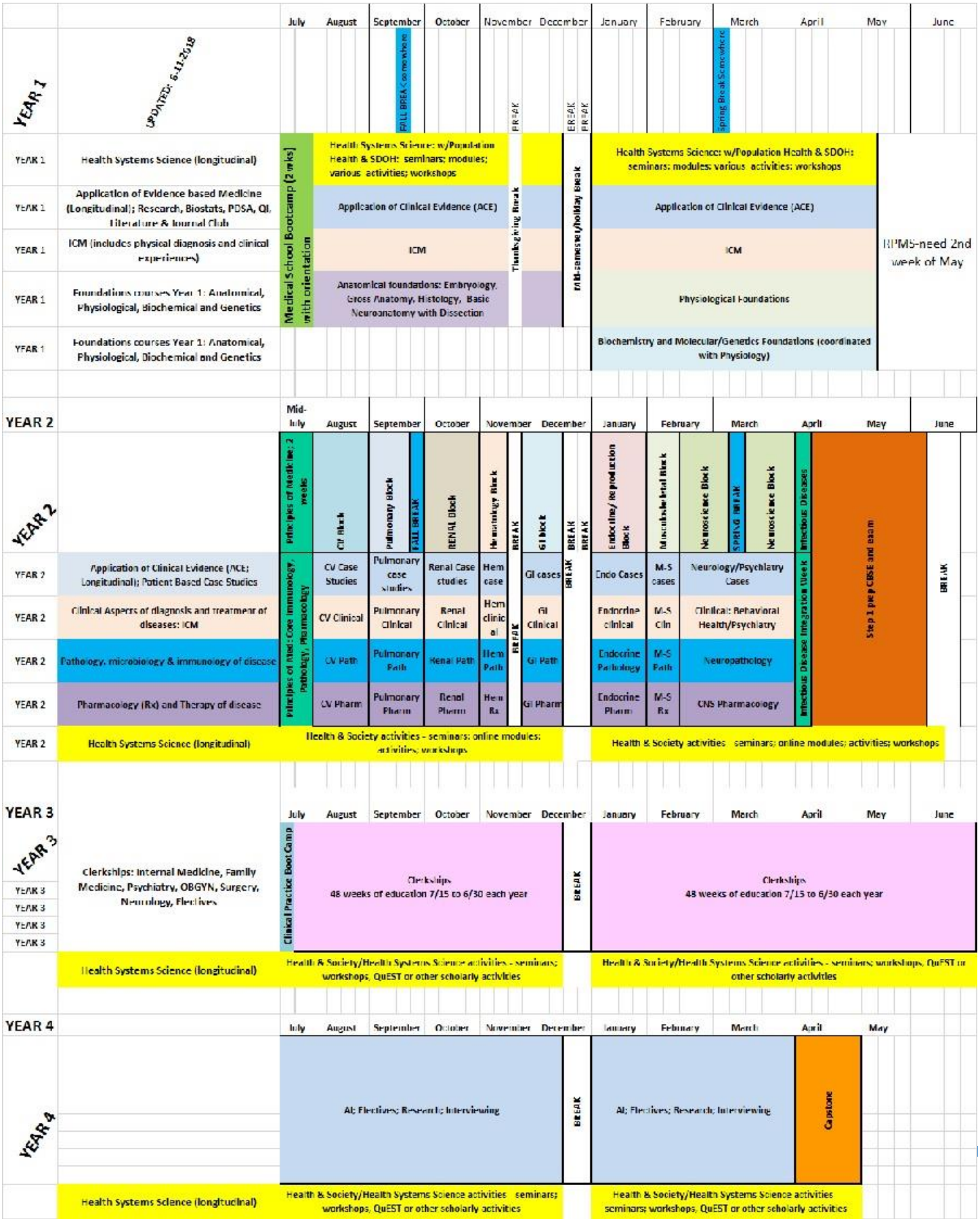
Overview of M-III Year

Clinical Practice Boot Camp- Two weeks before rotations start (July):

- One week orientation, HIPPA
  Second week of Simulation labs, BLS
- Potentially move intercession activities
- Clerkships rotations: The table below demonstrates several possible changes, all with the same rationale, to allow more time of early electives for medical students to be able to explore specialties for career decision-making, balanced with assuring adequate core instruction and exposure to clinical care in various areas of medicine. In addition, these approaches could help us to work toward an accelerated curriculum for select students in the future.

Table 8.3A: Proposed Clerkship Options in New Curriculum

USC SOM Current Model	**Clerkships**	**Proposed Option 1**	**Proposed Option 2**	**Proposed Option 3**
10*	**Internal Medicine**	8	8	10**
6	**Family Medicine**	4	6	4
6	Psychiatry	8	8	8
8	**Pediatrics**	8	8	8
6	OBGYN	6	6	6
8	**Surgery**	8	8	8
(2 w/IM)	**Neurology**	2	2	2
2	**Electives**	6	4	4
48 weeks	**48 weeks**	**48 weeks**	**48 weeks**	**48 weeks**


YEAR 1
UPDATED: 6-11-2018
July
August
September
October
November
December
January
February
March
April
May
June
FALL BREAK-Somewhere
BREAK
BREAK
BREAK
Spring Break-Somewhere
YEAR 1
Health Systems Science (longitudinal)
Application of Evidence based Medicine (Longitudinal); Research, Biostats, PDSA, QI, Literature & Journal Club
ICM (includes physical diagnosis and clinical experiences)
Foundations courses Year 1: Anatomical, Physiological, Biochemical and Genetics
YEAR 1
Foundations courses Year 1: Anatomical, Physiological, Biochemical and Genetics
Medical School Bootcamp (2 wks) with orientation
Health Systems Science: w/Population Health & SDOH: seminars; modules; various activities; workshops
Application of Clinical Evidence (ACE)
ICM
Anatomical foundations: Embryology, Gross Anatomy, Histology, Basic Neuroanatomy with Dissection
Thanksgiving Break
Fall Semester/holiday Break
Health Systems Science: w/Population Health & SDOH: seminars; modules; various activities; workshops
Application of Clinical Evidence (ACE)
ICM
Physiological Foundations
Biochemistry and Molecular/Genetics Foundations (coordinated with Physiology)
RIPMS-need 2nd week of May
YEAR 2
Mid-July
August
September
October
November
December
January
February
March
April
May
June
YEAR 2
Principles of Medicine: 2 weeks
GI Block
Pulmonary Block
FALL BREAK
RENAL Block
Hematology Block
BREAK
GI block
BREAK
BREAK
Endocrine/ Reproduction Block
Musculoskeletal Block
Neuroscience Block
SPRING BREAK
Neuroscience Block
Infectious Diseases
Step 1 prep CBSE and exam
BREAK
YEAR 2
Application of Clinical Evidence (ACE; Longitudinal); Patient Based Case Studies
Clinical Aspects of diagnosis and treatment of diseases: ICM
Pathology, microbiology & immunology of disease
Pharmacology (Rx) and Therapy of disease
Principles of Med: Core immunology, Pathology, Pharmacology
CV Case Studies
CV Clinical
CV Path
CV Pharm
Pulmonary case studies
Pulmonary Clinical
Pulmonary Path
Pulmonary Pharm
Renal Case studies
Renal Clinical
Renal Path
Renal Pharm
Hem case
Hem clinical
Hem Path
Hem Rx
GI cases
GI Clinical
GI Path
GI Pharm
Endo Cases
Endocrine clinical
Endocrine Pathology
Endocrine Pharm
M-S cases
M-S Clin
M-S Path
M-S Rx
Neurology/Psychiatry Cases
Clinical: Behavioral Health/Psychiatry
Neuropathology
CNS Pharmacology
Infectious Disease Integration Week
YEAR 2
Health Systems Science (longitudinal)
Health & Society activities - seminars; online modules; activities; workshops
Health & Society activities - seminars; online modules; activities; workshops
YEAR 3
July
August
September
October
November
December
January
February
March
April
May
June
YEAR 3
Clerkships: Internal Medicine, Family Medicine, Psychiatry, OBGYN, Surgery, Neurology, Electives
YEAR 3
YEAR 3
YEAR 3
Clinical Practice Boot Camp
Clerkships
48 weeks of education 7/15 to 6/30 each year
BREAK
Clerkships
48 weeks of education 7/15 to 6/30 each year
Health Systems Science (longitudinal)
Health & Society/Health Systems Science activities - seminars; workshops; QuEST or other scholarly activities
Health & Society/Health Systems Science activities - seminars; workshops; QuEST or other scholarly activities
YEAR 4
July
August
September
October
November
December
January
February
March
April
May
YEAR 4
AI; Electives; Research; Interviewing
BREAK
AI; Electives; Research; Interviewing
Capstone
Health Systems Science (longitudinal)
Health & Society/Health Systems Science activities - seminars; workshops; QuEST or other scholarly activities
Health & Society/Health Systems Science activities - seminars; workshops; QuEST or other scholarly activities

Implications: A great deal of work has been accomplished but even more must be accomplished on a tight schedule. It will be necessary to add periodic evaluations of the innovations as they are rolled out. This should be added to the development plan along with potential corrective actions, as necessary.

Closing the Loop: This standard requires further monitoring.

LCME ELEMENT 8.4 PROGRAM EVALUATION

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance medical education program quality. These data are collected during program enrollment and after program completion.

When/How Often Implemented: Updated annually.

Data Source(s): NBME Subject Exam Data Reports, CBSE NBME data reports, Step 1 data reports

Methodology: School Exam Score means are compared with national means

Results: School means are consistently at or above the national mean in most subjects on the subject area exams. The failure rate on the CBSE has dropped for first-time test takers, and the pass rate on the Step 1 Exam is consistent with that of previous years.

Table 8.4-1: USMLE Requirements for Advancement/Graduation

Place a "√" in the appropriate columns to indicate if the school's medical students are required to take and/or pass USMLE Step 1, Step 2 CK, and Step 2 CS for advancement and/or graduation.		
	Take	Pass
Step 1	X	X
Step 2 CK	X	X
Step 2 CS	X	X

Source: School-reported

Note: Step 2 CS was suspended during the COVID-19 pandemic and it is unclear if or when it will resume.

Table 8.4-2: Monitoring of Medical Education Program Outcomes

Provide the individuals and/or groups in the medical school that are responsible for monitoring each of the indicators that are used to evaluate medical education program quality and outcomes.	
Outcome Indicator	Individuals and Groups Receiving the Data
Results of USMLE or other national examinations	Course and Clerkship Directors Curriculum Committee Office of Medical Education and Academic Affairs Office of the Dean USC Institutional Planning and Research Office
Student scores on internally developed examinations	Course and Clerkship Directors
Performance-based assessment of clinical skills (e.g., OSCEs)	Course and Clerkship Directors Curriculum Committee
Student responses on the AAMC GQ	Course and Clerkship Directors Curriculum Committee Executive Committee Office of Medical Education and Academic Affairs Office of the Dean
Student advancement and graduation rates	Curriculum Committee Student Promotions Committee Office of Medical Education and Academic Affairs Office of the Dean
NRMP match results	Curriculum Committee Executive Committee Office of Medical Education and Academic Affairs Office of the Dean
Specialty choices of graduates	Admissions Committee Executive Committee Office of Medical Education and Academic Affairs Office of the Dean
Assessment of residency performance of graduates	Curriculum Committee Office of Medical Education and Academic Affairs
Licensure rates of graduates	Curriculum Committee Office of Medical Education and Academic Affairs
Practice types of graduates	Curriculum Committee Office of Medical Education and Academic Affairs Executive Committee Office of the Dean
Practice location of graduates	Curriculum Committee Office of Medical Education and Academic Affairs Executive Committee Office of the Dean

Source: School-reported

Implications: Students are doing well on subject exams which provide limited practice for the CBSE and Step 1 exams. Changes made to the passing score and requiring the students to pass the CBSE before attempting Step 1 seem to have had a positive impact on the Step 1 pass rate.

Closing the Loop: Reports are given to the Executive Committee, Curriculum, Core Student Assessment Subcommittee, and other subcommittees to inform the curriculum reform process.

NBME Comprehensive Basic Science Exam (CBSE): M-II Students

The exam is taken by students during the spring of Year 2. Beginning in 2015, students were required to take the exam; in 2016 students were required to pass the CBSE before taking the STEP I exam. Students who fail the CBSE must retake it and pass before taking the STEP 1 exam.

The exam consists of multiple-choice questions. Items were clustered into content areas according to the CBSE item analyses for 2015-2017. The content area item labels do not provide an exact match to discipline labels. However, the content labels allow for a more in-depth look at total average performance on the exam that allow for inferences to be made about performance within a discipline. The exam is administered at the USC SOM. NBME completes the scoring and reporting processes. Results are returned to the USC SOM by NBME and distributed to Course Directors, Faculty, students, Curriculum Committee, Assistant and Associate Academic Deans, and Director of Program Assessment.

Table 7.1b shows the number of students who failing on their first, second, and third test administrations in 2016, 2017, 2018 and 2019. Tables 7.1c through g and their accompanying charts show school and predicted national average performances by item categories for the classes of 2018-2021. Please note: The exam administered in 2016 contained 18 fewer questions than the 2017-2019 exams. The school passing score of 70 is equivalent to a score of 200 on the Step 1 exam. A passing score on the Step 1 Exam is 194. However, low scores on the Step 1 Exam make it difficult for a student to obtain a residency appointment.

Table 7.1a Number of students passing/failing CBSE in 2016, 2017, 2018, 2019, and 2020

Year	Number of Students Tested	Number of Students Passing/Failing on First Attempt	Number of Students Passing/Failing on Second Attempt	Number of Students Passing/Failing on Third Attempt
2016	91	66/25	8/17	3/5
2017	94	51/43	21/22	9/13
2018	94	53/41	23/18	18/10
2019	101	76/25	9/8	7/5
2020	94	72/37	15/22	14/8

The number of students who failed on the first, second, and third administrations of the exam rose dramatically in 2017: 43 failed on their first attempt and 22 on their second attempt. Thirteen students still failed on their third attempt. In 2018, 53 students passed the CBSE and 41 failed on their first attempt. Ten students still had not passed by August 1.

Subsequently, one person took a leave of absence from the program, and of the nine students retested August 15, 3 passed and 6 failed.

In 2019, the number of students passing on the first try increased substantially. Seventy-four percent of the students taking the exam for the first time passed. In 2020, 77% of the students passed the CBSE on the first try, however, only 41% passed on their second try, and 63% passed on their third attempt.

In an effort to determine system/fields students seemed to be having the most difficulty with, exam results were broken down by class, system/field. For some medical schools, the exam is not used as a gateway to the Step 1 exam and students are not given time to study for the exam. Other schools require passing the CBSE before taking the Step 1 exam and allow study time.

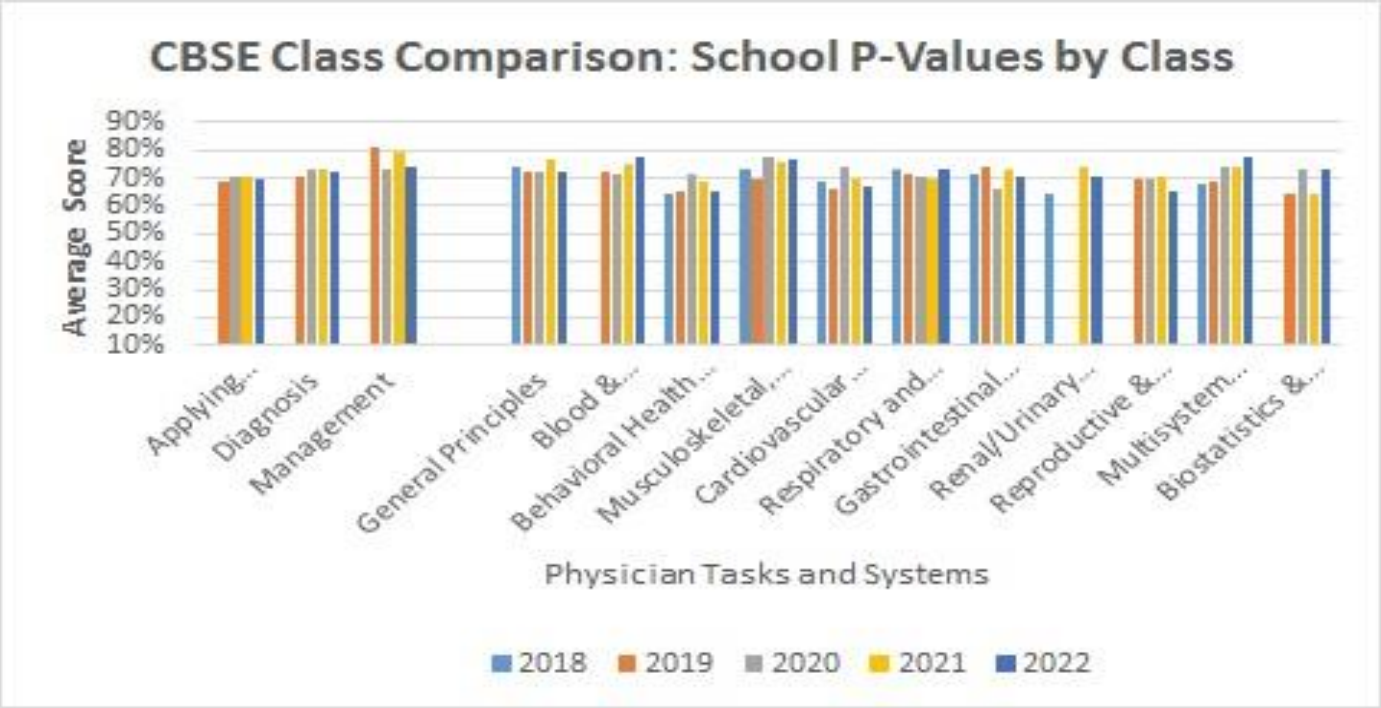
Table 7.1c and the chart that follows show a comparison of class performance on the CBSE by Class and subject area. Despite the class of 2022 showing gains in some areas (e.g., biostatistics and multisystem processes) compared with the Class of 2021, losses were observed in other areas (e.g., Cardiovascular System, and Reproductive Systems). The overall class averages for the past three years have held steady at .72.

Table 7.1b: CBSE Class Comparison: School P-Values by System/Field

System/Field	2018	2019	2020	2021	2022
Physician Task					
Applying Foundational Science Concepts	N/A	0.69	0.71	0.71	0.70
Diagnosis	N/A	0.71	0.74	0.73	0.72
Management	N/A	0.82	0.73	0.79	0.74
System					
General Principles*	0.74	0.72	0.72	0.77	0.72
Blood & Lymphoreticular and Immune Systems	N/A	0.73	0.72	0.75	0.78
Behavioral Health and Nervous Systems/Special Senses	0.65	0.66	0.72	0.69	0.65
Musculoskeletal, Skin, & Subcutaneous Tissue	0.74	0.70	0.78	0.76	0.77
Cardiovascular System	0.69	0.67	0.74	0.70	0.67
Respiratory and Renal/Urinary Systems**	0.73	0.72	0.71	0.70	0.73
Gastrointestinal System	0.72	0.75	0.66	0.73	0.71
Renal/Urinary System (only for 2018)	0.65	N/A	N/A	N/A	0.71
Reproductive & Endocrine Systems	N/A	0.70	0.70	0.71	0.65
Multisystem Processes & Disorders	0.68	0.69	0.75	0.74	0.78
Biostatistics & Epidemiology/Population Health	N/A	0.64	0.74	0.64	0.73
Averages	0.70	0.71	0.72	0.72	0.72

**Note: The 2018 version of the CBSE exam (older) has fewer questions (182) as well as different categorization of the test items. Some categories were not used in this version of the exam and are noted as "N/A." Additionally, Respiratory system items are in a separate category from Renal/Urinary System (this is different than subsequent years).

The chart below graphically shows the school p-values by class on the CBSE exam for first-time test takers. The physician task categories contain a larger number of items than the System categories. Student scores dropped in all three categories, with a 5-point drop in Management compared to last year.



Note: General Principles Topic List

Acute inflammation and mediatory systems
Adaptive cell responses and cellular homeostasis
Adulthood-lifestyle
Apoptosis
Bacterial structure
Cell/tissue structure, regulation, function
Childhood-lifestyle
Chronic inflammatory responses
Concentration- and dose-effect relationships
Energy metabolism
Fungal structure
Gene expression-transcription
Gene expression-translation
Genetic mechanisms
Inheritance patterns
Invasion and metastasis
Mechanisms of adverse effects/over dosage/toxicology

Mechanisms of drug action, structure-activity relationships

Mechanisms of drug interactions

Mechanisms of injury and necrosis

Microbicide mechanisms and tissue injury

Occurrence and recurrence risk determination

Parasite processes, replication, and genetics

Pharmacokinetics

Population genetics

Principles of gene therapy

Prions

Regenerative processes

Structure and function of proteins and enzymes

Structure/replication/exchange/epigenetics

Tissue response to disease-clinical manifestation

Vascular response to injury

Viral processes, replication, and genetics

Wound healing, repair

NBME End-of-Clerkship Exam Results

An NBME End-of-Clerkship Exam is administered to M-III students as they complete a clerkship. Results for the past eight years by clerkship are shown in Table 7.1c.

Students performed the same in Family Medicine and slightly better in all other clerkships than in recent years. Student performance in ob-gyn continues to be the lowest performing clerkship. This finding will be forwarded to the Associate Dean of Clinical Curriculum and Assessment, the Clerkship Director, and the M-III/M-IV subcommittee of the Curriculum Committee for further investigation and the development of an action plan.

Table 7.1d shows the NBME end-of-clerkship exam score means. In all clerkships, the mean scores have risen, in fact, they are the highest they have been in the past four years.

Table 7.1c: **NBME end-of-clerkship exam score means for Columbia**

Clerkship	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Family Medicine	71.9	73.1	73.4	74.9	75.8
Internal Medicine	71.5	72.4	71.2	73.9	73.8
OB/GYN	75.4	75.7	74.4	77.3	75.7
Pediatrics	76.1	77	76.3	78.9	79.0
Psychiatry	76.8	78.9	79.5	82.0	82.9
Surgery	70.1	71.2	70.5	71.7	73.0

Source: Academic Year-End Report of NBME Clerkship Exam Results

The scores reported in the table above are equated percent correct scores that represent mastery of the content domain assessed by the examination. They are calculated as the percentage of items in the content domain that would be answered correctly based on an examinee's proficiency level.

Family Medicine and Surgery show modest increases from 2018-2019. Psychiatry, Pediatrics, and Internal Medicine are stable, while OB/GYN dropped slightly.

USMLE Step Exams

The USMLE Step 1 exam is taken by students during the spring/summer of the M-II year at professional testing centers, and it is the first component of the USMLE and is taken by medical students and graduates seeking to practice medicine in the United States. The overall purpose of the Step 1 exam is to assess an individual's basic science knowledge. While some of the exam questions may involve testing an examinee's range of knowledge, most exam items place a strong emphasis on the application of basic science principles in the practice of clinical medicine. The Step 1 exam has approximately 308 multiple-choice test items. This is divided into seven 60-minute blocks and administered in one 8-hour testing session.

Table 7.1I shows that first time test takers in 2018 scored at the national mean for the first time in many years. This is a positive outcome that may be attributed to the numerous changes that include the requirement to pass the CBSE before taking the Step 1 exam, and the raising of the CBSE passing score.

Table 7.1d: STEP 1 USMLE Results of First-time Takers

Year Taken	# Examined	Percent Passing	Mean Total Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD
2020	43*		231	14		
2019	87	99	224	15	229	20
2018	90	96	230	19	230	19
2017	86	99	224	17	229	20
2016	91	96	223	19	229	20
2015	90	90	220	20	229	20
2014	91	87	221	24	229	20

Source: NBME STEP 1 School Reports
**Data available at time of report. Step 1 Exams rescheduled due to COVID-19 pandemic.*

The Step 2 CK exam is taken at the end of students' third year of medical school. Table 7.1M provides *Step 2 CK USMLE* results of first-time test takers during the five most recently completed academic years.

Table 7.1e shows the results of first-time test takers on the CK exam. The results show that students mean scores have been stable in 2018, 2017, 2016, 2015, and 2014. The passing rate increased in 2017-2018, however, students performed below the national mean in the past three years.

Table 7.1e: STEP 2 CK USMLE Results of First-time Takers

Academic Year	# Examined	Percent Passing	School Mean		National Mean	
			Score	SD	Score	SD
2019-2020*	88	100	242	16	245	16
2018-2019	88	99	237	14	243	16
2017-2018	89	98	238	16	243	17
2016-2017	79	91	236	16	242	17
2015-2016	84	95	238	16	241	17
2014-2015	85	96	240	14	240	18
2013-2014	84	100	237	16	237	18

**June 2019 to June 2020*

Source: NBME STEP 2 CK School Reports

The Step 2 CS exam is taken after the Step 2 CK exam. Table 7.1f shows the results of first-time test takers from 2014-2014 to 2018-2019. The percentage of students passing has decreased in the past two years and is below the percentage of students passing the total test in the comparison group.

Table 7.1f: STEP 2 CS USMLE Results of First-time Takers

Academic Year	# Examined	School Percent Passing	Comparison Group Percent Passing
2019-2020	37*	95	N/A
2018-2019	72	89	95
2017-2018	85	88	95
2016-2017	77	99	96
2015-2016	86	91	97
2014-2015	76	97	96
2013-2014	97	95	96

Source: School-reported NBME Step 2 CS School Reports.
**Data available at time of report. Step 2 CS Exams suspended due to COVID-19 pandemic*

The Step 3 exam takes place at the end of Year 4. Reporting of scores is voluntary. Table 7.1g shows that the percentage of first-time takers has remain stable since 2013-2014.

Table 7.1g: STEP 3 USMLE Results of First-time Takers

Academic Year	# Examined	Percent Passing
2019-2020		
2018-2019	88	99
2017-2018	86	98
2016-2017	77	99
2015-2016	74	97
2014-2015	67	99
2013-2014	68	93

Source: School-reported NBME School Reports

Implications: The school is collecting longitudinal data on student performance across multiple sources. Student performance has been consistent at or exceeding the national average in most cases.

Closing the Loop: This standard is being met.

LCME ELEMENT 8.5: MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

When/How Often Implemented: Course evaluations are administered at the end of each course, faculty evaluations are completed annually, PGY-I surveys are completed annually, clerkship evaluations are completed at the end of each clerkship.

Methodology: The data source is the USC School of Medicine end-of-course surveys, clerkships evaluations, faculty evaluations, PGY Survey.

Results. Evaluation data are collected by the evaluation coordinator at the SOM. The evaluations are done online through Survey Monkey software, which is imbedded into Blackboard. By using Blackboard we can determine who has completed the survey without compromising student privacy. Targeted reminders have helped improve the response rate. The surveys are collected at the end of every course, clerkship, rotation, and elective.

Medical students are invited to provide evaluation data on every faculty member who teaches in the M-I- and M-II years. These questions are part of the course evaluations. On the clerkships, each department surveys the students for feedback on the attending physicians and residents who have significant interactions with the students as part of their clerkship evaluation.

Table 8.5s summarizes the mechanisms used by the SOM to provide first and second year students with formative feedback. As shown in the table, there are multiple ways in which formative feedback is provided to students.

Table 8.5s: Pre-clerkship Formative Feedback

Course Name	Length of Course (in weeks)	Type(s) of Formative Feedback Provided
Biochemical Basis of Disease	16	Audience response system study questions
Introduction to Clinical Medicine I	32	Standardized patient encounters, Small group preceptors
Medical Embryology and Gross Anatomy	16	Dissection quizzes and mid-course narrative feedback
Medical Microanatomy	16	Audience response system study questions, online histology slide program
Medical Neuroscience	16	Study questions
Medical Physiology	16	Practice tests
Molecular Medicine	16	Audience response system study questions
Introduction to Clinical Medicine II	32	Mock OSCEs, ultrasound labs, standardized patient encounters, small group preceptors
Medical Microbiology	16	Self-assessment quizzes
Medical Pharmacology	16	Narrative feedback from small groups
Medical Pathology	32	Narrative feedback from small groups

Implications: A variety to tools are used to provide and gather feedback to students on their courses, clerkships, and faculty.

Closing the Loop: The SOM is meeting the standards set forth for this element.

LCME ELEMENT 8.6: MONITORING OF COMPLETION OF REQUIRED CLINICAL EXPERIENCES

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

Table 8.6-1: Alternative Clinical Experiences

Provide all required clinical encounters/skills for each listed clerkship that were satisfied with alternative methods by 25% or more of students in the most recently-completed academic year, and describe what the alternative methods were (e.g., simulations, computer cases). Add rows as needed. Only schools with geographically distributed campuses need to specify the campus for each clerkship. Refer to element 6.2 for the list of required clinical encounters/skills.			
	Campus	Clinical Encounters/Skills where Alternative Methods were Used by 25% or More Students	Alternative Methods Used for Remedying Clinical Encounter Gaps
Family medicine		N/A	
Internal medicine		N/A	
Ob-Gyn		N/A	
Pediatrics		N/A	
Psychiatry		N/A	
Surgery		N/A	

Source: School-reported

Students log all of their clinical encounters for each clerkship using software developed by New Innovations. Information documented includes some patient demographics, date, clinical condition, and the setting of the encounter. Clinical skills are logged using the clerkship specific CSAD (Clinical Skills Attainment Document) card. The CSAD card also lists those encounters required for the completion of the clerkship.

1. The student's attending physician, supervising resident, preceptor

   Faculty and residents are aware that students must complete their CSAD card, which lists clerkship specific encounters and clinical skills, by the end of the rotation. The various encounters and skills are signed off on by the attending physician or senior level resident when the encounter/skill is satisfactorily completed. If the student has not accomplished all encounters or skills by the end of the rotation, the student's grade is submitted as an Incomplete until such time as all items are completed.

2. The clerkship director

The clerkship director, as part of the student's mid-clerkship review, reviews both the students CSAD card and patient encounter log in order to assure the student is making progress on completing the assignments and is seeing an appropriate mix of patients. At that time the clerkship director can make adjustments to the student's schedule or provide additional experiences to ensure an adequate mix of clinical encounters is achieved.

Students are required to complete the CSAD card as part of each of their required clinical clerkships and would not receive a grade until it is complete; thus the completion rate is 100%. This requirement is monitored by the clerkship director. Clinical encounters and skills (CSAD card) are reviewed annually by the clerkship directors as part of the **M**-III/M-IV subcommittee and with the assistant dean for clinical curriculum and assessment to ensure an appropriate amount of redundancy and for potential gaps.

LCME ELEMENT 8.7: COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

When/How Often Implemented: Objectives are reviewed annually as part of the Curriculum Inventory by campus; objectives are published in the school bulletin and are available by course on Black Board.

Data Source(s): Course/Clerkship syllabi; Black Board; course materials; course and clerkship directors; Curriculum Inventory; ITeach! and PACER

Methodology: Verification of objectives in sources listed review of alignment of objectives across campuses; Review of Curriculum Inventory.

Results: The responsibility for orientation of the core objectives, clinical encounters, assessment methods and grading system lies with the clerkship director in Columbia and the clerkship site director at the Florence Regional Campus. Clerkship directors hold annual meetings with their faculty to discuss the clerkship, its' goals and any changes. Likewise the clerkship site directors at the Florence Regional Campus maintain frequent contact with the faculty and in many cases are the faculty providing the instruction and assessment of the student. Clerkship directors and site directors are in frequent communication concerning the clerkship and any student issues. Clerkship directors in Columbia also travel to Florence for face-to-face meetings with site directors and other faculty.

Clerkship directors and clerkship site directors, in conjunction with their administrative coordinators, communicate at least once per clerkship and most communicate more frequently than that concerning rotation assignments and the assessment of each student. Narrative assessments of each student at the Florence Regional Campus are forwarded to the clerkship director in Columbia for compilation with their OSCE assessment and NBME Subject Exam score.

The students' evaluations of the clerkship experiences are reviewed by the assistant dean for clinical curriculum and assessment at the completion of each clerkship as a means of continuous monitoring. These evaluations are also forwarded to the specific clerkship directors and chairs once student grades have been submitted. All evaluations for a given academic year are compiled by campus and then reviewed by the curriculum committee.

Likewise, student grades and narrative assessments are reviewed by the assistant dean for clinical curriculum and assessment on an ongoing basis. An annual report is generated for review by the curriculum committee, which includes comparative data for each component of student evaluation/grading.

The data is reviewed with both clerkship and clerkship site directors as well as the M-III/M-IV subcommittee of the Curriculum Committee and the Curriculum Committee as a whole.

Students began permanent rotations on the Florence Regional Campus in July 2015 with 8 students being placed in Florence. Thus while comparison data has been collected, given the small sample size and short time the campus has been operational, no specific inconsistencies have been addressed, but subjective assessment of students at the Florence Regional Campus is being monitored. Overall student satisfaction is high with the Florence Regional Campus, and the administration continues to monitor all aspects of the regional campus closely with quarterly meetings that include the executive dean, faculty and hospital administration in Florence. One lesson that was learned from our previous regional campus in Greenville, SC concerned the administration and grading of the end of clerkship OSCE. It was a number of years before OSCEs were administered in Greenville in order to ensure consistency.

Implications: As the Florence Regional Campus was developed it was decided that students would return to Columbia for their end of clerkship OSCEs in order to maintain consistency.

Closing the Loop: The school is currently meeting the requirements of this element.

LCME ELEMENT 9.1: PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

When/How Often Implemented: Objectives are reviewed annually as part of the Curriculum Inventory; objectives are published in the school bulletin and are available by course on Black Board.

Data Source(s): Course/Clerkship syllabi; Black Board; course materials; course and clerkship directors; Curriculum Inventory; ITeach! and PACER

Methodology: Verification of objectives in sources listed and report of awareness of objectives by students; Review of Curriculum Inventory; Curriculum Committee Minutes referencing approval of objectives

Results: Table 9.1a lists each course or clerkship where residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach medical students. Describe how the relevant department or the central medical school administration ensures that the objectives and orientation to the methods of assessment have been provided and that this information has been received and reviewed.

The LCME asked the SOM to describe how residents at all sites, including regional campuses, who supervise/assess medical students in required clinical clerkships receive the relevant clerkship learning objectives and the list of required clinical encounters.

The SOM responded that all residents have access to the annually updated SOM Student Handbook through their residency program learning management system (New Innovations). The handbook includes the learning objectives for the overall programs as well as specific objectives and performance expectations for each core M-III rotation and M-IV required experiences, such as the Acting Internship (AI). All residents who have teaching roles sign an acknowledgement of review of the overall program objectives and the rotation specific learning objectives for the relevant rotations with co-learning experiences of residents and students. This plan applies to and has been implemented at the residency programs for both clinical partners: Prisma Health Midlands in Columbia and McLeod Regional Medical Center in Florence South Carolina.

Partnering with the Behavioral Medicine Specialist at McLeod Family Medicine Residency program, resident training in teaching was implemented in 2017 and thereafter similar sessions have been included in new resident onboarding. At the Prisma Health programs in Columbia and Sumter, all new residents participate in a centralized extended on-boarding workshop series called "PEARLS" which includes a session specifically addressing residents as teachers and supervisors. The series is overseen by the Director, GME Education Development & Josey Medical Library at Prisma Health.

Table 9.1a: Provision of Objectives and Orientation

Course or Clerkship	Types of Trainees Who Provide Teaching/Supervision	How Objectives Are Provided and Teachers Oriented
Introduction to Clinical Medicine I	Non-faculty physicians and other health professionals	Course director meets individually with each one
Introduction to Clinical Medicine II	Non-faculty physicians and residents	Course director or component direct meets individually with each one
Medical Embryology and Gross Anatomy	Graduate Students	Mandatory University Orientation and by Course Director
Family Medicine	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship director or clerkship site director
Internal Medicine/Neurology	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship directors
Obstetrics and Gynecology	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship directors
Pediatrics	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship directors
Psychiatry	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship director
Surgery	Residents	Electronic and/or paper distribution of objectives with orientation by clerkship director

Source: School-reported

Table 9.1b shows resident preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, whether the program is sponsored by the department or the institution, whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom.

Table 9.1b: Resident Preparation to Teach

Preparation program(s) available to residents to prepare for their roles teaching and assessing medical students in required clinical clerkships. For each program, whether the program is sponsored by the department or the institution, whether the program is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom.					
	Program Name/Brief Summary	Sponsorship (D/I)	Required/ Optional (R/O)	Centrally Monitored? (Y/N)	By Whom?
Family medicine	Prisma (Teaching Seminar)	D	R	Y	Clerkship Director
Family medicine	McLeod Regional Medical Center	D	R	Y	Clerkship Site Director
Internal medicine	Prisma (Residents as Teachers Workshop)	D	R	Y	Clerkship Director
Ob/GYN	Prisma (Residents as Teachers Workshop)	D	R	Y	Clerkship Director
Pediatrics	Prisma (Teaching Seminar)	D	R	Y	Clerkship Director
Psychiatry	Prisma	D	R	Y	Clerkship Director
Surgery	Prisma (Teaching Seminar)	D	R	Y	Clerkship Director
Other (list):Neurology	Prisma (On-line modules)	I	O	Y	Clerkship Director

At Prisma, the director of education development in the GME Office and the director of faculty development in the Office of Continuous Professional Development and Strategic Affairs are contacted when needed, usually by residency program directors, for support in teaching as it relates to the development of fellows, residents, and faculty in their clinical work and with medical students. These individuals design program-specific opportunities based on the need as outlined by the program director or chair. Specific examples of these initiatives include a facilitated group discussion of supervision and teaching responsibilities with all residents in the Neurology program, after viewing a webinar on the topic, a unique session for OB/GYN residents on presenting and speaking for small and large groups, and individual coaching sessions with residents and faculty in General Surgery. Continuing since 2009, the Residents' Ethics Conference, which has two cohorts, is hosted by 9 different residency programs and is open to all medical students. Resident and student leaders of the series are provided with written feedback after presentations so as to

improve speaking, teaching, and facilitation in a group. The participating programs to have attendance policies with requirements for their specific programs. In addition, the director of education development regularly collaborates with the director of faculty development during the teaching seminar for M-IVs each year during Capstone. A similar course entitled FRATS – Fellows and Residents as Teachers is available to all programs upon request.

Since 2013, the development of centralized curricular offerings for GME has been advanced through the work of the director of education development supported by the GME Subcommittee on Common Program Requirements which is charged with defining and offering core curricular opportunities. Residents at Prisma are required to attend a common orientation in late June, to be ready for residency start on July 1st. The onboarding process has been enhanced to align with Prisma practices, with emphasis on the policies related to PH Standards of Behavior and the culture of the institution. These Standards apply to all residents as employees of Prisma and to all students who rotate at PH sites. In addition, central offerings for residents included:

1. GRIT – Geriatric - Resident Immersion Training – to give basics of geriatric care needed for all physicians who treat seniors (taught by faculty from the PH Geriatrics Division)

2. Resident Leadership Series – initially offered to Chief Residents and now expanded to include other resident leaders, and eventually broadened to include any residents with interest and commitment to attend a majority of sessions in a one –year period (Led by Dr. Renee Connolly in GME and with various leaders in the health system and medical school presenting).

3. Lean – "White Belt" – an introduction to Lean techniques taught through the PH Department of Performance Analytics.

In Florence, only the McLeod Regional Medical Center and outpatient clinic settings have residents who rotate from the McLeod Family Medicine Residency Program and therefor in teaching and supervision of students. As we enter our 2nd year of having medical students at these locations, the director of faculty development has contacted the program director to offer support in education for teaching skills of both faculty and residents. This is an extension of our work with the series already offered for all Florence Faculty – ITEACH! Medical Students and the ongoing quarterly professional development CME series offered in Florence. The assistant dean for medical student education at the Florence Regional Campus is a faculty member and former residency program director of the Family Medicine residency. Through that connection, we will continue negotiations for not only resident education, but the possibility of partnering through the PACER initiative – supporting the clinical learning environment at the Family Medicine Center in providing patient centered care.

Medical students must complete end of rotation evaluations which include their assessments of the quality of teaching provided on all clerkship rotations. Generally, data obtained is grouped to assure the confidentiality of the feedback before being provided back to clerkship directors and individual faculty and residents, whether located in Florence or our Columbia training sites. In the event of comments with urgency, or that raise any concerns about the clinical learning environment or a particular individual's capacity as a teacher and supervisor, such issues would be addressed immediately through the clerkship and clerkship site directors if needed. Clerkship directors and the curriculum committee monitor course ratings and trends with annual reviews.

At Prisma, all GME programs administer annual resident and faculty surveys as part of accreditation requirements. While these surveys include items related to all aspects of program quality, there are at least one or two items related to teaching and facilitation. Programs review data from these on an annual basis as part of their annual program evaluations. In the 2015-2016 AY many residency programs at Prisma have chosen to focus on improving the teaching, feedback, and participation in teaching and education events for residents and faculty, which should have a significant positive impact on medical students.

In addition, the GME Office administers an annual survey to all residents and includes items related to faculty teaching effectiveness and the overall educational experience. The Office also took the initiative to implement a graduate survey in spring 2015 for residents who have completed their training program three years prior to gain any insight on teaching and educational experience once residents have moved beyond their years at Prisma. Data from the past two years of this survey looks at items such as working with faculty who were dedicated to effective teaching and who focus on an environment of inquiry and scholarship.

Graduate students are used as laboratory teaching assistants in our Medical Embryology and Gross Anatomy course. Prior to serving as a teaching assistant graduate students must complete mandatory training sponsored by the university as well as an orientation conducted by the course director.

As background please note our response to Element 6.1. A workshop was provided on medical student assessment to the family medicine residents in Florence on August 15 and 29, 2017.

Central oversight will be monitored through the Office of Curricular Affairs through the submission of an attendance sheet and objectives will also be added to their New Innovations software so that the residents will be able to access the objectives at any time and document they have been received/reviewed. Training will be done annually with incoming residents conducted by faculty from the SOM. Students also provide evaluations of their residents as part of their clerkship evaluations which are monitored by the respective clinical department, the Office of Curricular Affairs, and the Curriculum Committee. Feedback will be provided to residents through their program director.

Implications: There is evidence that the medical school provides resources to enhance residents' and non-faculty teaching and assessment skills, and provides central monitoring of their participation in those opportunities.

Closing the Loop: The medical school will be sure to include the Florence campus in these activities.

LCME ELEMENT 11.2: CAREER ADVISING

When/How Often Implemented: The data source is the AAMC GQ which is administered annually by the AAMC.

Methodology: Review of data collected by the Office of Student and Career Services as well as The Medical School Graduation Questionnaire (GQ), a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience. The GQ includes questions related to:

- Pre-clinical, clinical, and elective experiences
- General medical education and readiness for residency
- Student services
- Experiences of negative behaviors
- Financial-aid and indebtedness
- Career intentions
- Strengths of the medical school and areas that need improvement

Table 11.2a: **LCME Table of Office of Career Services – Accessibility (Columbia Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Student and Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	15	26	6	10	37	56
MII	70/74%	14	20	13	19	43	61
MIII	82/80%	8	10	7	8	67	82
MIV	73/88%	5	6	9	13	59	81

Table 11.2b: **LCME Table of Office of Career Services – Accessibility (Florence Campus) 2020**

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the accessibility of the Office of Student and Career Services.							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	0	0	1	12	7	88
MIV	9/75%	0	0	3	33	6	67

Results: Tables 11.2a and b show data related to career advising services. As shown in Table 11.2a, the percentage of survey respondents who were satisfied/very satisfied with career planning services and information about specialties continued to be far below the national average in 2018.

Table 11.2c: Career Planning Services

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were *satisfied/very satisfied (aggregated)* in the following areas.										
	GQ 2016		**GQ 2017**		**GQ 2018**		**GQ 2019**		**GQ 2020**	
	Schl %	Nat %	Schl %	Nat %	Sch %	Nat %	Schl %	Nat %	Schl%	Nat%
Overall satisfaction with career planning services	50.9	42.0	42.0	63.9	38.0	63.3	55.5	64.6	30.2	63
Information about specialties	56.4	71.5	30.5	71.3	41.7	71.6	60.4	72.6	41.8	63

Table 11.2d: Optional and Required Career Advising Activities

Describe each career information session and advising activity available to medical students in each year of the curriculum during the most recently completed academic year. Note whether each was (R) or optional (O). *Schools with regional campus(es) should provide the information by campus.*				
Advising Activity/Info Session	**YEAR 1**	**YEAR 2**	**YEAR 3**	**YEAR 4**
AAMC Careers in Medicine	Optional	Optional	Optional	Optional
Career Planning Seminars	Optional	Optional	Optional	Optional
Specialty Interest Groups	Optional	Optional	Optional	Optional
Summer Clerkships	Optional			
Volunteer Experiences	Optional	Optional	Optional	Optional
Primary Care Week	Optional	Optional	Optional	Optional
General Advisor Group Meeting	Optional	Optional	Optional	Optional
General Advisor Individual Meeting	Required	Required	Required	Required
Residency Interview Prep Panel			Required	Required
Residency Fair	Optional	Optional	Optional	Optional
CV Review	Optional	Optional	Required	Optional
3rd year Electives			Required	
M-III Intersession Week			Required	
MSPE Meeting			Required	Required
Individual Meetings with Faculty Advisors	Required	Required	Required	Required

Residency Interview Prep Panel			Required	Required
Mock Interviews				Required
Meetings with Assistant Dean for Student Affairs	Optional	Optional	Optional	Optional
ERAS Personal Statement			Required	
ERAS 101 Workshop				Required
M-IV Capstone				Required
M-IV Interview Workshop				Required
NRMP Rank List Workshop				Required
Specialty Advisor Meeting	Optional	Optional	Required	Optional
Mid-residency Application Advising				Optional
Florence Regional campus specialty advisor meeting*			Optional	Optional

*AII M-III and M-IV activities are offered at both the Columbia and Florence Regional Campuses.

The career advising system begins as a self-directed process in the first year, where career advisory workshops introduce the Careers in Medicine (CiM) website; a values workshop; and CV preparation for summer clerkships. A menu of opportunities for students is provided, including workshops, on-line resources, faculty/staff advisors, specialty interest groups, and class meetings. Students are assigned 2-3 faculty advisors who meet with them periodically and discuss potential career interests as well as other topics. A few sessions are mandatory, such as M-III Intersession Week, which includes a half day of CV prep; personal statement tips; M-IV student advice; program director advice and ERAS preparation. M-III and M-IV students are also required to meet individually with the associate dean or one of the assistant deans to discuss their MSPE and career plans and are required to meet with a faculty advisor with whom they discuss their M-IV rotation schedule. An ERAS and Match survey is sent to M-IV students in October and November of each year and students are encouraged to meet with the assistant dean for student affairs and/or their faculty advisor to discuss concerns about number of interviews or potential to match. Earlier in the process, we discuss strategies to increase their chance of matching.

The Office of Student and Career Services provides students with access to all AAMC Careers in Medicine documents. Select resources are printed and provided to students during events throughout the year. These documents include an overview of the Careers in Medicine program brochure, various assessments for career decision making, and guides for creating and maintaining a CV throughout medical school. As students advance to clinical years, they are provided with information to assist in the exploration of different fields, self-assessment tools for reflecting on clerkships, and resources for starting to prepare for the match process. At the end of third year, students are again provided with CV and Personal Statement resources, tools for requesting letters of recommendation, as well as timelines and resources for the match process. All materials are either original documents or slightly modified adaptations from existing AAMC or ERAS documents. We encourage students to utilize these tools while meeting with advisors in their specialty of choice, though it is not mandatory. All documents are provided during mandatory class meetings and are sent electronically as well.

LCME Finding: The school has a career advising system in place and has made changes in response to AAMC GQ and ISA data regarding student perception of career counseling. During the survey visit, students expressed satisfaction with the career counseling programs; however, the program should be monitored to ensure its effectiveness.

USC SOM Response: Prior to his retirement, the former assistant dean for student affairs developed a series of objectives and activities for students to complete over the course of their medical education focusing on career counseling and includes participation in the AAMC's Careers in Medicine website.

In the fall of 2017, 36 faculty volunteered to be student advisors and were assigned in groups of three to a student cohort spanning all four years. An advisor faculty training workshop was held in Columbia in August 2017. In addition, two faculty training workshops were held in Florence along with a follow-up session with faculty advisors and students.

All faculty advisors received an email reminding them of the expectations of meeting at least once per semester as a group and, meeting at least once per year, with each student. They were given as a resource a copy of the AAMC CiM advisor checklist for M-1/M-2/M-3/M-4, advising at-risk students and advising students who haven't matched. All advisors (in Columbia & Florence) have received an email from the AAMC and have access to the AAMC CiM website. Students also received an email early in the year with the expectation that they be proactive and contact their faculty advisor to set up a one-on-one meeting. The assistant dean for clinical curriculum and assessment meets individually with each M-III to discuss their M-IV schedule in insure that both academic requirements are met as well as individual career needs and discusses with each student their choice for a faculty advisor in their desired specialty.

With the change in leadership to a new assistant dean for student affairs in February 2018, the new assistant dean has been tasked with a re-evaluation of the student career advising system to insure that students are getting the career counseling they need at the appropriate times in their training.

Implications: At the end of the year, we will distribute an electronic survey through the school's Survey Monkey asking the questions below regarding the adequacy of career counseling and access to career advisors, as well as satisfaction with their advisors and usefulness/effectiveness of the group and individual meetings.

Closing the Loop: This standard is not being met and requires further monitoring.

LCME ELEMENT 11.3: OVERSIGHT OF EXTRAMURAL ACTIVITIES

If A medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval.

- *Potential risks to the health and safety of patients, students, and the community*
- *The availability of emergency care*
- *The possibility of natural disasters, political instability, and exposure to disease*
- *The need for additional preparation prior to, support during, and follow-up after the elective*
- *The level and quality of supervision*
- *Any potential challenges to the code of medical ethics adopted by the home school.*

When/How Often Implemented: The data source is the AAMC GQ which is administered annually by the AAMC. Data collected from the Office of Student and Career Services.

Methodology: Review of data from the Office of Student and Career Services. The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience.

Results: Tables 12.1a and b shows financial aid management and debt counseling services available to students at the SOM. Table 12.1c shows Median Medical School Educational Debt; Table 12.1d shows Financial Aid/Debt Management Activities; Tables 12.1e – g show the results of an LCME mandated student survey.

> *LCME Finding: The school does not ensure the return of an evaluation by the student of student completed extramural electives.*
>
> USC SOM Response: An on-line evaluation process has been created and implemented for students participating in elective away rotations. Students who are enrolled in elective away rotations receive a link to complete an assessment of their experience. As of the fall of 2017, elective evaluations are being sent for all rotations.

In June of 2019, the LCME requested the following information:

1. *Provide summary data on the percent of students who submitted evaluations of extramural electives during the 2019-20 academic year?*

Extramural evaluations have been collected at the SOM over the years. Our most recent data comes from 2017/18 and 2018/19. In the 17/18 year, we collected approximately 50% of the evaluations of extramural electives. During the 18/19 year, we collected approximately 50% of the evaluations of extramural electives.

At this point, we do not believe that this data was collected during the 2019/20 academic year. This stems largely from the fact that there were transitions in several of the key positions that typically oversee collection of this data (particularly, new hires in the roles of Assistant Dean for Clinical Curriculum and Assessment as well as Evaluation Program Coordinator). Recognizing this now, this data will be collected on extramural electives going forward. Due to the COVID-19 pandemic and the significant limiting of extramural electives during the 2020/21 academic year, we expect that the data we will collect this year will be less than usual with only 8 extramural rotations (all military) being allowed.

2. *Describe the status of the plans to create a portal so that students can review summary evaluation data of extramural electives. Note if the portal is "live" and include any available data on utilization by students and/or advisors.*

While recent evaluations remain available in the Office of the Registrar for student to review, current plans are to take these elective evaluations and place them on our school's Blackboard page. This is software that is accessible by our students and can house these evaluations. We will collect them and sort them into an "online catalogue" that can be accessed by students at any time. This portal is not yet "live", but we expect to have this information accessible to students when they begin to sign up for extramural electives in spring 2021.

Implications: Steps have been taken to ensure the availability of elective evaluations and the construction of an online portal.

Closing the Loop: This element requires follow-up on the creation of a portal and consistent collection of data.

LCME ELEMENT 12.1: FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

When/How Often Implemented: The data source is the AAMC GQ which is administered annually by the AAMC. Data collected from the Office of Student and Career Services.

Methodology: Review of data from the Office of Student and Career Services. The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ was first administered in 1978 and is an important tool for medical schools to use in program evaluation and to improve the medical student experience.

Results: Tables 12.1a and b shows financial aid management and debt counseling services available to students at the SOM. Table 12.1c shows Median Medical School Educational Debt; Table 12.1d shows Financial Aid/Debt Management Activities; Tables 12.1e – h show the results of an LCME required student survey.

Table 12.1a: Financial Aid and Debt Counseling Services.

Provide school and national benchmark data from the AAMC Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) in the following areas.								
	GQ 2017		GQ 2018		GQ 2019		GQ 2020	
	Schl %	Nat %	Schl %	Nat %	Schl %	Nat %	Schl %	Nat %
Financial aid administrative services	59.2	78.9	35.9	75.0	43.1	73.7	25.4	71
Overall educational debt management counseling	56.5	70.4	35.4	67.5	41.4	65.7	26.9	67

Table 12.1b: Financial Aid/Debt Management Activities

Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the most recently completed academic year. Note whether they were required (R) or optional (O).			
Financial Aid/Debt Management Activities (specify R or O for Required or Optional)			
Year 1	Year 2	Year 3	Year 4
Orientation Budgeting Session (R)	Wellness Wednesday: Financial Management (O)	Intersession: Financial Planning Session (R)	Small Group: Exit Counseling (R)
Wellness Wednesday: Financial Management (O)		Wellness Wednesday: Financial Management (O)	Wellness Wednesday: Financial Management (O)
			Financial Planning Workshop (R)
			Individual Exit Counseling (O)

Table 12.1c: Median Medical School Educational Debt

	AAMC Part I-B Financial Aid Questionnaire 2017	National	AAMC Part I-B Financial Aid Questionnaire 2018	National	AAMC Part I-B Financial Aid Questionnaire 2019	National	AAMC Part I-B Financial Aid Questionnaire 2020	National
Median medical school debt	$210,000	$180,000	$221,000	$195,000	$240,000	$200,000	$245,142	$232,300
Percent of graduates with debt **equal to or** more than $200,000	55.2%	33.0%	57.7%	35.4%	61%	38.5%	60%	80%

Median medical school educational debt at this institution has risen consistently from 2017 to the present, far surpassing the national median medical school educational debt. The cost of a medical education at this institution has risen approximately $20,000 since last year. The percent of program graduates with debt equal to or more than $200,000 has also rise 3% in 2019.

Table 12.1d: Financial Aid/Debt Management Activities

Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the most recently completed academic year. Note whether they were required (R) or optional (O).			
Financial Aid/Debt Management Activities (specify R or O for Required or Optional)			
Year 1	Year 2	Year 3	Year 4
Orientation Budgeting Session (R)	Wellness Wednesday: Financial Management (O)	Intersession: Financial Planning Session (R)	Small Group: Exit Counseling (R)
Wellness Wednesday: Financial Management (O)		Wellness Wednesday: Financial Management (O)	Wellness Wednesday: Financial Management (O)
			Financial Planning Workshop (R)
			Individual Exit Counseling (O)

In response to this concern, focus groups were conducted in the spring of 2017 to better identify student concerns. The SOM identified two specific areas: more consistent access to our financial aid officer and more scholarship money.

Supervision of our financial aid officer (FAO) was switched to the associate dean for medical education and academic affairs to provide more consistent oversight and a plan was developed with the FAO to increase student access and develop a more individualized plan to financial aid counseling and debt management. Additionally, one of the student coordinators in the Office of Student Services received training in order to help students with basic financial aid questions if the FAO was not available. While the SOM had in place a debt management and financial literacy program with required activities in all four years, based on the feedback from the AAMC GQ and ISA, that program has been revamped to include: an AAMC GQ budgeting webinar provided during M-I orientation and individual meetings with all first year students either pre-matriculation or in the first semester. Also, we have added mandatory small group meetings for second year students during the fall semester and reinstated individual exit interviews with all M-IV's along with required federal exit counseling and review of AAMC GQ debt management information before their individual meeting. The FAO also travels to our regional campus in Florence, SC to conduct these meetings in person.

These items will complement our other programs which include a large group session during first year orientation and required financial planning sessions provided by an outside financial advisor during the third and fourth year. Each spring semester an e-mail is sent to all students with the link to review their current student loan debt. We also provide periodic e-mails with topics related to financial aid and budgeting provided by the AAMC. These programs help student understand their financial obligations and will help make them more active borrowers. With the current programs and

changes we expect improved student satisfaction, but will monitor through our own focus groups/student surveys as well as GQ data.

The LCME requested a school administered survey be administered to current students in order to a clearer picture of whether or not changes implemented since the LCME site visit were effective. Tables 12.1E and 12.1F show the level of respondents' satisfaction with student financial aid/administrative services by campus in the spring of 2020.

Table 12.1e: Satisfaction with Financial Aid Administrative Services in Columbia (2020)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).

Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	2	3	12	21	44	76
MII	68/72%	0	0	18	26	50	74
MIII	82/80%	4	5	20	24	58	71
MIV	73/88%	1	1	18	25	54	74

Source: School administered survey

Table 12.1f: Satisfaction with Financial Aid Administrative Services in Florence (2020)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	1	12	0	0	7	88
MIV	9/75%	0	0	2	22	7	78

Source: School administered survey

Tables 12.1g and 12.1h report current student satisfaction with debit management at both the Columbia and Florence campuses in the spring of 2020. Three-quarters of the students said they were satisfied/very satisfied with services provided by the school.

Table 12.1g: Satisfaction with Debt Management (Columbia Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI	58/57%	9	15	12	21	47	64
MII	68/72%	13	19	17	25	38	56
MIII	82/80%	11	13	21	25	50	62
MIV	73/88%	1	1	23	32	49	67

Source: School administered survey

Fewer students expressed satisfaction with debt management services at the Columbia campus in 2020 than with financial aid management services.

Table 12.1h: Satisfaction with Debt Management (Florence Campus)

Provide data by curriculum year and campus on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available).							
Medical School Class	Number of Total Responses to this item/Response rate	Number and % of N/A Responses		Number and % of Dissatisfied and Very Dissatisfied		Number and % of combined Satisfied and Very Satisfied	
		N	%	N	%	N	%
MI							
MII							
MIII	8/73%	1	12	1	12	6	76
MIV	9/75%	0	0	2	22	7	78

Source: School administered survey

Table 12.1h shows higher levels of student satisfaction with debt management at the Florence campus than the Columbia campus.

As background information, tuition for the SOM is set by the Board of Trustees and has been increased approximately 3% a year. While our out of state tuition is substantially higher and does contribute to overall student debt, the majority of nonresident students apply for and pay in-state tuition (the exception being those on military scholarships) after their first year of medical school and ultimately pay $40,000 in additional tuition and fees over the course of four years.

Given we are above the national average in tuition and fees for public medical school, in 2017 the Corbett Trust loan program was restructured into a scholarship program and provided over $430,000 of additional scholarship dollars for 46 of our medical students. The scholarship is expected to provide a minimum of $300,000 in new scholarship money each year. Our development office continues to work on securing added scholarship dollars. From focus groups conducted with students in February of 2018, M-I's have found the FAO to be accessible and responsive, and they appreciate reminders sent about certain deadlines.

Implications: The ever rising cost of attending medical school at this institution may discourage qualified minority candidates from attending and may further discourage graduates from practicing in rural and underserved areas of South Carolina. This is a serious issue that threatens the mission of the school.

Closing the Loop: The school is being proactive in its search for ways to reduce student debt that includes an increased focus on student debt counseling services as well as new scholarship funds. Future increases in tuition should be examined carefully.

SUMMARY OF CURRENT ASSESSMENT ACTIVITIES

The LCME awarded the school full accreditation status in 2019. Areas that received a rating of SM (Satisfactory with monitoring) or U (Unsatisfactory) will continue to be monitored.

The following results are summarized by LCME Element.

Element 1.1: Strategic Planning and CQI. This element received an LCME rating of SM. Work on this element will continue to be monitored in an effort to ensure that areas needing attention are identified and responsible parties develop action plans to address deficiencies.

Element 2.4: **Community of scholars/research opportunities**. This element received a rating of SM by LCME. Both AAMC GQ and LCME mandated school surveys show student satisfaction with research opportunities below the national average. It is important to note that the respondents to the LCME mandated survey had the benefit of a number of important changes that have been instituted recently, including securing new sources of research funding and the development of service programs in lieu of research projects. This area will continue to be monitored.

Element 3.2: **Sufficiency of administrative staff**. This element received a rating of SM by LCME. In an effort to increase accessibility, awareness of student concerns, and responsiveness, the school needs to be more proactive in terms of awareness of student issues and responding to them as quickly as possible. In addition a course review process is being created based on course evaluation results, student performance data, faculty observations, and student comments on course surveys. This element will continue to be monitored.

Element 3.3: Diversity/pipeline programs and partnerships. This element received a rating of U by LCME. It is critical to accreditation that the SOM make strides in solving this problem. The SOM is considering targeted recruitment activities at state and national conferences, meetings, undergraduate institutions. They are also expanding the number of sites where open positions are advertised. The Strategic Planning Committee has made minority faculty and staff recruitment the target topic for 2020-2021. It is recommended that the Diversity and Inclusion Implementation Committee create a formal plan for addressing this issue.

Element 3.6: Student Mistreatment. This element received a rating of S by LCME. While currently in compliance with the LCME, incidents of mistreatment tend to vary by the composition of each class. It is recommend that the SOM remain alert to negative behavior and be prepared to deal with it swiftly and appropriately. It will be particularly helpful to speak with recent program graduates about their negative experiences and a SOM staff person has begun this process.

Element 4.4: Feedback to Faculty. This element was not cited by LCME. The updated criteria have been posted to the SOM's website for faculty to access. It is recommended that a schedule for reviewing criteria be implemented as part of the CQI process to ensure that the information available is up-to-date.

Element 6.7: Academic Environments. This element was not cited by the LCME. However, there have been a number of student complaints made about lack of professionalism. It is recommended that a plan be developed for addressing Professionalism issues.

Element 7.9: Interprofessional and Collaborative Skills. This element was not cited by the LCME. This element will continue to be monitored

Element 8.1: **Curricular Management**. This element was not cited by LCME. This standard is currently being met by SOM committees and subcommittees.

Element 8.2: **Use of medical education program objectives**. This element was not cited by LCME. This standard is currently being met by SOM committees and subcommittees.

Element 8.3: **Curricular Design, Review, Revision/Content Monitoring**. This element received a rating of SM by the LCME. Based on feedback from the LCME, a number of changes were made:

Changes implemented in the 2019-2020 academic year included the following:

*Physical diagnosis moved to M-I and the fall semester was organized around Foundational Medical Anatomy course worth 12 credit hours.

*Social Determinants of Health (Health Leads) planned pilot study for the fall of 2019 was delayed but planning has begun.

*The M-II subcommittee is currently mapping course content into organ system blocks

*The Associate Dean for Academic Affairs serves as overall project leader

*Curricular leaders for Health Systems Science and Application of Clinical Evidence were identified and holding regular meetings until the COVID-19 pandemic interrupted this process.

The following tasks have yet to be addressed:

- Request changes to the M-II curriculum to be approved by the CHE spring 2021*
- Presentation of the M-I and M-III HSS curriculum to Curriculum Committee spring 2021
- Presentation of M-I ACE curriculum to Curriculum Committee spring 2021
- Presentation of M-IV Capstone curriculum to Curriculum Committee spring 2021
- Presentation of M-II HSS and ACE curriculum to Curriculum Committee spring 2021
- Presentation of M-I and M-II NBME final exams to curriculum committee spring 2021
- Implementation schedule for new M-II curriculum

In progress

SUMMARY OF LCME STANDARDS AND STATUS

THE FOLLOWING STANDARDS WERE REVIEWED IN THE 2021 CQI REPORT FOR THE 2019-2020 ACADEMIC YEAR:

Element 1.1: Strategic Planning and CQI. This element received a rating of SM by the LCME. A timeline was provided for monitoring each of the strategic objectives from the strategic plan. This element is currently being satisfied.

Element 2.4: Sufficiency of Administrative Staff. The results of LCME required and school administered student satisfaction surveys with administrative staff in the Office of Student and Career Services, and the Office of Curricular Affairs accessibility and responsiveness to student concerns indicated low level of satisfaction on the Columbia campus and high levels on the Florence campus. The results of the 2020 AAMC GQ showed even lower levels of satisfaction with Career Services and Office of Curricular Affairs than the school administered survey. The dismal results of the AAMC GQ can be explained to a great extent by the fact that respondents to this questionnaire have not had the benefit of numerous changes that have occurred since they graduated. Low levels of satisfaction expressed by current students may be due in part to the interruption of regular on-campus activities by the COVID-19 pandemic in the spring of 2020. Regardless, the SOM is following-up with graduates and current students to determine the sources) of their dissatisfaction. This element will be a part of the 2020-2021 Program Assessment Report and will include the results of the follow-ups being completed with current and students and graduates. Data reviewed indicates that this element is currently not being met satisfactorily.

Element 3.2: Community of Scholars/Research Opportunities. Improvements are in process concerning the availability of funding for summer research opportunities, availability of information on how to become involved in research, and availability of research opportunities. However, data from the survey of current students requested by the LCME indicate that students at the Columbia and Florence campuses expressed low levels of satisfaction in all research areas surveyed. The COVID-19 pandemic certainly played a role in interrupting research and diverted possible sources of funding to fighting the pandemic, data indicate that this element is currently not being met satisfactorily.

Element 3.3: Diversity/Pipeline Programs. This element was rate "U" by the LCME. While it is reasonable to argue that problems as complex as program diversity cannot be solved in a short amount of time, the LCME expects to see movement towards a solution in the form of plans and activities to increase diversity. While a commitment to funding for new diversity initiatives and other economic incentives are in processes, the results of these efforts has yet to be fully realized and until then, this element is currently not being met satisfactorily. There has been substantial progress towards a more positive outcome in the future.

Element 3.5: Learning Environment/Professionalism. This LCME element was not cited. However, there have been recent incidents of unprofessional behavior among faculty and students that prompted a review. A number of steps have been taken to correct the issues that have arisen. The issues may in part, relate back to element 2.4 and student dissatisfaction with responsiveness of faculty/staff to their concerns. The COVID-19 pandemic resulted in the need for virtual learning reducing direct interaction of faculty and staff. This element requires further monitoring as face-to-face instruction resumes.

Element 3.6: Student Mistreatment. This LCME element was not cited. The AAMC GQ 2019 results indicated a rise in incidents of student mistreatment, but the 2020 results indicated a drop in incidents. Data indicate this element is being met satisfactorily.

Element 4.4: Feedback to Faculty. This LCME element was not cited. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. A review of data sources indicate that this element is being met satisfactorily.

Element 4.5: Faculty Professional Development. This LCME element was not cited. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. A review of data sources indicate that this element is being met satisfactorily.

Element 6.7: Academic Environments. This LCME element was not cited. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. A review of data sources indicate that this element is being met satisfactorily.

Element 7.9: Interprofessional Collaborative Skills. This LCME element was not cited. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. A review of data sources indicate that this element is being met satisfactorily.

Element 8.1: Curricular Management. This LCME element was not cited. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. A review of data sources indicate that this element is being met satisfactorily.

Element 8.3: Curricular Design, Review, Revision/Content Monitoring. This LCME element's status is satisfactory with a need for monitoring. Data indicate that this element is being met satisfactorily.

Element 8.4: Program Evaluation. This element was not cited by the LCME. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016. Data available at the time of this report indicate that this element is being met satisfactorily. The COVID-19 pandemic interrupted Step 1 and 2 testing, and suspended Step 3 testing indefinitely.

Element 8.5: Medical Student Feedback. This element was not cited by the LCME**.** This element is being met.

Element 8.6: Monitoring of completion of required clinical experiences. This element was not cited by the LCME. This is the first review of this element since a formal Program Assessment and CQI process was put in place in 2016.This element is being met satisfactorily.

Element 9.1: **Preparation of Resident and Non-faculty instructors**. This element received a rating of SM by the LCME. There is evidence that the medical school provides resources to enhance residents' and non-faculty teaching and assessment skills, and provides central monitoring of their participation in those opportunities. The medical school will be sure to include the Florence campus in these activities. Data indicate that this element is being met satisfactorily.

Element 11.2: **Career Advising**. This element was rated SM by the LCME. Data indicate that students at the Columbia campus are dissatisfied with current services. This element is currently not being met satisfactorily.

Element 11.3: **Oversight of extramural activities**. This element was rated SM by the LCME. Issues with There were issues with the collection of data on extramural activities that appear to have been corrected. This element should continue to be monitored.

Element 12.1: **Financial Aid and Debt Management counseling/student educational debt**. This element was rated SM by the LCME. Issues with rising medical school tuition and debt counseling that still need to be addressed. Data from the Columbia and Florence indicate approximately two-thirds of the survey respondents said they were satisfied/very satisfied with financial aid services. A plan should be developed for containing tuition increases and reducing student debt.