



UNIVERSITY OF SOUTH CAROLINA

SCHOOL OF MEDICINE

Blueprint for Academic Excellence in the USC SOM

USC SOM Strategic Plan

2010 - 2011

5 April 2010

I. Vision, Mission, and Goals

A. Executive Summary

1. Identify the universities in the U.S. which have the top 10 colleges in your discipline and the five colleges at other U.S. universities which are considered to be your peers.

Top 10 Medical Schools (Research) 2009 US News & World Report

Harvard University
Johns Hopkins University
University of Pennsylvania
Washington University in St. Louis
University of California – San Francisco
University of Washington
Stanford University
Duke University
Yale University
Baylor College of Medicine

Top 10 Medical Schools (Primary Care) 2009 US News & World Report

University of Washington
University of North Carolina – Chapel Hill
University of Colorado – Denver
Oregon Health Sciences University
Michigan State University College of Osteopathic Medicine
East Carolina University
University of Vermont
University of California – San Francisco
University of Wisconsin – Madison
University of Nebraska

5 Peer-Institutions (*Teague-Cranston Act Medical Schools)

Wright State University*
Texas A&M University*
Marshall University*
East Tennessee State University*
East Carolina University

2. Describe your college's top strengths and important accomplishments achieved in the last five years.

Strengths

- Excellent, fully-accredited educational programs.
- Largest physician/provider practice in the Midlands.
- Very good facilities (classrooms, library, Instrument Resource Facility, research, clinical, and administrative space).

- Focused growth in research (neuroscience, cardiovascular, inflammation, geriatrics, healthcare delivery, ultrasound).
- Strong relationship with partners (Palmetto Health, Dorn VAMC, DMH, GHS).

Accomplishments

- Full 8-year accreditation for the M.D. Program by the LCME in 2009.
 - National Institute of Health (NIH) Center of Excellence Grant for \$6M. Center directors are Drs. Prakash and Mitzi Nagarkatti. First such Center Grant for the University.
 - Creation of the first 4-year integrated ultrasound curriculum (iUSC) for medical students in the country. This was made possible by a strong partnership with GE Healthcare. Has led to multiple grants totaling almost \$1M (Fullerton, Duke Endowment, Sisters of Charity). The Ultrasound Institute is now considered a global leader in ultrasound education and will host the First World Congress on Ultrasound in Medical Education in Columbia, SC, in April 2011.
 - Renovation of historic Building 3 on the VA Campus.
 - Significant growth in the SOM Practice Plan. Cardiologists, neurosurgeons, and neurologists have been added as well as a fellowship in pulmonary medicine.
 - The USC School of Medicine-Palmetto Health Richland Continuing Medical Education Organization was given the maximum 6-year accreditation as well as “commendation” by the Accreditation Council for Continuing Medical Education in 2009.
3. Discuss your college’s weaknesses and your plans for addressing those weaknesses. Include in your discussion any institutional assistance that you need in addressing those needs.

Weaknesses

- Loss of financial support from the state (\$26.4M in 2001 to \$16 M in 2010) has significantly stressed the entire system.
 - The LCME expressed great concern in their accreditation letter of June 2009 about decreasing state support and have asked for a financial update in April 2010 and will likely require updates annually for several years.
 - Loss of state funds has shifted significant financial burden to the SOM Practice Plan which has seen its operating margin shrink in recent years.
 - Funds are needed for infrastructure in the clinical practice such as an electronic health record.

- Recruitment of high quality faculty and students, especially minorities, is limited due to lack of resources (scholarships, start-up packages, competitive salaries).
- The SOM lacks revenue-generating specialties and subspecialties such as gastroenterology, radiology, pathology, and surgical specialties.
- The SOM lacks fellowship training in many important clinical and research areas such as cardiology, gastroenterology, oncology, dermatology, and surgical specialties.
- The SOM lacks an efficient, effective clinical trials structure and infrastructure.
- The SOM lacks adequate endowments for scholarships, professorships, and programs.
- The SOM lacks adequate space for significant growth.
- The SOM is a small medical school which in itself limits total productivity in the areas of clinical revenue and research.

Plans to address weaknesses

1. All resources must be aligned to fulfill the SOM mission in the areas of education, service and research with education as the primary mission.
2. Programs should be inter-disciplinary, built on our institutional strengths, and focused on the needs of the state and our institutional partners.
3. Must leverage our strength as the only comprehensive university in the state with broad expertise (Public Health, Engineering, Business, etc) and our geographical advantage of being centrally located in the state.
4. Expand training programs important for educational opportunities, service, and research.
5. Save money - decrease operational cost, eliminate non-essential programs — a representative ad hoc budget committee has presented a number of recommendations to the dean for consideration.
6. Pursue new revenue/funding
 - a. State and Federal funds – based on state needs, innovation, and healthcare changes
 - b. Grants – Foundations, Governmental Agencies, Industry
 - c. Entrepreneurial Research – patents, new compounds, medical devices, etc
 - d. Partnerships – Dorn VA Medical Center, PH, GHS – share faculty, space, joint clinical services and trials
 - e. Clinical Revenue: new high revenue services, referral center for midlands and the state
 - f. Donors: cultivate relationships, programs that resonate with donors, grateful patients
 - g. Revenue generating educational programs- summer programs, CME, on-line courses, certificate programs, etc

- h. New practice plan business models being explored – Institutes, dual LLCs, etc
- i. ARRA stimulus money to renovate (HVAC) and create infrastructure (EHR) necessary to fulfill mission and grow our programs
- j. The financial bottom line must be a part of all major strategic decisions
- k. Build program that we can all be very proud of

Examples of how this strategy is presently being implemented can be seen in the areas of cardiovascular disease and neuroscience. In both of these areas, the SOM has strong research groups and there is tremendous need in the state (heart disease and stroke). Strong leaders have been hired in both areas - Dr. Gus Agocha as division director of cardiology and Dr. Souvik Sen as chair of the department of neurology. They are pursuing expansion of training programs with a fellowship in cardiology and a residency in neurology. Our partners have expressed a need in both areas - cardiology at the Dorn VA and neurology/stroke at PH. These are areas that have significant potential to generate revenue, obtain grant funding, and can offer programs attractive to donors. Having state of the art clinical services and centers in these areas will also be a source of great pride for all of us.

Three examples of areas which are highly inter-disciplinary and where we have begun to establish ourselves as leaders regionally and nationally are inflammation (NIH Center of Excellence), healthcare delivery (Level III Patient Centered Medical Home), and ultrasound (hosting First World Congress). These are also areas that present significant research and clinical opportunities for the SOM, the University, and our partners. In addition, we are exploring a new model of Women's Health that will be inter-disciplinary and comprehensive and has tremendous potential for education, research, and clinical practice. It will also be a source of great pride for all of South Carolina.

The SOM would greatly appreciate the University's help in identifying and pursuing additional sources of revenue – invite politicians, corporate leaders, and potential donors to visit the SOM and invite SOM leadership to speak at important gatherings. Continue to meet with high profile recruits. Expansion of expert advice (legal, IP) with respect to revenue generation and research endeavors. These include new practice plan models, patents, and spin-off business ventures. Lobby in the state legislature for changes in the Life Scholarship lottery money to include professional schools. Lobby for a portion of the increase in cigarette tax to go for training the future physicians of the state to ensure adequate healthcare for further generations of South Carolinians.

Vision Statement

The USC SOM will be a highly regarded community-based medical school recognized for the quality of its educational, research, and service programs and their relevance to the needs of the citizens of South Carolina.

The SOM had its strongest entering class in history, significantly increased its research productivity, and expanded its clinical services.

Mission Statement

The mission of the USC SOM is to improve the health of the people of the state of South Carolina through medical education, research, and the delivery of health care. Allocation of resources reflects the health care needs of South Carolina with respect to healthcare providers and focused research as well as the requirements for accreditation by all appropriate organizations.

Education: Medical and graduate education are conducted in a highly personal atmosphere which emphasizes a balance between scientific disciplines, humanistic concerns, and societal needs and results in highly competitive, competent, caring graduates.

Medical student national board scores were above average and residency match was excellent in 2009. The number of graduate school applications increased and students admitted had higher GRE scores and GPA's than previous years.

Research: Research in the basic biomedical sciences, in the clinical sciences, and in the delivery of health care is conducted to promote excellence in medical education, the development and application of new knowledge, and will be recognized as such by external entities.

Faculty maintained a strong presence in publications; grant applications and extramural expenditures remained steady in 2008-2009 despite declines in state support of the medical school.

Service: Faculty members, both in the course of teaching and in order to maintain superior clinical skills, provide comprehensive outpatient and inpatient services to patients, consult with other physicians, other health care professionals and health care agencies throughout the state to improve the health of the state's citizens, and provide professional service to USC, the SOM, granting agencies, governmental organizations, professional societies, and the public.

The clinical practice plan generated approximately \$54 million in practice plan revenues for FY 2009, and the SOM clinical departments continued to provide over \$5.5 million in uncompensated medical care. Clinical services were expanded in needed areas (cardiology neurology, neurosurgery, pulmonary, and infectious disease). Faculty are heavily involved in professional services throughout the institution and nationally.

Goals

Educational

To provide educational programs of excellence for medical, graduate, and undergraduate students that are conducted in a highly personal atmosphere, utilize the latest in methodology and technology, and emphasize a balance between scientific discipline, humanistic concerns, and the needs of SC.

1. Address areas noted for improvement by the LCME.
2. Explore ways to provide an innovative medical education in the undergraduate curriculum.
3. Increase underrepresented minority recruitment of students and faculty.
4. Expand assessment of students' clinical, interpersonal, and communication skills through the implementation of a comprehensive gate examination in the M-IV year.
5. Expand the use of ultrasound technology in the medical student curriculum.
6. Expand collaborations between educational programs of the USC SOM, the main campus, and GHS.
7. Expand student scholarships.
8. Expand faculty development programs.
9. Continue to demonstrate the quality of the education program and commitment to the mission of the SOM through numerous outcome measures from national board scores to student residency choices.
10. The Office of Medical Education and Academic Affairs will be productive in the areas of research and other scholarly activity in medical education.
11. Improve USC SOM graduate education programs.
12. The Ph.D. Program in Biomedical Science will review its program size and continue to adjust student enrollment to match number of mentors, job market, applicant quality, and research resources.
13. The Ph.D. Program in Biomedical Science will review and modify, as needed, the core interdisciplinary biomedical science curriculum.
14. The Ph.D. Program in Biomedical Science will enhance its student recruitment process, by completing written recruitment materials (brochure and CD) and more numerous visits to targeted undergraduate colleges.
15. First- and second-year doctoral students in the Ph.D. Program in Biomedical Science will express satisfaction with program course work.
16. The Ph.D. Program in Biomedical Science, in collaboration with the Office of the Associate Dean for Basic Science, will continue long-range plans to ensure stable funding of stipends for doctoral students enrolled in year's three to five of the program.

17. The Ph.D. Program in Biomedical Science, in cooperation with the Associate Dean for Basic Science will work to develop a cooperative graduate program in Biomedical Science with other units of the University. The Vice President for Research and Health Sciences will be involved.
18. The Biomedical Science Graduate Committee will review and adjust as appropriate the number of students enrolled in the Master's Program in Biomedical Science in accord with the number and nature of positions available nationally for master's degree-prepared science graduates and the availability of research mentors.
19. The Biomedical Science Graduate Program will update its student recruitment process, including revision of written recruitment materials and computer website information and visits to targeted undergraduate colleges.
20. The SOM Office of Graduate Studies will continue implementation of a current applicant/student/graduate database for the Master's Program in Biomedical Science similar to that of the Ph.D. Program, including information regarding student satisfaction with the program, time to employment following degree receipt, and employer satisfaction.
21. Students enrolled in the Master's Program in Biomedical Science will express satisfaction with program course work.
22. Graduates will demonstrate clinical competency in communications skills, critical thinking skills, counseling and psychosocial assessment skills, and professional ethics and values as defined by the American Board of Genetic Counseling.
23. Graduates will possess the ability to apply, conduct, and/or synthesize research in clinical genetics and genetic counseling within their professional practices.
24. Course work and clinical rotation experiences will continually strive to maintain focus on the most important aspects of training genetic counselors and incorporating advances in clinical genetics, as needed.
25. At the time of their graduation, students will express satisfaction with the Master's Program in Genetic Counseling and the level of preparation provided for genetic counseling practice.
26. Graduates and their employers will express satisfaction with graduates' preparation in the program for eventual clinical practice.
27. Graduates will achieve certification by the American Board of Genetic Counseling within two examination cycles of graduation.
28. Graduates will provide a significant proportion of the genetic counseling services in South Carolina and the southeastern United States.
29. On average, students of the Master's Program in Nurse Anesthesia will express satisfaction with didactic instruction in their program.
30. On average, graduates from the Master's Program in Nurse Anesthesia will pass the National Certification Examination in Nurse Anesthesia on their first attempt at a rate at or above that for all nurse anesthesia students nationally.

31. In collaboration with the American Association of Nurse Anesthesia (AANA) and the South Carolina Association of Nurse Anesthetists (S.C.A.N.A.), the Master's Program in Nurse Anesthesia will enhance its recruitment process in order to increase the overall number of applicants to the program and to improve the quality of the applicant pool.
32. The Master's Program in Nurse Anesthesia will continue investigating the feasibility of expanding the program to additional training sites.
33. The Master's Program in Nurse Anesthesia will collaborate with personnel in the SOM Office of Medical Education and Academic Affairs and the SOM Alumni Office to continue to collect data about alumni satisfaction with the program, alumni employment, and employer satisfaction with program graduates.
34. Graduates of the 2006-2007 (and continued for 2007-2008 and 2008) Master's Program in Rehabilitation Counseling will assess positively the quality of their professional preparation in the program.
35. Program faculty and staff will continue to develop an effective alumni tracking system in collaboration with personnel in the USC SOM Alumni Office and the Office of Medical Education and Academic Affairs.
36. Program graduates will continue to achieve success on national Rehabilitation Counseling certification examinations and state Licensed Professional Counselor licensing examinations at or above national and state pass rates, respectively.
37. The Master's Program in Rehabilitation Counseling and the Certificate of Graduate Study in Psychiatric Rehabilitation will continue to recruit and admit five distance education students in the 2005-2006 academic year (and will continue to be assessed for AY 2006-2007 and 2007-2008).
38. The Master's Program in Rehabilitation Counseling will continue to enhance its student recruitment activities.
39. Faculty will actively work with agencies employing Program graduates to explore potential places for rehabilitation counseling and graduates within their agencies. This exploration will include pay rates and career ladders.
40. Continue to participate in the training of professionals in South Carolina agencies through the development of training contracts, offering of continuing education training options, and professional development contracts.

Research

To promote and conduct discipline-specific as well as multidisciplinary biomedical science, clinical science, and health services research in focused areas of special need in SC.

1. Develop a progressive research agenda as part of USC SOM Strategic Plan.
2. Foster research with USC SOM Research Development Fund as vehicle for dispersal of seed grant funds to faculty.
3. Increase the number of proposals for extramural funding by 5% over 2009-2010 levels, and increase extramural funding by 5 % over 2009-2010 levels.

4. Increase the number of scholarly publications by 5% from previous calendar year.
5. Expand clinical research base through development of clinical programs.

Service

To provide comprehensive outpatient and inpatient services to patients in SC in consultation with other physicians, other health care professionals, and health care agencies, and to provide professional service to USC, the SOM, granting agencies, governmental organizations, professional societies, and the public.

1. Improve the structure and function of University Specialty Clinics.
2. Implement the USC SOM-PHA Billing Compliance Plan.
3. Continue to develop Primary Care services within USC SOM.
4. Expand specialty services in University Specialty Clinics particularly in cardiology, neurology and neurosurgery.
5. Upgrade USC SOM clinical facilities.
6. Expand relationships between University Specialty Clinics and Palmetto Health.
7. Expand and improve relationships with the VA and other government agencies.
8. Develop and expand the public's awareness of USC through advertising and marketing.

Administrative

To provide and support quality facilities, equipment, faculty, and staff necessary to achieve the USC SOM educational, research, and service goals.

1. Expand fundraising activities in the SOM.
2. Increase foundations/corporations giving to the SOM.
3. Increase planned giving to the SOM.

B. Goals, Initiatives, and Action Plans

Educational

1. Address areas noted for improvement by the LCME . **This goal is modified from previous Blueprint.**

Initiative: The SOM will address the areas noted by the LCME needing improvement.

Action plan: A student survey will be conducted and a follow-up report will be sent to the LCME in April 2010 detailing the actions taken.

Indicator: Successfully addressing the areas noted by the LCME needing

improvement. Report of the Office of Medical Education and Academic Affairs.

2. Explore ways to provide an innovative medical education in the undergraduate curriculum. **This goal is modified from previous Blueprint.**

Initiative: Charge the Office of Curricular Affairs and Media Resources to explore the use of innovative technologies in the undergraduate curriculum.

Action Plan: Assess the use of the newly implemented Student Non-Cognitive Evaluations.

Indicator: Report of the Office of Curricular Affairs and Media Resources.

3. Increase underrepresented minority recruitment of students and faculty. **This goal is continued from previous Blueprint.**

Initiative: Charge the Office of Admissions and the Office of Minority Affairs to continue to develop programs to track and recruit underrepresented minority students and faculty to the SOM.

Action Plan: Increase the number of competitive medical student applications submitted by underrepresented minority students through multiple initiatives, and assuring that admission and scholarship offers are made as early as possible following Admission Committee vote and Dean approval, providing a separate second-look visit, and facilitating increased contact between medical students and possible matriculants. The Office of Minority Affairs and the Office of CME and Faculty Development will participate in the AAMC Faculty Forward initiative studying the working environment in academic medicine and developing best practices for recruiting and retaining faculty.

Indicator: Report of the Office of Admissions, the Office of Minority Affairs, and the Office of CME and Faculty Development.

4. Expand assessment of students' clinical, interpersonal, and communication skills through the implementation of a comprehensive gate examination in the M-IV year. **This is a new goal not in the previous Blueprint.**

Initiative: Charge the Office of Curricular Affairs and Media Resources to work with the Curriculum committee and the clerkship directors to develop a comprehensive gate examination in the M-IV year.

Action Plan: A comprehensive gate examination will be developed which all M-IV students beginning with the Class of 2011 must take and pass in order to graduate.

Indicator: Report of the Office of Curricular Affairs and Media Resources.

5. Expand the use of ultrasound technology in the medical student curriculum. **This goal is continued from previous Blueprint.**

Initiative: Explore opportunities for the expansion of using ultrasound technology in both basic science courses as well as clinical rotations.

Action Plan: Planned initiatives in the ultrasound curriculum include 1) increased exposure of the pre-clinical students to the more advanced technologic ultrasound features, particularly those which can be applied in the Physiology

and Pathophysiology related sessions; 2) replacement of lecture-based teaching in the pre-clinical curriculum with self-instructional, web-based modules; 3) increased emphasis in the pre-clinical curriculum on ultrasound guided procedures in order to better prepare students for entry into the clinical curriculum; and 4) objective quantification of the impact of ultrasound on learning in the courses and/or clerkships with which it is coordinated.

Indicator: Report of the Office of Curricular Affairs and Media Services.

6. Expand collaborations between educational programs of the USC SOM, the main campus, and GHS. **This goal is modified from previous Blueprint.**

Initiative: Charge the Office of Medical Education and Academic Affairs to identify additional educational collaborations with schools and departments on the main campus as well as GHS. Continue to increase the number of medical students going to Greenville for their M-III and M-IV years to a maximum of 40 students per year.

Action Plan: Investigate the possibility of involvement with the School of Public Health in a new undergraduate B.S. in Public Health and the Department of English in a humanities elective. Continue discussions with the Moore School of Business and GHS around educational opportunities. As expansion in the number of students on the Greenville campus continues, will continue to monitor the educational experience.

Indicator: Report of the Office of Medical Education and Academic Affairs.

7. Expand student scholarships. **This goal is continued from previous Blueprint.**

Initiative: Charge the Office of Development to identify resources for additional scholarships from development initiatives with a particular focus on scholarships for underrepresented minority students. Continue to pursue NIH training grants.

Action Plan: Development remains committed to identifying new resources to increase scholarships for underrepresented minority students. Philanthropic requests, targeted appeals and prospect solicitations will continue. A graduate school track record continues to be established to position the University to apply for NIH training grants.

Indicator: Submission of a NIH training grant. Report of the Office of Development and the Associate Dean for Basic Science and the Director of the Integrated Biomedical Science Graduate Program.

8. Expand faculty development programs. **This goal is continued from previous Blueprint.**

Initiative: Charge the Office of CME and Faculty Development to initiate new programs in the areas of faculty teaching skills and/or clinical research.

Action Plan: Lead the strategic planning and implementation of specific Faculty Forward initiatives to encourage faculty vitality and retention.

Indicator: Report of the Office of CME and Faculty Development.

9. Continue to demonstrate the quality of the education program and commitment to the mission of the SOM through numerous outcome measures from national board scores to residency choices. **This goal is continued from previous Blueprint.**

Initiative: Charge the Office of Medical Education to track all student outcomes with respect to national board scores, residency matching, survey of students and graduates of the quality of their education, assessment of graduates by their residency directors, and Board Certification rate of graduates.

Action Plan: All relevant data of the quality of the education program and student and graduate outcomes will be shared with the curriculum committee annually so that appropriate changes can be made to the curriculum as needed. The matching rate will come from the NRMP match data. The percentage of students receiving either their top choice or one of their top three choices will come from an anonymous survey from the students.

Indicator: Report of the Office of Medical Education and Academic Affairs.

10. The Office of Medical Education and Academic Affairs will be productive in the areas of research and other scholarly activity in medical education. **This goal is continued from previous Blueprint.**

Initiative: Expand medical education research collaboration and opportunities especially with other USC SOM departments, USC health professions schools, and GHS.

Action Plan: Submission of at least two articles or abstracts for publication/presentation and one grant focusing medical education through a collaboration with the Division of Geriatrics.

Indicator: Report of the Office of Medical Education and Academic Affairs.

11. Improve USC SOM graduate education programs. **This goal is continued from Blueprint.**

Initiative: The first year of the doctoral program in biomedical sciences at the School of Medicine has now combined with similar programs in the Departments of Biology, Chemistry, and Psychology, the College of Pharmacy, and the School of Public Health to form the University of South Carolina Integrated Biomedical Sciences Graduate Program. In this, the School of Medicine has taken the lead role and will be the largest participant in the program. Funding has come from the component schools and from the Vice President for Research and Graduate Education.

Action Plan: The first students were admitted in fall 2008. Another round of admissions took place in 2009. A new web site for information and electronic application has been established and a brochure and poster have been sent to schools around the United States and selected schools in India and China. A record number of applications have been received for the new program in the past two years. An average of 20 students was admitted in those years (as opposed to 8-10 in the former School of Medicine) program. These students will have the opportunity to work in more than 80 laboratories. New courses have been developed for the core curriculum.

The admissions committee is currently reviewing applications for 2010 admission. Each year the applicants have shown improved GPA and GRE scores.

Because of the large number of minority students in South Carolina and their underrepresentation in biomedical graduate programs nationwide, the graduate programs of the component departments/schools have set up a Post-baccalaureate Research Education Program (PREP) to prepare minority students for graduate school and the South Carolina Initiative for Minority Education to support these students once in graduate school at the University of South Carolina. Both of these programs are supported by five-year NIH grants and are due for renewal in 2010.

The Graduate Directors of the Integrated Program are preparing a training grant application which emphasizes the success of the program in minority recruitment and training. In the first two years of the Integrated Program, an average of 20% of the students admitted have been under-represented minorities.

12. The Integrated Biomedical Science Ph.D. Program will review its program size and continue to adjust student enrollment to match number of mentors, job market, applicant quality, and research resources. **This goal is continued from previous Blueprint.**

Initiative: The number of students admitted was determined by the Graduate Directors of the integrated program and the size of the available stipend budget. Each year since its inception the program has received almost 200 applications (rising each year). Approximately forty applicants were interviewed, either personally or by phone. In 2009, fourteen students entered the program.

Action Plan: In fall 2010, the University of South Carolina School of Medicine Biomedical Sciences Ph.D. program will continue to be the largest part of the University Integrated Biomedical Sciences Graduate Program which will admit approximately 15-20 students. The actual number will depend on budget restrictions. A steering/admission committee of the integrated program has been formed. This consists of the Graduate Directors of the participating departments and schools. The steering committee will continue to review program size and resources. The steering committee will prepare and submit an NIH training grant application.

13. The Ph.D. Program in Biomedical Science will review and modify, as needed, the core interdisciplinary Biomedical Science curriculum. **This goal is continued from previous Blueprint.**

Initiative: The Graduate Directors continued to review the curriculum. The new ethics course was added in the fall of 2007 (Course Director: Dr Edie Goldsmith) and the Interdisciplinary Laboratory course (Course Director: Dr Richard Hunt) will be revised for 2010. As a result of the integration of the School of Medicine Graduate Programs with those of Psychology, Exercise Science, Biology, Biochemistry, and Pharmacy, a complete review of the core curriculum has been undertaken. A revised cell biology course taught by faculty from across the campus started in spring 2009 and continues. A course on Public Speaking was introduced for Integrated Program students in spring 2010. A course on career development will be introduced in Spring 2011

In association with the Moore School of Business, a new dual degree consisting of the PhD in Biomedical Sciences and a Professional Master of Business Administration is being assessed for potentially starting in the fall of 2010.

Action Plan: The Biomedical Science Graduate Committee will continue to assess and revise the core interdisciplinary Biomedical Science curriculum as needed. New courses will be discussed. New course data for the core of the central program and for the individual departments will be discussed and approved and will be posted on the program's website.

14. The Ph.D. Program in Biomedical Science will enhance its student recruitment process, by completing written recruitment materials (brochure and poster) and more numerous visits to targeted undergraduate colleges. **This goal is continued from previous Blueprint.**

Initiative: Because of the integration of the School of Medicine Graduate Program into the USC Integrated Biomedical Science program, a new web site was created and efforts were made to get greater prominence on major search engines. As a result, the Biomedical Science Graduate Program now routinely ranks in the top eight biomedical science programs on a Google search. A new brochure featuring the research of the more than 90 faculty participating in the integrated program is being developed. A poster has been designed and sent to schools in the United States and abroad. The faculty has also been promoting the new program when visiting other schools.

Action Plan: The Biomedical Science Graduate Committee will develop new recruitment materials. The Graduate Director will make visits to surrounding colleges to publicize the USC SOM Graduate Program.

15. First- and second-year doctoral students in the Ph.D. Program in Biomedical Science will express satisfaction with program course work. **This goal is continued from previous Blueprint.**

Initiative: At the conclusion of the academic year, 75% of first- and second-year doctoral students will express satisfaction regarding the quality of doctoral course work, in the range of "good" to "excellent," on SOM Office of Curricular Affairs and Faculty Support forms designed for that purpose.

Action Plan: A feedback system will be developed in 2010 to ascertain changes that students recommend. The director of the program will continue to meet with students to learn of any problems encountered. These will be discussed by the steering committee and changes made where necessary.

16. The Ph.D. Program in Biomedical Science, in collaboration with the Office of the Associate Dean for Basic Science, will continue long-range plans to ensure stable funding of stipends for doctoral students enrolled in year's three to five of the program. **This goal is continued from previous Blueprint.**

Initiative: The integration of the School of Medicine Graduate Program with those in the biomedical field on the main campus resulted in a request to the USC Administration for financial support. This was honored (an additional \$120K). The building of a better integrated program will lead to the development of a training grant proposal. The support of minority students currently comes from individual grants and the Sloan Foundation. In addition potential minority applicants are supported through the PREP grant with the Biology Department.

An IMSD proposal to the NIH has been funded that supports minority students in the graduate program as well as undergraduate and summer students.

Action Plan: The Associate Dean for Medical Education and Academic Affairs, the Associate Dean for Basic Science, and the Director of the Biomedical Science Graduate Program will work collaboratively with chairs of SOM basic science departments and personnel at SOM affiliated institutions to ensure that long-term, stable funding continues to be available to support doctoral students in years three to five of the Ph.D. Program in Biomedical Science. Cooperation will continue with the Department of Biological Sciences to obtain funds to support minority graduate students.

17. The Ph.D. Program in Biomedical Science, in cooperation with the Associate Dean for Basic Science will work to develop a cooperative graduate program in Biomedical Science with other units of the University. The Vice President for Research and Graduate Education will be involved. **This goal is continued from previous Blueprint.**

Initiative: The new integrated program is now in its third year and is actively recruiting students.

Action Plan: Appropriate members of the School of Medicine and the University will work together to outline a University wide graduate program in Biomedical Science.

18. The Biomedical Science Graduate Committee will review and adjust as appropriate the number of students enrolled in the Master's Program in Biomedical Science in accord with the number and nature of positions available nationally for master's degree-prepared science graduates and the availability of research mentors. **This goal is continued from previous Blueprint.**

Initiative: The Biomedical Science Graduate Committee will review the enrollment plan addressing the number of students enrolled in the Master's Program in Biomedical Science.

Action Plan: The number of students admitted was determined by the Graduate Directors. For fall 2009, the program received a record number of applications. Six MS students were admitted. The Graduate Directors will continue to monitor the number of faculty who are able to support MS Students and adjust the number of admissions accordingly.

19. The Biomedical Science Graduate Program will update its student recruitment process, including revision of written recruitment materials and computer website information and visits to targeted undergraduate colleges. **This goal is continued from previous Blueprint.**

Initiative: The Biomedical Science Graduate Committee will complete work on new recruitment materials, which will include a printed brochure. The Graduate Director will make visits to surrounding colleges to publicize the USC SOM Graduate Program.

Action Plan: Because of the integration of the School of Medicine Graduate Program into the USC Integrated Biomedical Science program, a new web site was created and efforts were made to get greater prominence on major search engines. As a result, the Biomedical Science Graduate Program now routinely ranks in the top eight biomedical science programs on a Google search. A new

brochure featuring the research of the more than 90 faculty participating in the integrated program is under development and a poster has been printed and circulated to undergraduate colleges nationwide. The faculty has also been promoting the new program when visiting other schools.

20. The SOM Office of Graduate Studies will continue implementation of a current applicant/student/graduate database for the MS Program in Biomedical Science similar to that of the Ph.D. Program, including information regarding student satisfaction with the program, time to employment following degree receipt, and employer satisfaction. **This goal is continued from previous Blueprint.**

Initiative: The SOM Office of Graduate Studies will update and modify its database as required.

Action Plan: The graduate office now tracks the student satisfaction with the program (also the students meet once or twice a semester and individually with the graduate director). We keep records of the placement of our students. Determination of employer satisfaction where appropriate needs to be put into effect.

21. Students enrolled in the MS in Biomedical Science will express satisfaction with program course work. **This goal is continued from previous Blueprint.**

Initiative: At the conclusion of each semester, 75% of master's degree students will express satisfaction, in the range of "good" to "excellent," regarding the quality of graduate course work on SOM Office of Curricular Affairs and Faculty Support forms designed for that purpose.

Action Plan: Interviews were held with all students at the end of their first semester. A web-based mechanism will be developed to ascertain overall satisfaction at the end of the first semester and the first year.

22. Graduates will demonstrate clinical competency in communications skills, critical thinking skills, counseling and psychosocial assessment skills, and professional ethics and values as defined by the American Board of Genetic Counseling. **This goal is continued from previous Blueprint.**

Initiative: Graduates in the Class of 2009 will successfully complete didactic course work and clinical rotation experiences with an average grade of 3.0 or more.

Action Plan: All seven students graduated with an average grade of 3.0 or more.

23. Graduates will possess the ability to apply, conduct, and/or synthesize research in clinical genetics and genetic counseling within their professional practices. **This goal is continued from previous Blueprint.**

Initiative: All graduates will complete the Master of Science research requirement, demonstrating the ability to apply, conduct, and synthesize research in clinical practice.

Action Plan: All seven graduates completed the thesis research requirement.

24. Course work and clinical rotation experiences will continually strive to maintain focus on the most important aspects of training genetic counselors and

incorporating advances in clinical genetics, as needed. **This goal is continued from previous Blueprint.**

Initiative: 2008-2009 courses and clinical rotations, as well as the instructors and clinical supervisors, will be assessed as “good” to “excellent” on relevant SOM forms by at least 75% of students.

Action Plan: Course and faculty evaluations assessed in range of good to excellent by students consistently.

25. At the time of their graduation, students will express satisfaction with the Master’s Program in Genetic Counseling and the level of preparation provided for genetic counseling practice. **This goal is continued from previous Blueprint.**

Initiative: At the time of graduation, in exit interviews and on exit assessment forms, 75% of 2009 and future graduates will express satisfaction, in the range of “good” to “excellent,” with the quality of didactic program content and with their opportunities to develop sufficient clinical competencies to make application for certification by the American Board of Genetic Counseling.

Action Plan: All 2009 graduates expressed overall satisfaction with didactic and clinical curriculum content, per exit interview data.

26. Graduates and their employers will express satisfaction with graduates’ preparation in the program for eventual clinical practice. **This goal is continued from previous Blueprint.**

Initiative: 75% of graduates and 75% of their employers will express, on SOM alumni and employer satisfaction forms after graduates’ completion of the program, satisfaction, in the range of “good” to “excellent,” with the quality of graduates’ preparation for clinical practice.

Action Plan: Survey of graduates and employers in fall 2005 noted overall satisfaction with graduates’ preparation. Next survey planned for 2010.

27. Graduates will achieve certification by the American Board of Genetic Counseling within two examination cycles of graduation. **This goal is continued from previous Blueprint.**

Initiative: 80% of graduates will have achieved certification as genetic counselors by the American Board of Genetic Counseling within two examination cycles after their dates of graduation.

Action Plan: 2009 American Board of Genetic Counseling Examination pass rate 73% for first time sitting genetic counseling examination; next examination offered in 2010. New examination format implemented in 2009; certification rate will require close monitoring over next several years.

28. Graduates will provide a significant proportion of the genetic counseling services in South Carolina and the southeastern United States. **This goal is continued from previous Blueprint.**

Initiative: More than half of genetic counselor positions in South Carolina will be held by graduates of the SOM Master’s Program in Genetic Counseling, and more than half of program graduates currently in practice will hold positions in the southeastern United States.

Action Plan: 70% (16/23) positions in South Carolina held by USC graduates; 63% (63/100) of practicing graduates hold positions in southeastern United States.

29. On average, students of the Master's Program in Nurse Anesthesia will express satisfaction with didactic instruction in their program. **This goal is continued from previous Blueprint.**

Initiative: At the conclusion of 2009, students in the Master's Program in Nurse Anesthesia will express satisfaction with the quality of program course work, in the range of "good" to "excellent," on SOM Office of Curricular Affairs and Faculty Support forms designed for that purpose.

Action Plan: For 2009, the average overall rating by students of thirteen courses in the Master's Program in Nurse Anesthesia was 4.34 on a 5-point scale (1=poor, 2=marginal, 3=average, 4= good, 5=excellent). The overall rating for faculty effectiveness in these courses was also 4.33 on the same scale. Report of the Chair of Pharmacology, Physiology, and Neuroscience Department.

30. On average, graduates from the Master's Program in Nurse Anesthesia will pass the National Certification Examination in Nurse Anesthesia on their first attempt at a rate at or above that for all nurse anesthesia students nationally. **This goal is continued from previous Blueprint.**

Initiative: Annual National Certification Examination in Nurse Anesthesia data will reveal that members of the 2009 graduating class from the Master's Program in Nurse Anesthesia passed that examination at a rate at or above that of all nurse anesthesia students nationally.

Action Plan: For the class of 2009, 19 of 26 (73%) anesthesia program graduates passed the National Certification Examination on the first attempt; the national average was 89.6%. Six 2009 anesthesia graduates passed the exam on the second attempt and one student passed on the third attempt. Although all graduates did pass the certification exam, the program recognizes that the first time pass rate is lower than previous years. Efforts are being made to improve the readiness of currently enrolled students to increase the pass rate of future graduates. The complete Report of the AANA on National Certification Examination for 2009 graduates is typically issued in mid February and is not available at this time.

31. In collaboration with the American Association of Nurse Anesthesia (AANA) and the South Carolina Association of Nurse Anesthetists (S.C.A.N.A.), the Master's Program in Nurse Anesthesia will enhance its recruitment process in order to increase the overall number of applicants to the program and to improve the quality of the applicant pool. **This goal is continued from previous Blueprint. In addition, we begin recruitment of students at the newly established primary training site at the Greenville Hospital in Greenville, SC.**

Initiative: Comprehensive plans for student recruitment will continue during the 2009 academic year. The goals of this expanded recruitment effort will be to continue to increase the visibility of the program in the state and region, increase communication with hospitals and graduate nurses, and increase awareness of professional opportunities in nurse anesthesia. This includes enhancing awareness of opportunities at the Greenville Hospital System University Medical Center (GHSUMC) primary training site.

Action Plan: The admission process conducted in 2009 selected students to enroll in January 2010; in addition to students based in Columbia using Palmetto Richland Hospital as the required clinical site, students were also selected to be based in Greenville using Hospital System University Medical Center as the required clinical site. The target number of thirty four qualified matriculants was achieved from an applicant pool of 120. Fifty nine applicants were interviewed by the admissions committee. For applicants, the average verbal GRE was 486, the average and quantitative GRE was 580. For matriculants, the average verbal GRE was 524 and the average quantitative GRE was 610. All matriculants had the required minimum one year of critical care nursing experience.

32. The Master's Program in Nurse Anesthesia will continue investigating the feasibility of expanding the program to additional training sites. **This goal is continued from previous Blueprint.**

Initiative: The PPN chair, the Clinical Director, and the Academic Director of the Master's Program in Nurse Anesthesia initiated a series of negotiations to expand the program by adding Greenville Hospital System University Medical Center as an additional required clinical site.

Action Plan: The Council on Accreditation of Nurse Anesthesia Educational Programs granted continued accreditation for the maximum 10 year period to the USC - Palmetto Richland Hospital program in Nurse Anesthesia. In addition, the Council on Accreditation of Nurse Anesthesia Educational Programs approved Greenville Memorial Hospital as an additional clinical site where students could complete their educational program, including approval of distance education for several courses. An affiliation agreement between GHSUMC and USCSOM was signed and the first class was admitted to begin January 2010. The facilities and support for distance education between USCSOM and GHSUMC were initiated in 2009 to be used starting January, 2010. The current pool of clinical training sites now provides adequate numbers and varieties of anesthesia cases to satisfy certification requirements for all students. Report of the Academic Director of the program.

33. The Master's Program in Nurse Anesthesia will collaborate with personnel in the SOM Office of Medical Education and Academic Affairs and the SOM Alumni Office to continue to collect data about alumni satisfaction with the program, alumni employment, and employer satisfaction with program graduates. **This goal is continued from previous Blueprints and is ongoing.**

Initiative: In collaboration with personnel in the SOM Office of Medical Education and Academic Affairs and the SOM Alumni Office, the Master's Program in Nurse Anesthesia will continue its current alumni tracking, alumni employment, and employer satisfaction data collection efforts.

Action Plan: All 2009 graduates obtained employment in their area of training. Surveys of satisfaction of graduates and employers were conducted for the accreditation in spring of 2009. Report of the Academic Director of the program.

34. Graduates of the 2007-2008, 2008-2009, and 2009-2010 Master's Program in Rehabilitation Counseling will assess positively the quality of their professional preparation in the program. **This goal is continued from previous Blueprints and is ongoing.**

Initiative: Program graduates will assess the quality of their professional preparation, in the range of “good” to “excellent,” on forms designed for that purpose. Surveys were distributed with only a 10% return rate.

Action Plan: To improve the response rate of this post-graduate survey, the Graduate Survey was revised again in 2009 and is being prepared for electronic administration. The development of a database to better track graduates over the previous three years, initiated in the last reporting period, is being completed. The electronic Graduate Survey will be distributed in June 2010 to graduates of the past three years. Results will be available in September 2010.

35. Program faculty and staff will continue to develop an effective alumni tracking system in collaboration with personnel in the USC SOM Alumni Office and the Office of Medical Education and Academic Affairs. **This goal is continued from previous Blueprints and is ongoing.**

Initiative: Program faculty and staff have worked collaboratively with personnel in the USC SOM Alumni Office and the Office of Medical Education and Academic Affairs to continue to develop an effective alumni tracking system. Coupled with the database referred to in the previous item, this system will assist faculty to continue to assess effectively job placement rates, certification and licensure status, and continuation of education of program graduates.

Action Plan: The initial database, developed last year, is being expanded and updated to include information pertaining to new students and graduates. Data on graduates of Program over past three years was entered in a format that needs to be revised so that more effective analysis of data is possible. The program will continue to ensure its database is consistent with change in the Graduate School’s data collection system. Report of the Academic Director of the program.

36. Program graduates will continue to achieve success on national Rehabilitation Counseling certification examinations and state Licensed Professional Counselor licensing examinations at or above national and state pass rates, respectively. **This goal is continued from previous Blueprints and is ongoing.**

Initiative: 2005 and future graduates of the Master’s Program in Rehabilitation Counseling eligible for the Certified Rehabilitation Counselor Examination and/or for state licensure as a Licensed Professional Counselor will achieve scores on relevant certification and licensure examinations at or above the average scores achieved by applicants for certification nationally or by applicants for licensure in South Carolina.

Action Plan: Sixty-four percent (64%; 9 of 14) of graduates from May 2008 – May 2009 have taken and passed the national certification exam or the counselor licensure exam in South Carolina or North Carolina. All passed on the first testing. The additional graduates from this same time frame are at this time preparing to take one of the examinations in calendar year 2010. Report of the Academic Director of the program.

37. The Master's Program in Rehabilitation Counseling and the Certificate of Graduate Study in Psychiatric Rehabilitation will continue to recruit and admit five distance education students in the 2005-2006 academic year and future academic years. **This goal is continued from previous Blueprints and is ongoing.**

Initiative: Students will be actively recruited through the Extended Campus Program, partnerships with agencies serving persons with disabilities, and related recruitment activities.

Action Plan: The MRC program has admitted 35 students in 2008-2009, with 20 of these students entering in Fall 2009. The Certificate Program admitted eight students in 2008-2009. Approximately half of these students are completing their programs in distance education format. This pattern of increased enrollment is expected to continue through 2010 due to the availability of scholarships. Faculty will submit applications for renewal of scholarship grants when the federal announcements are released in Spring 2010. Recruitment efforts will continue to increase the number of students completing their degrees on campus. Report of the Academic Director of the program.

38. The Master's Program in Rehabilitation Counseling will continue to enhance its student recruitment activities. **This goal is continued from previous Blueprint and ongoing.**

Initiative: Program faculty will continue to participate in University and School of Medicine-wide recruitment activities.

Action Plan: To enhance the quality and quantity of the applicant pool, several new courses have been developed at the undergraduate, graduate, and Ph.D. level. This is intended to result in increased enrollment in Certificate programs and ultimately the MRC Program. In addition, two graduate certificate programs have been developed under funding from the South Carolina Vocational Rehabilitation Department and the South Carolina Department of Mental Health. These new programs will substantially increase enrollment and are expected to draw more students to the campus for their coursework. Expansion of new curriculum is supported by a restructuring within the Rehabilitation Counseling Division. One faculty member now oversees the master's degree program and another has been charged with the responsibility for curriculum development; previously one person was responsible for both. Plans for two graduate certificate programs to be entered into the approval process are being carried forward as are plans for a 60 credit hour Masters of Arts degree proposal and a collection of undergraduate courses to be developed.

39. Faculty will actively work with agencies employing Program graduates to explore potential places for rehabilitation counseling and graduates within their agencies. This exploration will include pay rates and career ladders. **This goal is continued from previous Blueprint and ongoing.**

Initiative: Increase education of agency personnel about the role and function of rehabilitation counselors through presentations, the distribution of written material, and faculty and student involvement in community service activities. Program will establish a contractual arrangement with State agencies for rehabilitation curriculum development and staff training services.

Action Plan: Faculty has continued to be actively involved in staff training activities in agencies around the state. Staff training has been offered to employees of South Carolina Vocational Rehabilitation Department, South Carolina Department of Mental Health and eleven local Mental Health Centers, and Lexington Richland County Alcohol and Drug Abuse Centers. Contractual arrangements exist with SCVRD, DMH, and the South Carolina Commission for the Blind.

40. Continue to participate in the training of professionals in South Carolina agencies through the development of training contracts, offering of continuing education training options, and professional development contracts. **This goal is continued from previous Blueprint and ongoing.**

Initiative: Meet with agency staff to discuss training needs, develop curricula, and negotiate training schedules.

Action Plan: Established contracts and agreements. Training contracts were developed and have been renewed as follows: three with the South Carolina Department of Mental Health, one with South Carolina Vocational Rehabilitation Department, and one with the South Carolina Commission for the Blind.

Initiative: Meet with agency staff to discuss training needs, develop curricula, and negotiate training schedules.

Action Plan: Established contracts and agreements. Three training contracts were developed with the South Carolina Department of Mental Health, one with South Carolina Vocational Rehabilitation Department, and one with the South Carolina Commission for the Blind.

Research

1. Develop a progressive research agenda as part of USC SOM Strategic Plan. **This goal is continued from previous Blueprint.**

Initiative: Charge a Task Force on Research Expansion to conduct strategic planning process for basic and clinical research incorporating significant faculty participation and input. Topics to include strategies for faculty recruitment, increased collaboration between basic science and clinical researchers and between SOM and main campus researchers, increased collaboration between USC SOM, MUSC, GHS and MCG researchers, efficient utilization of basic science and clinical research space, replacement and upgrade of research equipment.

Action Plan: Utilize strategic planning task force to develop plans for research expansion at the USC SOM. Indicators: Report of Task Force Chair. Progress: Interim report has been provided by Chair of Research Task Force. Goal will be retired when Task Force Report is provided.

2. Foster research with USC SOM Research Development Fund as vehicle for dispersal of seed grant funds to faculty. **This goal is continued from previous Blueprint.**

Initiative: Use USC SOM Research Development Fund as vehicle for dispersal of seed grant funds to faculty for development of new research proposals. Focus support on (a) innovative collaborative grant applications and (b) translational research to foster basic science – clinical science collaboration.

Action Plan: Call for research proposals from School of Medicine faculty and fund best applications that will result in innovative collaborative grant applications (such as program projects) to extramural agencies. Indicators: Funding from Research Development Fund. Progress: Four Research Development Fund proposals were awarded, for a total of \$80,000. This level of funding is

significantly reduced from previous years, but there are no plans to retire the Research Development Fund or this goal.

3. Increase the number of proposals for extramural funding by 5% over 2009-2010 levels, and increase extramural funding by 5% over 2009-2010 levels. **This goal is continued from previous Blueprint.**

Initiative: Support faculty involvement in program projects and center grants. Support recruitment of new junior faculty. Recruit funded investigators in Basic Sciences and Clinical Sciences departments.

Action Plan: Assist in developing collaborative faculty projects, providing central administrative funds as appropriate when available. Assist departments in recruitment of funded investigators, providing central administrative funds as appropriate when available. Indicators: Number of proposal submissions and amount; Level of extramural funding. Progress: Number of applications increased, with 224 in calendar year 2008 and 313 in calendar year 2009. Total proposal requests for FY 2009-2010 was \$79,301,753 compared with the previous fiscal year amount of \$52,104,556. Based on total awards, research and contract awards increased from \$39,838,549 in the previous year to \$43,512,640 this past year. Targets for this goal reflect severe reduction in institutional funding.

4. Increase the number of scholarly publications by 5% from previous calendar year. **This goal is continued from previous Blueprint.**

Initiative: Encouragement of faculty to submit publications by Department Chairs, and placement of requirements for publications in teaching and research award programs, and both tenure and promotion and appointment and promotion guidelines.

Action Plan: Track number of scholarly publications an calendar year basis. Indicators: Number of scholarly publications. Progress: The total for calendar year 2008 was 210. The total for calendar year 2009 was 203, which represents a 4% decrease. In addition, 23 books/chapters were published, and faculty gave 178 academic presentations in 2009.

5. Expand clinical research base through development of clinical programs. **This goal is continued from previous Blueprint.**

Initiative: Develop new subspecialty divisions or departments with associated research and scholarship programs.

Action Plan: Work jointly with Palmetto Health Richland and/or Dorn VA Medical Center to establish new subspecialty divisions or departments. Utilize state CoEE Endowed Chairs program to assist in recruitment of division chiefs or department chairs. Indicators: Written plan or Pro Forma for creation of new division or department; Recruitment division or department chairs.

Progress: Previous strategic planning for expansion of neurosciences has led to successful recruitment of a new chair of neurology who was also awarded a state CoEE Endowed Chair (Clinical Stroke Research) and two FEI awards from Provost. Anticipate this goal will continue for several years into the future.

Service

1. Improve the structure and function of University Specialty Clinics. **This goal is continued from previous Blueprint.**

Initiative: The Chief Operating Officer has been integrated into the practice plan and is providing oversight, direction and guidance for all clinical departments. His primary focus is to align all business and clinical functions of the SOM clinical departments in order to achieve optimum effectiveness and efficiency including centralize management for additional clinical departments (which will bring to 10 units that are using a common server). Customer service excellence seminars will continue to be offered to all clinical departments.

Action Plan: Patient care fee-for-service and contractual revenues increased from \$52,000,000 in 2008 to \$59,000,000 in FY 2009. Customer service excellence seminars were held with representation from a majority of the clinical departments. Computer-based training center and electronic help desk services were also implemented.

2. Implement the USC SOM-PHA Billing Compliance Plan. **This goal is continued from previous Blueprint.**

Initiative: Continue to update and implement the billing compliance plan. Assure that 100% of faculty, residents, and staff have successfully completed the annual billing compliance training. Promote ongoing clinical department involvement in their respective billing compliance activities.

Action Plan: 100% of faculty, residents, and staff completed the annual billing compliance training and continue to participate in the billing compliance plan.

3. Continue to develop Primary Care services within USC SOM. **This goal is continued from previous Blueprint.**

Initiative: Continue to recruit faculty in USC primary care departments. Develop at least 1 geographically separate primary care office for USC.

Action Plan: Successfully recruited 3 more additional primary care faculty in the Departments of Family and Preventive Medicine, Internal Medicine and Pediatrics. Plans have been developed for the founding of a separate primary care office for USC, we through the Primary Care –Rural health initiative been able to obtain additional funding and expect to be able to implement this plan in the coming year.

4. Expand specialty services in University Specialty Clinics. **This goal is continued from previous Blueprint.**

Initiative: SOM recruited a Division Director and faculty for the Academic Division of Cardiology. Also will recruit for faculty positions in OB/GYN - Generalist and MFM, Surgery - Trauma Surgeon, Neurology - Intensivist, Pulmonology – ICU, Pediatrics many different specialties Will implement a revised plan to increase internal referrals to our specialist faculty and improve external referrals to USC. In Neurology are implementing a plan to develop a stroke center with Palmetto Health.

Action Plan: Successfully recruited a nationally known Neurologist to lead our Stroke Center partnership with Palmetto Health. In addition to meeting Clinical needs the individual will also fill the CoEE in the neuroscience Center and bring with him Clinical Researchers to enhance Clinical Research.

Have also recruited over 15 additional specialty faculty in the Departments of Internal Medicine, Neuropsychiatry and Behavioral Science, OB/GYN, Ophthalmology, Surgery, and Pediatrics. Successfully recruited a Chief of Cardiology, and the specialty departments delivered over 187,000 patient visits during 2009 resulting in a combined revenue increase of 6%.

5. Upgrade USC SOM clinical facilities. **This goal is continued from previous Blueprint.**

Initiative: Further explore the feasibility and desirability of shared space for the Neuroscience Institute initiative. Continue to evaluate optimal avenue of space acquisitions including new construction or purchase of existing buildings. Develop a process to evaluate and secure primary care office locations geographically separate from the existing campus.

Action Plan: Procured separate office space for the division of Neurosurgery. And have built and occupied space which will be the cornerstone of the Stroke Center. Also built out space for the Division of Cardiology and now have a fully functioning non interventional Cardiology division.

6. Expand relationships between University Specialty Clinics, Dorn VA and Palmetto Health. **This goal is continued from previous Blueprint.**

Initiative: Begin the process of updating the Affiliation agreement. Develop a more inclusive and integrated partnership with PH in clinical services, education and research.

Action Plan: Completed a new affiliation agreement with Palmetto Health and successfully joint recruited a Chair of Neurology. Expanded pulmonary services to include a comprehensive Pulmonary Division that is housed in 8 Medical Park.

7. Investigate the feasibility of implementing a USC SOM electronic medical record (EMR) . **This goal is continued from previous Blueprint.**

Initiative – Continue process of determining best electronic medical record (EMR) for the USC clinical practice. Work with partners particularly Palmetto Health to assure that the EMR is integrated for all of our clinical services

Action Plan – Have in place a thorough analysis and an Action Plan for implementation of an EMR within the year.

8. Create the Departments of Neurology and Neurosurgery as separate departments with Department Chairs

Initiative – Implement goal of having Departments and recruit either internally or externally chairs for these two new Departments.

Action Plan – Follow through on the creation of the departments and appointment of chairs in the first quarter of 2010.

Administrative

1. Expand fundraising activities in the SOM. **This goal is continued from previous Blueprint.**

Initiative: Develop and implement a training program for faculty on grateful patient giving.

Action Plan: Faculty and staff have received training in medical philanthropy focused on grateful patient identification and solicitation. Additional training will be offered as budget permits.

2. Increase foundations/corporations giving to the SOM.

Initiative: Identify and qualify 10 foundations/corporations to cultivate and solicit.

Action Plan: 156 foundations and corporations were successfully identified, cultivated and solicited for gifts.

3. Increase planned giving to the SOM.

Initiative: Identify, cultivate, and solicit 15 individuals for planned gifts.

Action Plan: 29 individuals were identified and solicited for planned gifts.

II. Funding

Budget Used Within the Unit

The mission of the University of South Carolina School of Medicine (USCSOM) is to improve the health of the people of the state of South Carolina through medical education, research, and the delivery of health care.

For the mission of medical education, resources are allocated to departments through State and other education restricted support "A" funds. These "A" funds pay for "some" of the faculty and staff base salaries and fringe benefits that provide medical education services to School of Medicine medical, graduate, and masters students. Each year, these faculty and staff salaries and fringe benefits are budgeted in our State (A) budget, including anticipated merit, rank, or performance increases. The base salaries and fringe benefits for approved new faculty and/or new staff are also included in the budget process, and, certain operating expenses that are linked to the provision of medical education services to these students are included. In FY 2008-2009 (FYE 6/30/2009), these base salaries, fringe benefits and operating expenses were approximately \$31.1M for all consolidated "A" funds. For FY 2007-2008 (FYE 6/30/08), these base salaries, fringe benefits and operating expenses were approximately \$36.1M for all consolidated "A" funds. Due to recent and continued state and other budget actions, these "A" amounts are expected to decrease for FY 2009-2010 and will continue to be managed through creative financing, deferral of planned purchases & expansions, reduction in workforce, and through the shifting of expenditures to affiliated organizations.

Revenues generated to cover these expenses for FY 2008-2009 include the following amounts: State (A) appropriations from all sources including one-time appropriations of (\$17.5M); tuition and fees from medical and graduate, and masters students (\$9.4M); Palmetto Heath (PH) reimbursement for Program Directors (\$.8M), Dean Start-Up funds (\$1.1M), nominal other revenue, and a tax/contributions on the clinical units (\$1.0M). The only significant changes of funding sources for AY 2008-2009 relate to the reductions in state funding, dean's start-up and potentially contributions from the clinical units.

FY 2007-2008 included the following approximate amounts: State (A) appropriations from all sources of (\$22.2M); tuition and fees from medical and graduate, and masters students (\$8.4M); Palmetto Heath (PH) reimbursement for Program Directors (\$.8M), Dean Start-Up funds (\$1.8M), nominal other revenue, and a tax/contributions on the clinical units (\$1.4M).

The only significant changes of funding sources for AY 2008-2009 relate to the reductions in state funding and dean's start-up.

Funds from E accounts are budgeted to support the research activities of the departments, to include base salaries and fringe benefits of faculty, post-docs, students, and staff and the operating costs of supporting the research activities of the departments. In fiscal year 2008-2009, as well as in 2007-2008, some of these E funds were used as bridge funds, and/or start-up funds for the research activities of new faculty in the Pathology, Microbiology and Immunology department, the Cell & Developmental Biology and Anatomy department, and the Pharmacology, Physiology, and Neurosciences department, as well as clinical units. As of 6/30/09, the cash balance of the SOM E funds increased by a net amount of approximately \$466K from 6/30/2008 to \$4,846M. E fund balances are managed by the Chair of each department and some by the Office of the Dean. The balance at 2/15/10 is approximately \$5,729M; but it is expected that some of this amount may be used to bridge finance the budget reductions until operational changes are implemented to reduce recurring expenditures.

As of 6/30/08, the cash balance of the SOM E funds increased by a net amount of approximately \$352K from FY 2006-2007 to \$4,380M. E fund balances are managed by the Chair of each department and some by the Office of the Dean. The balance at 2/28/09 was approximately \$5,332M.

Note that the USCSOM indirect or FFS rate decrease to 37% from 42.5% effective in the Summer of 2009, and we expect this decrease in overhead reimbursement rates to impact our accumulation of E funds, but this decrease will be offset by anticipated increased funding or new grants.

Budgets for the delivery of health care services are developed by each of our 10 main clinical departments on a calendar year basis (January – December)(note there are 2 more clinical units as of 1/1/2010 for Neurology and Neurosurgery). Revenues are derived from patient care income, professional services and contractual income with/from our affiliated institutions (PHA, Dorn VA, DMH, etc.), professional income (consulting, expert witness fees, honoraria, etc.), and interest income. For calendar year 2008, these revenues from clinical practice were approximately \$52M; total revenues were \$56M when including revenue from all sources including investment, rental and other. Expenses paid by these clinical departments include some base salaries and fringe benefits for faculty and staff, all practice plan supplements for the faculty, all operating expenses incurred in the delivery of these health care services, professional expenses for the faculty and the taxes (12% of revenues) for the Dean's Fund and the budget deficit. (NOTE: No State "A" funds are used to pay for these expenses) These expenses (clinical and all Trust expenditures) for these clinical departments in 2008 were approximately \$55M. Funds remaining at the end of the year are transferred to the Educational Trust.

Financial statements and audited information are being performed at this time on the Practice Plan/Trust and information for calendar year ended 12/31/2009 is not yet available, but we expect the continued increase in revenues and a larger increase in expenses, as more expenses are moved from the traditional educational A funds to the only available funding within the practice plan/trust.

For calendar year 2007, these revenues from clinical practice were approximately \$46M; total revenues were \$55M when including revenue from all sources including investment, rental and other; current 2008 investment losses and values have been reduced as compared to 2007 due to the overall market degradation that started in the Fall of 2008. Expenses (clinical and all Trust expenditures) for clinical departments in 2007 were approximately \$49M. Funds remaining at the end of the year are transferred to the Educational Trust.

In the mission of medical education, plans are being developed to increase the size of each medical student class to a maximum of 100 students (presently approximately 85 per year). The SOM has also increased its number of out-of-state students (presently 15 per year) and will continue increasing that number as we progress to 100 students per year. The SOM is reassessing plans related to student scholarships funded by the Dean's Fund; in 2009 there was established an endowment from the Dean's and other funds to decrease the dependence upon current Trust operating activities to fund scholarships; due to recent other economic reductions, we do not expect to fund this to a viable corpus balance for years.

The balance between the various sources of financial support has been minimally adequate to fund ongoing operations of the medical school as well as new and current initiatives. Both total revenues and total expenditures have steadily risen in recent years but are well matched in their rate of rise, but expenses have been increasing at higher rates for the practice plan/trust due to transfers from the (A) funds.

Direct federal grants and contracts have increased from \$10.4M in 2003-2004 to \$18.0M in 2008-2009. Total state and university appropriations have remained fairly flat till the recent decreases in the past couple of years over the same time frame, state amounts were \$17.5M in 2008-2009 to current FY of \$19.7M in 2009-2010, without the onetime rural appropriations for FY 2010 the actual recurring is \$16.7M. Tuition for medical students has risen over the same period but remains competitive and at or just below the national average.

Rising expenditures are expected to be balanced by the rise in total revenues in the next five years based on projected practice plan growth between 5-10% a year, research between 3-8% a year, and tuition revenues between 5-10% a year. State support will likely continue to decrease or remain stagnate in the short term. The affiliated healthcare systems of the school are financially sound to the best of our knowledge. Reserve funds for short-term financial relief are available in the clinical practices' Educational Trust, the University's Foundation Trust, "E" Funds, and in the Office of the Dean.

2009-2010 and looking forward: Current budget reductions have deterred basic and translational science research and recruitments have been placed on hold unless external funding sources are available. Clinical operations are financial strained. There are limited bridge funds available should a grant supported faculty member lose or not have a replacement or new grant, and or should high producing physicians decide to leave the practice.

III. Resource Requirements

Refer to the detailed plan named "University of South Carolina School of Medicine Strategic Planning – Open List of Facilities & Infrastructure Projects" place in the FY 2010-2011 Blueprint Financial Analysis notebook. We have listed projects by location and nature for years 2010-2011 to 2014-2015 and assigned priorities as high, medium and low based upon mission critical need and available project funds. Note that this does not include basic science and or clinical science equipment, as it is presumed that these would normally be purchased through accumulated indirects, available operating funds, and or grant supported research.

Please note the following summary of facilities and their uses for the USCSOM:

Building: Building #1 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed: 1931/32/1981***		Year of Last Major Renovation:1981
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Class Laboratories (3)	n/a	1,2,3,7,8
Classrooms (2)	80 (60,20)	1,2,3,7,8
Conference Rooms (4)	60 (20,8,12,20)	1,2,3,7,8
Lab Rooms (56)	n/a	Prep Labs, Ultramicrotomy, Cell Culture, Sem Lab, Wet and Open labs - 1,2,3,7,8
Multidisciplinary Labs	80, 38	1,2,3,7,8
Offices (68)	n/a	1,2,3,7,8

Building: Building #2 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed: 1931/32/1981***		Year of Last Major Renovation:1981
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Conference Room	10	1,2,3,7,8
Offices (15)	n/a	1,2,3,7,8
Laboratory Rooms (7)	n/a	Wet Labs and Open labs - 1,2,3,7,8

Building: Building #3 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed:1931/32/2003***		Year of Last Major Renovation:2007
Number of/Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Conference Rooms (7)	124 (26,40,4,4,10,10,18)	1,2,3,7,8
Small Meeting /Study Rooms (5)	50 (10,10,10,10,10)	1,2,3,7,8
Classroom	138	1,2,3,7,8
Offices (59)	n/a	1,2,3,7,8

Building: Building #4 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed:1931/32/1981***		Year of Last Major Renovation:1981
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Animal Quarters/Rooms (15)	n/a	1,2,3,7,8
Class Laboratory – Gross	120 standing	Gross Lab and Museum - 1,2,3,7,8
Offices (7)	n/a	1,2,3,7,8

Building: Building #28 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed: 1945/1981***		Year of Last Major Renovation: 1981
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Conference Room (2)	42(30,12)	3,7,8
Laboratory Rooms (13)	n/a	Wet Labs and Open labs - 1,2,3,7,8
Offices (30)	n/a	3,7,8

Building: Library Building or Building 101 – VA Campus– rented from DVAH and operated by University/SOM		
Year Constructed:1978***		Year of Last Major Renovation:2001; Summer 2008 renovation of 3rd floor for meeting rooms
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Classroom	75 (25 x 3 when divided for small groups)	1,2,3,7,8
Conference Rooms (2)	(10,16)	1,2,3,7,8
Computer Labs (2)	26	1,2,3,7,8
Offices (54)	n/a	3,7,8
Small Meeting or Study Rooms (9)	2 x 10, 1 x12, 6 x 8	1,2,3,7,8

Building: SOM M-I Lecture Hall – VA Campus – rented from DVAH and operated by University/SOM		
Year Constructed: 1982***		Year of Last Major Renovation:1998
Type of Room*	Seating Capacity– Combined for total of each type	Main Educational Use(s)**
Classroom	136	Lecture Room - 1,2,3,7,8
Offices	n/a	3,7,8

References and annotations used in the facilities summaries:

- * Lecture hall, science lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, simply indicate total number of such rooms in parentheses.
- ** Lectures, small-group discussion, dissection, wet labs, slide study, etc.
- ** Also note that the follow numbers to designate significant functions of the area: 1=Undergraduate teaching; 2=Graduate teaching; 3=Other teaching; 4=Inpatient care; 5=Outpatient care; 6=Clinical research; 7=Other laboratory research; 8=Administration/support; 9=Other; n/a=not applicable or pertinent.
- *** Most of the DVAH buildings are on the Historical Register and were built during the early twentieth century. Date shown is first date of significant inhabitation or acquisition by the SOM.

IV. Unit Statistical Profile

A. Instructional (Items 1-9 will be provided to each unit by the Assessment and Compliance Office at ipr.sc.edu)

1. Number of applications for Fall 2007, Fall 2008, and Fall 2009 admission by level.

	Fall 2007	Fall 2008	Fall 2009
Undergraduate	0	0	0
Masters	118	123	201
Certificate	12	6	10
First Professional	1,940	1,960	2,119
Doctoral	30	43	149
TOTAL	2,100	2,132	2,479

2. Number of admissions for Fall 2007, Fall 2008, and Fall 2009 by level.

	Fall 2007	Fall 2008	Fall 2009
Undergraduate	0	0	0
Masters	32	22	46
Certificate	7	3	8
First Professional	146	145	148
Doctoral	12	26	17
TOTAL	197	196	219

3. Freshmen retention rate for classes entering Fall 2006, Fall 2007, and Fall 2008.
Not applicable to the SOM.

4. Number of majors enrolled in Fall 2007, Fall 2008, and Fall 2009 by level (headcount and FTE).

	Majors			Student Headcount			FTE		
	07	08	09	07	08	09	07	08	09
Undergraduate	0	0	0	0	0	0	0	0	0
Masters	4	4	4	112	106	125	126	125	125
Certificate	1	1	1	9	4	8	0	0	0
First Professional	1	1	1	315	318	329	315	318	329
Doctoral	1	1	1	39	56	89	73	89	89
TOTAL	7	7	7	475	484	551	514	532	543

5. Number of graduates in Fall 2008, Spring 2009, and Summer 2009 by level.

	Fall 2008	Spring 2009	Summer 2009
Undergraduate	0	0	0
Masters	4	34	2
Certificate	2	0	0
First Professional	0	68	0
Doctoral	0	2	1
TOTAL	6	104	3

6. Four-, Five-, and Six-Year Graduation rates for three most applicable classes.
Not applicable to the SOM.

7. Total credit hours generated (regardless of major) for Fall 2008, Spring 2009, and Summer 2009.

	Fall 2008	Spring 2009	Summer 2009
Undergraduate	N/A	N/A	N/A
Masters	N/A	N/A	N/A
Certificate	N/A	N/A	N/A
First Professional	N/A	N/A	N/A
Doctoral	N/A	N/A	N/A
TOTAL	N/A	N/A	N/A

8. Number of credit hours taught by tenured and tenure-track faculty, by instructors, by non-tenure-track faculty (clinical and research) and by adjuncts (temporary faculty).

Note that the USCSOM utilizes a multidisciplinary team approach to teaching formal coursework, as well as, for professional laboratory and clinical care instruction, and therefore number of hours taught by tenure, nontenure, and faculty classification/status are not applicable. The USCSOM does not utilize only a single faculty member to teach a full credit hour course.

In order to provide you with information regarding coursework and requirements, the following are pertinent excerpts from the most recent Liaison Committee for Medical Education self-study completed one year ago (note there have not be substantive changes from the prior year):

PART A. SUMMARY DATA ON COURSES AND CLERKSHIPS

Complete the following tables for all required courses and clerkships:

A. METHODS OF INSTRUCTION

YEAR ONE Formal instructional hours

Course	Lecture	Lab	Small groups*	Patient contact	Other†	Total
Intro. to Clinical Medicine I	64		51.5	20		135.5
Medical Biochemistry	87				17 Clinical Correlation	104
Medical Embryology and Gross Anatomy	65	40	70		5 Ultrasonography	180
Medical Microscopic Anatomy	56	49				105
Medical Neuroscience	41	29			11 Clinical Correlation	81
Medical Physiology	73	7	5		9 Clinical Correlation	94
TOTAL	381	130	126.5	20	42	699.5

* Includes case-based or problem solving sessions

† Describe

YEAR TWO

Formal instructional hours

Course	Lecture	Lab	Small groups*	Patient contact	Other†	Total
Intro. to Clinical Medicine II	140		62	32.5		234.5
Medical Microbiology and Immunology	86		10		12	108
Medical Pathology	148.5		18			166.5
Medical Pharmacology	68		8			76
TOTAL	442.5		98	32.5	12	585

* Includes case-based or problem solving sessions

† Describe: Clinical correlation

YEAR THREE

Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk formal instruct.**	Clinical Encounter Criteria † (Y/N)	Patient Log (Y/N)
Family Medicine	6	75	2/30	15	Y	Y
Internal Medicine	8	8	3/3	20	Y	Y
Neurology	2	50	3/4	10	Y	Y
Obstetrics/Gynecology	6	30	3/3	8	Y	Y
Pediatrics	8	50	2/6	15	Y	Y
Psychiatry	6	40	6/4	15	Y	Y
Surgery	8	10	3/3	12	Y	Y

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient/ # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for the kinds of patients, clinical conditions, or procedural skills been defined?

Course	Lecture	Lab	Small groups*	Patient contact	Other†	Total

* Includes case-based or problem solving sessions

† Describe

YEAR FOUR

Clerkship	Total wks	% Amb.	# Sites used*	Typical hrs/wk formal instruct.**	Clinical Encounter Criteria † (Y/N)	Patient Log (Y/N)
Acting Internship	4	0	12	15	Y	Y
Senior Internal Medicine	4	90	1/10	4	Y	Y
Senior Surgery	4	90	4/19	8	Y	Y

*Include the number of sites used for inpatient teaching and the number of sites used for outpatient teaching in the clerkship in the following format: # inpatient/ # outpatient

**Sum of lectures, conferences, and teaching rounds; show the range of hours if there is significant variation across sites

† Have criteria for the kinds of patients, clinical conditions, or procedural skills been defined?

Course	Lecture	Lab	Small groups *	Patient contact	Other†	Total
Capstone	6				21	27

* Includes case-based or problem solving sessions

† In addition to attendance at lectures, all students are required to recertify Basic Life Support (4 hours) and to participate in an essay reading session (2 hours) as well as the equivalent of 5 workshops, each of which is approximately 3 hours in duration. The primary objective of each workshop is to provide for the personal and/or professional development of the students as they prepare to enter residency and the practice of medicine. These workshop experiences include: Advanced Cardiac Life Support (two sessions offered), Residents as Teachers, Practice Issues, Ultrasound, Literature and Medicine, Ventilator Management, Sports Medicine, Cultural Awareness, and Computer Skills. The total number of workshop hours offered is approximately 30.

B. METHODS OF EVALUATION

YEAR ONE

Course	# of Exams	Contribute to Grade (Check all that apply)						
		Internal Exams	Lab or practical Exams	NBME Subject Exams	Faculty/ Resident Rating*	OSCE /SP Exam	Paper or Oral Pres.	Other †
Introduction to Clinical Medicine I	6	√			√		√	
Medical Biochemistry	10	√		√				
Medical Embryology and Gross Anatomy	4	√	√				√	√
Medical Microscopic Anatomy	5	√	√					
Medical Neuroscience	4	√	√					
Medical Physiology	5	√		√				

* Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching)

† Describe the specifics in the report narrative

YEAR TWO

Course	# of Exams	Contribute to Grade (Check all that apply)						
		Internal Exams	Lab or practical Exams	NBME Subject Exams	Faculty/ Resident Rating*	OSCE/SP Exam	Paper or Oral Pres.	Other †
Intro. to Clinical Medicine II	11	√		√	√	√	√	
Medical Microbiology and Immunology	4	√	√					√
Medical Pathology	11	√		√				
Medical Pharmacology	6	√						

* Include evaluations by faculty members or residents in clinical experiences and also in small group sessions (for example, a facilitator evaluation in small group or case-based teaching)

† Describe the specifics in the report narrative

YEARS THREE AND FOUR

Course or Clerkship	Contribute to Grade (Check all that apply)							
	NBME Subject Exams	Internal Exams	Oral Exam or Pres.	Faculty/Resident Rating	OSCE/SP Exams	Other*	Clinical Skills Observed (Y/N)†	Mid-Course Feedback (Y/N)
M-III Family Medicine	√			√	√		Y	Y
M-III Internal Medicine	√			√	√		Y	Y
M-III Obstetrics/Gyn	√	√	√	√	√		Y	Y
M-III Pediatrics	√	√		√	√		Y	Y
M-III Psychiatry	√			√	√		Y	Y
M-III Surgery	√	√		√	√		Y	Y
Acting Internship				√			Y	Y
Capstone		√				√	Y	N
Neurology	√	√		√			Y	Y
Senior Internal Medicine				√		√	Y	Y
Senior Surgery		√		√		√	Y	Y

* Describe the specifics in the report narrative

† Are all students observed performing core clinical skills? (yes or no)

9. Number of faculty by title (tenure-track by rank, research by rank, etc.), as of Fall 2007, Fall 2008, and Fall 2009.

	Fall 2007	Fall 2008	Fall 2009
Tenure-Track Faculty			
Professor	31	29	23
Associate Professor	21	24	22
Assistant Professor	17	13	9

	Fall 2007	Fall 2008	Fall 2009
Research Faculty			
Professor	3	2	2
Associate Professor	5	6	7
Assistant Professor	13	16	17

	Fall 2007	Fall 2008	Fall 2009
Clinical Faculty			
Professor	26	26	25
Associate Professor	48	39	41
Assistant Professor	65	69	69
Instructor	3	3	8

	Fall 2007	Fall 2008	Fall 2009
Instructors	4	6	1
Lecturers	0	0	0
Visiting Faculty	0	0	2
Adjunct Faculty	17	25	18

Refer to the following tables built based upon human resource reports and the faculty database from July 2009 until February 2010; these summaries are reasonable for an overview level review by rank and department. As presented in the past Blueprints, these tables are for faculty by department and rank as of Fall 2009:

Fall 2009

Tenure-Track Faculty				
DEPARTMENT	Professor	Associate Professor	Assistant Professor	Librarian
Cell Biology & Anatomy	3	9	3	
Clin Res & Spec Proj	1			
Family & Prev Med	2	1	1	
Genetics	1			
Internal Medicine	2			
Medical Library				7
Neuropsychiatry & Behavioral Sci	1		1	
Ob/Gyn	1	1		
Office of the Dean	1			
Ophthalmology	1			
Pathology, Microbiology & Immunology	6	3	2	
Pediatrics		1		
Pharmacology, Physiology & Neuro	2	7	2	
Surgery	2			
Totals	23	22	9	7

Grand Total	61
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Fall 2009**

Research Faculty			
DEPARTMENT	Research Professor	Research Associate Professor	Research Assistant Professor
Cell Biology & Anatomy	2	2	2
Clin Res & Spec Proj		1	
Family & Prev Med			1
Genetics			1
Internal Medicine			1
Med Educ & Acad Affairs			1
Ob/Gyn			1
Pathology, Microbiology & Immunology		2	4
Pediatrics - CDR			2
Pharmacology, Physiology & Neuro	1	1	4
Surgery		1	
Totals	3	7	17

Grand Total	27
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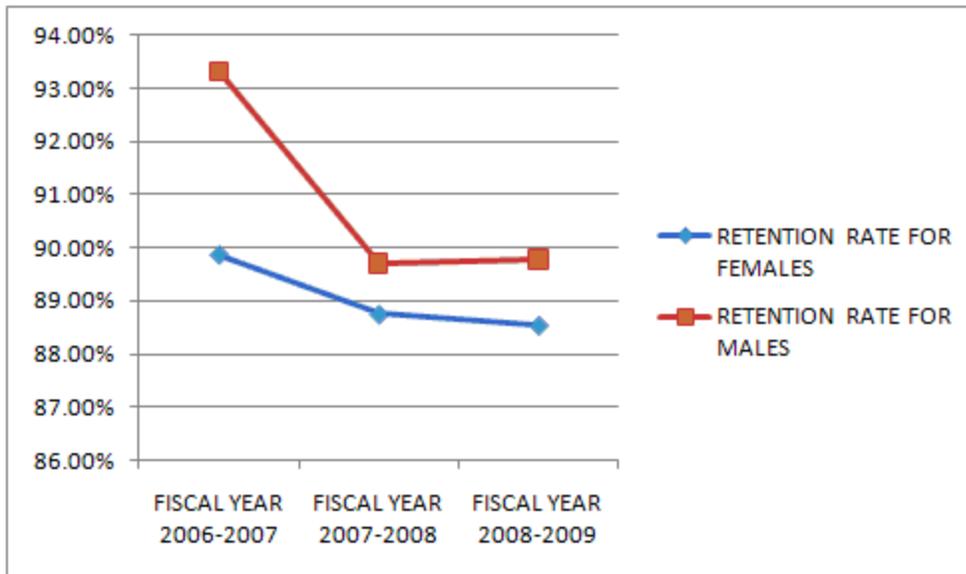
Note that there were three research professors, and this has been confirmed based upon review of the USCSOM human resource database, but the statistical report on the USC website only has 2 professors listed.

UNIVERSITY OF SOUTH CAROLINA
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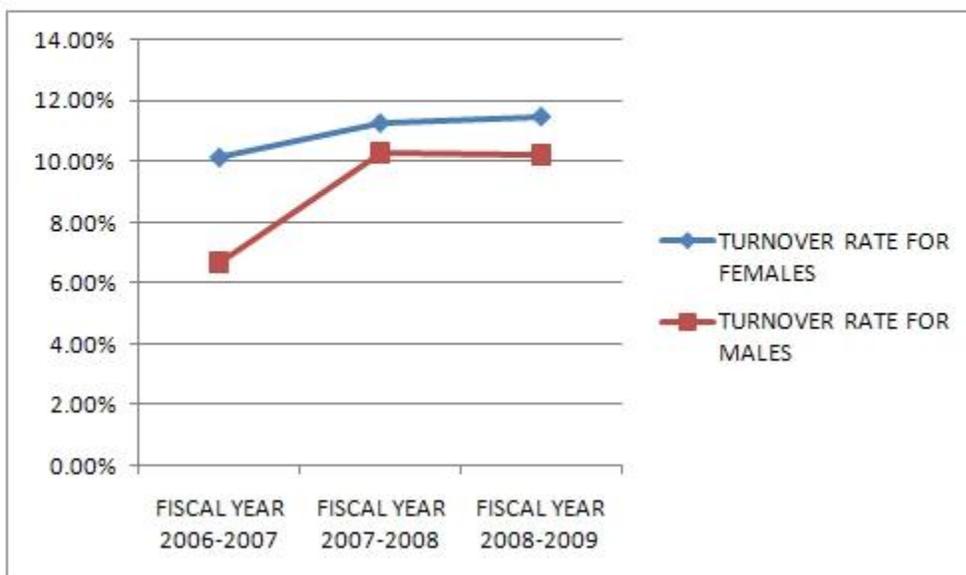
Non-Tenure Non-Research-Track Faculty - Clinical and Other					
DEPARTMENT	Clinical Professor	Clinical Associate Professor	Clinical Assistant Professor	Clinical Instructor	Librarian Instructor
Clinical Affairs	1	1			
CME & Faculty Development	1				
Curricular Affairs & Fac Support	1	1			
Family & Prev Med	1	8	10	2	
Genetics	1				
Internal Medicine	4	5	20		
Legal Affairs		1	1	1	
Med Educ & Acad Affairs	1		2		
Medical Library					1
Minority Affairs			1		
Neurology	1		3		
Neuropsychiatry & Behavioral Sci	5	3	9	3	
Neurosurgery	1	2	2		
Ob/Gyn		2	5	1	
Office of Information Technology		1			
Office of the Dean	1				
Ophthalmology		1	4		
Orthopaedic Surgery		2	3		
Immunology	1		1		
Pediatrics	4	11	20	1	
Radiology		1			
Surgery	2	2	3		
Univ Primary Care Center		2	3		
Totals	25	43	87	8	1
Grand Total	164				

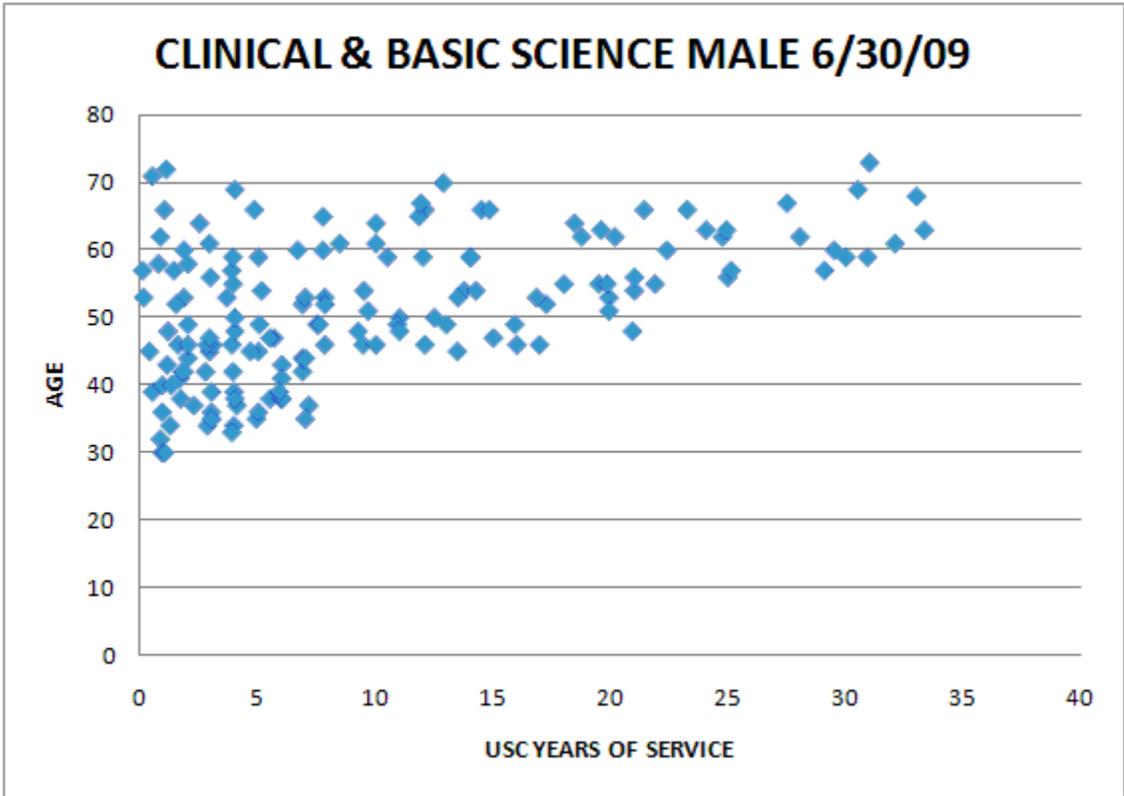
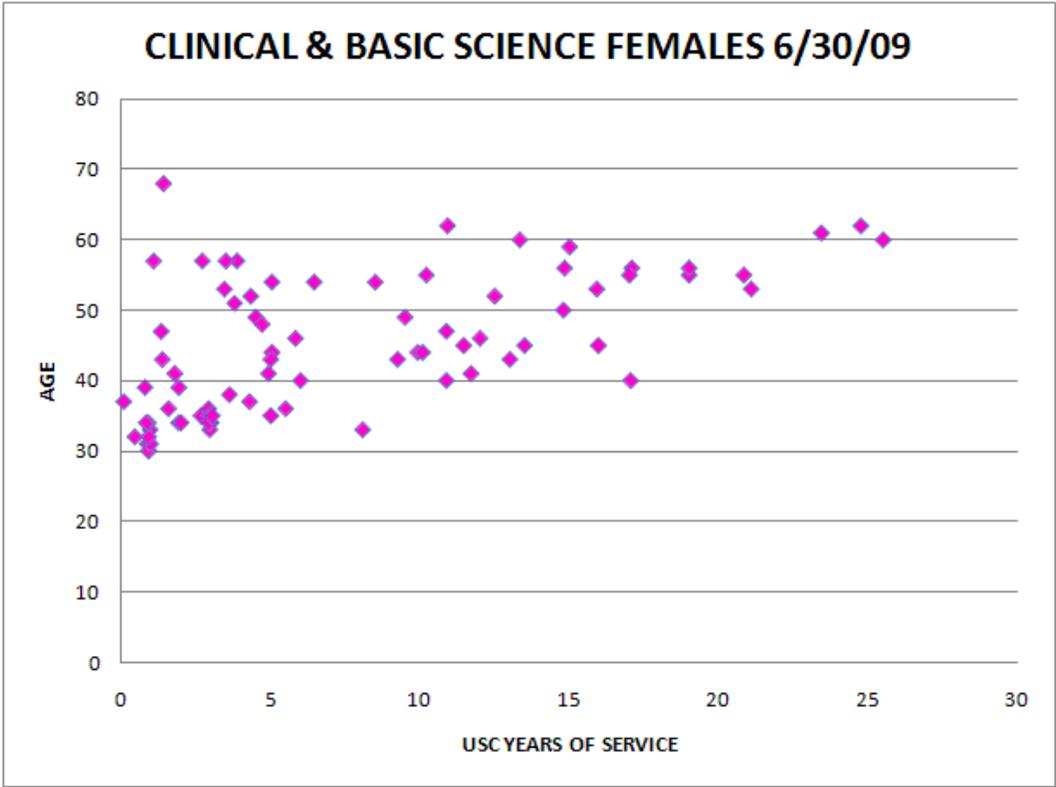
As requested in the past during Blueprint discussions and reviews, the following tables are details of faculty by gender and or rank (this same information has been provided to the Committee on Woman composed of female faculty and others at the USCSOM). Note that this information has been reviewed during early Fall 2009, and the USCSOM notes that any past gaps have been reasonably closed, and that remaining differences relate more to specialty and or unique clinical training, and or seniority of recruitment based upon external funding and research used to identify, target and hire the most recent recruits:

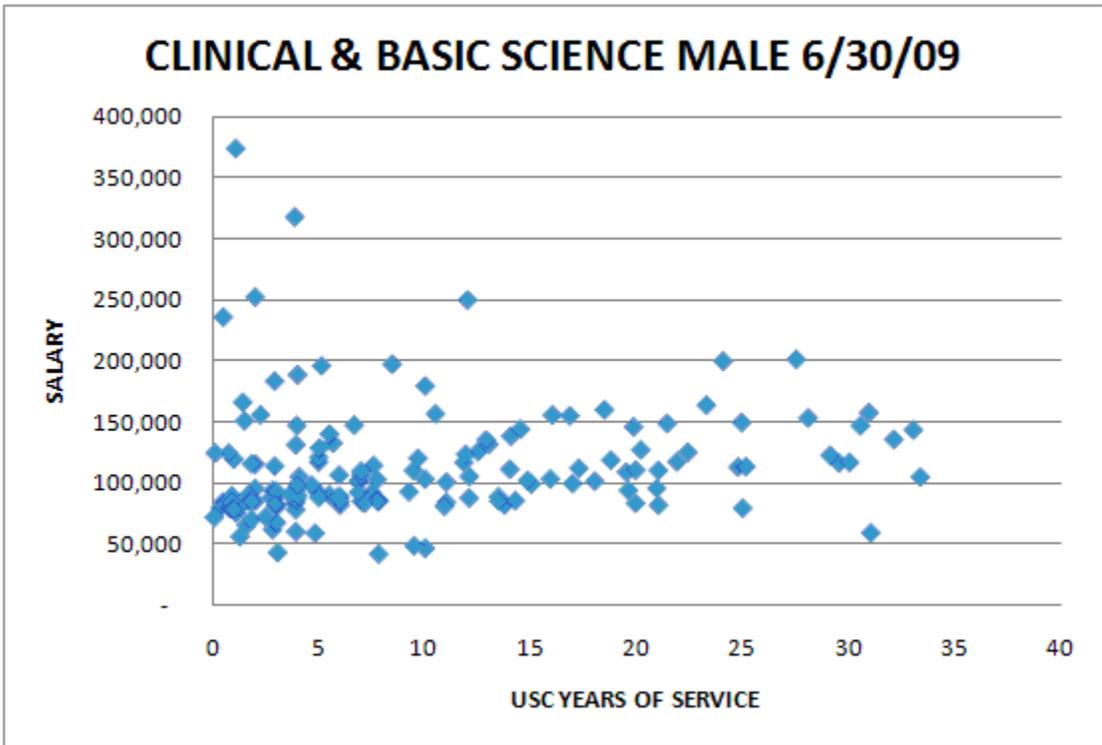
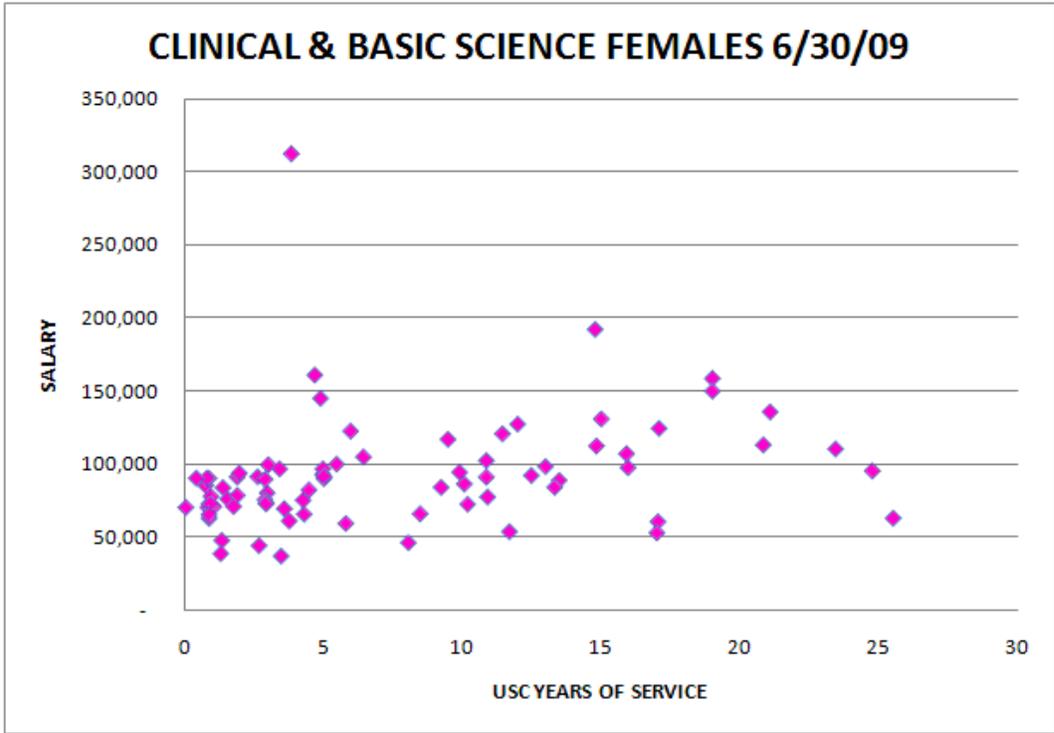
	FISCAL YEAR 2006-2007	FISCAL YEAR 2007-2008	FISCAL YEAR 2008-2009
RETENTION RATE FOR FEMALES	89.87%	88.75%	88.54%
RETENTION RATE FOR MALES	93.31%	89.71%	89.78%

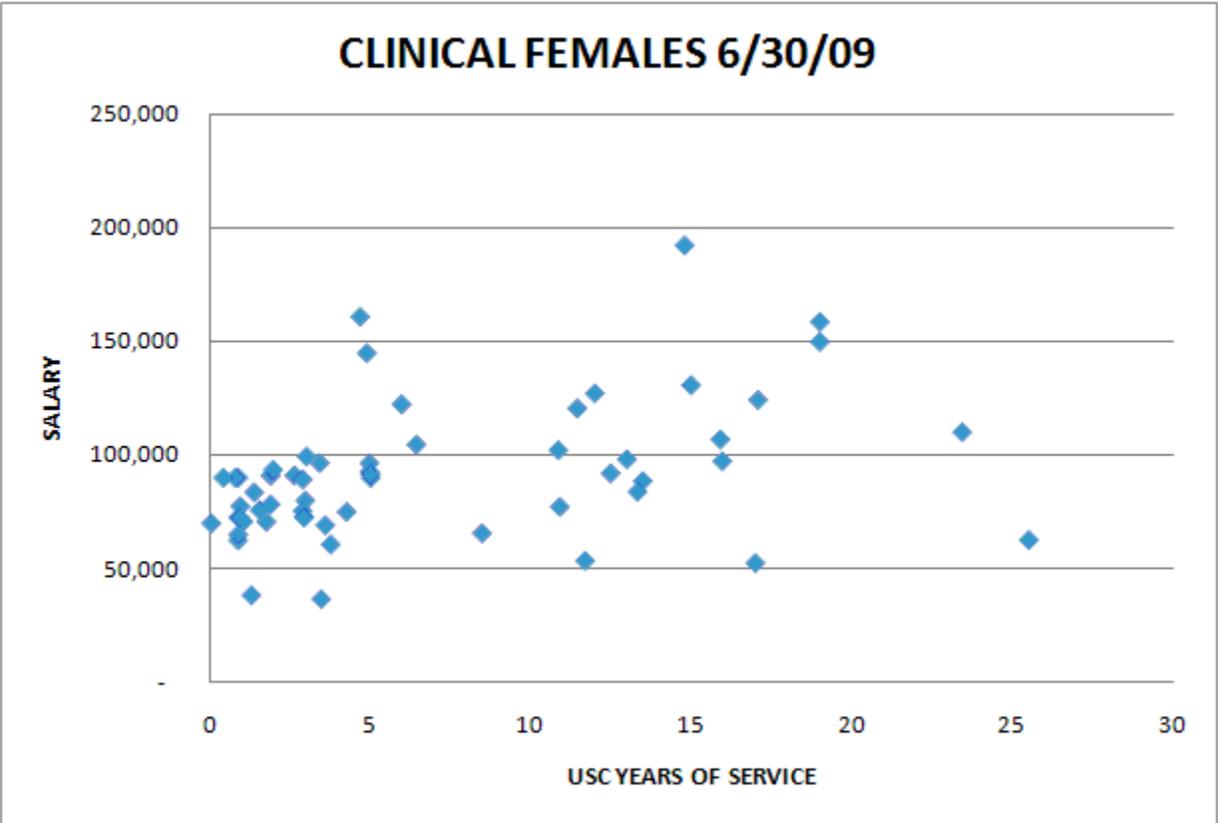
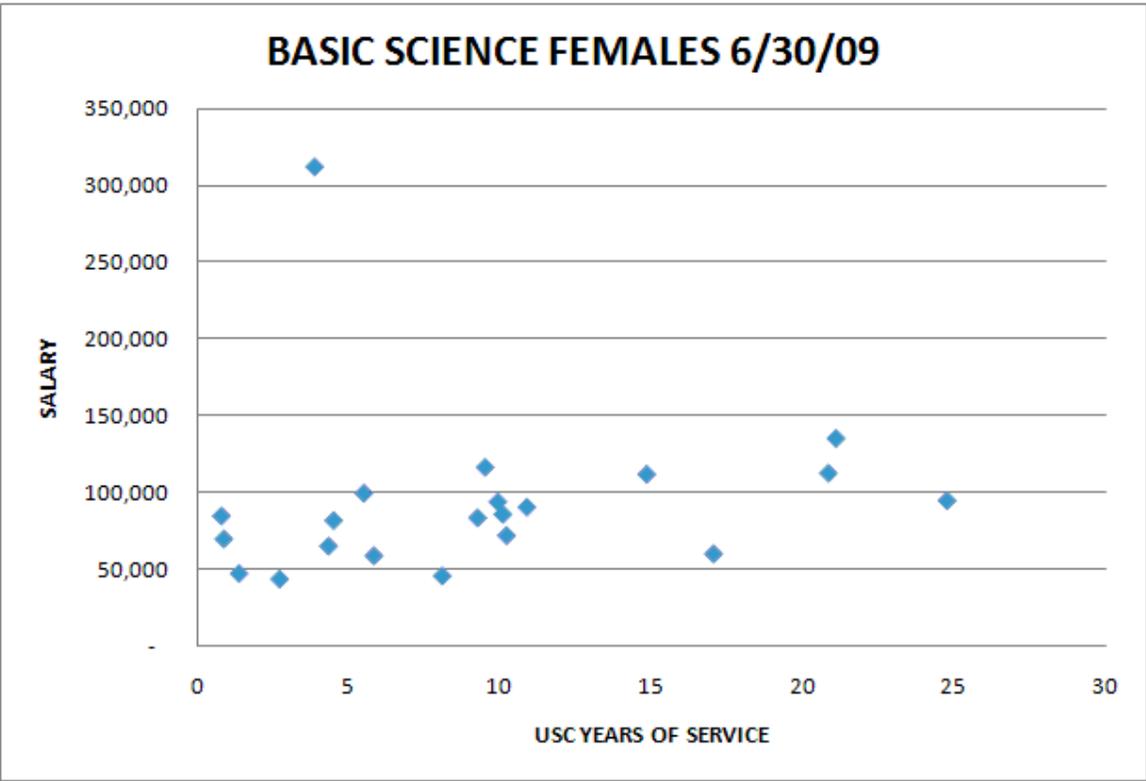


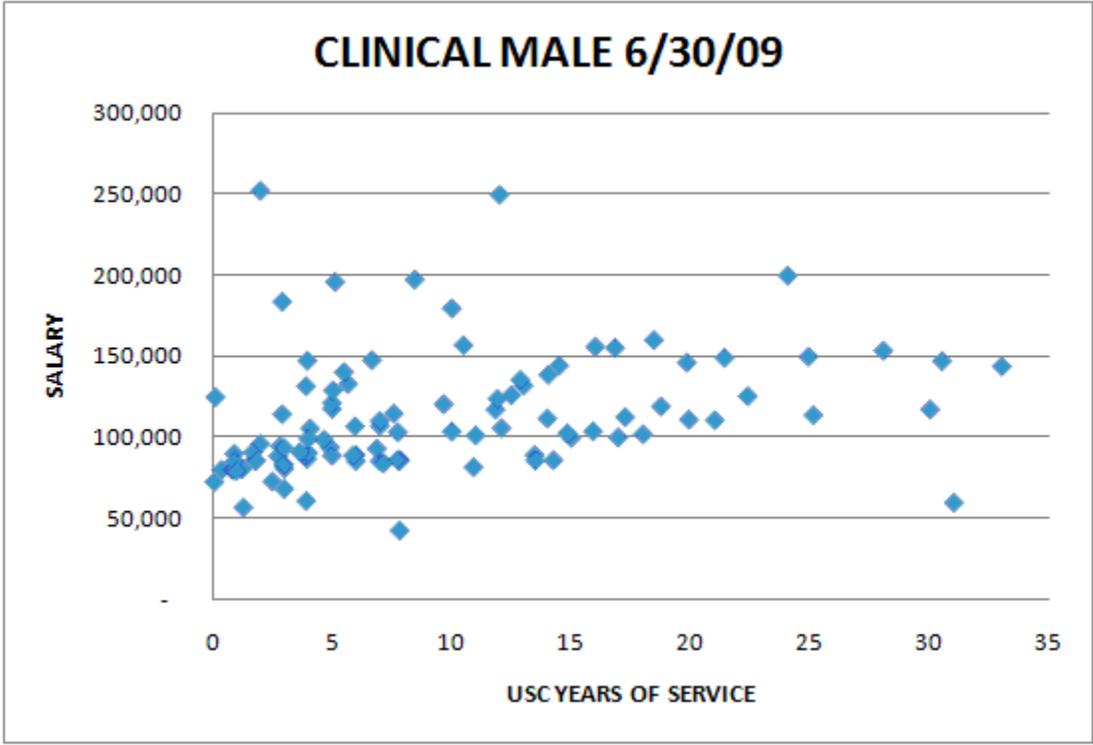
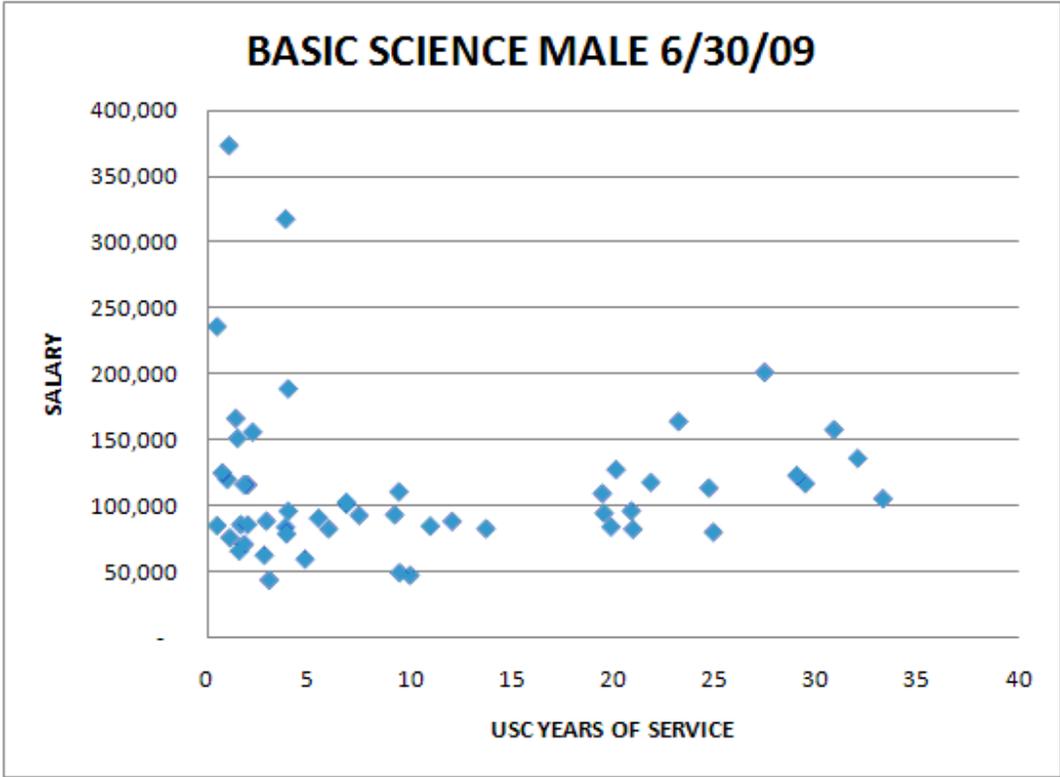
	FISCAL YEAR 2006-2007	FISCAL YEAR 2007-2008	FISCAL YEAR 2008-2009
TURNOVER RATE FOR FEMALES	10.13%	11.25%	11.46%
TURNOVER RATE FOR MALES	6.69%	10.29%	10.22%











10. Total continuing education units (standard University CEUs or Institutional CEUs) generated for Fall 2008, Spring 2009, and Summer 2009. (Please refer to policy RACM 1.04). **Not applicable to SOM.**

B. Research and Creative Accomplishments

1. Numbers of publications in calendar year 2009 by category (e.g., books, book chapters, refereed articles, non-refereed publications).
 Books and Book Chapters – 2009 - 23
 Refereed and Non-refereed Publications – 2009 - 203
2. Number of research paper presentations at national or international conferences in calendar year 2009.
 Paper Presentations – 2009 - 178
3. Number of performances and/or juried exhibitions at national or international venues in calendar year 2009.
 Performances/Juried Exhibitions - 0
4. Summary of sponsored research activity to include grant applications submitted and awarded, arranged by sponsoring agency.

Source: USCERA

Grants	Federal	Private/Industry/Non-Profit (not all submissions went through USCeRA)	State/Local	Total
Submitted '09	\$71,702,994.00	\$ 5,069,290.00	\$2,450,578.00	\$79,301,752.78
Awarded '09	26,664,202.00	12,636,608.00	4,211,831.00	43,512,640.00

5. Total extramural funding processed through SAM in FY 2009 and Federal extramural funding processed through SAM in FY 2009. (Provided by SAM at <http://sam.research.sc.edu/awardrpt.html> or <https://sam.research.sc.edu/uscera>. Contact SAM Office at 777.7093 for guidance if needed).

Total Extramural Funding: \$43,512,640 (from Question 13 Table)
 Federal Extramural Funding: \$26,664,202 (from Question 13 Table)

6. Total research expenditures per faculty for FY 2009.

\$133,955 (\$33,622,735 / 251 faculty)

7. Amount of sponsored research funding per faculty member for FY 2009 (by rank, type of funding: e.g., federal competitive versus non-competitive, state, etc., and by department if applicable).

Faculty Rank (Tenured, Clinical or Research Positions)	Total Number of Faculty	Number of Funded Faculty	Percentage Of Faculty Funded	Total Grant Awards	Grant Amount per (total) Faculty Member
Professor	63	40	63.5%	\$32,479,393	\$515,545
Associate Professor	75	26	34.7%	\$ 6,262,614	\$ 83,502
Assistant Professor	113	24	21.3%	\$ 4,770,633	\$ 42,218
All Faculty	251	90	35.9%	\$43,512,640	\$173,357

8. Percentage of unit faculty with sponsored research activity for FY 2009 (by rank and type of activity).

Funding Type	Number of Funded Faculty	Percentage Of All Funded Faculty** (90 from Table 16)	Total Grant Awards	Grant Amount per Funded Faculty Member
Federal	52	57.8 %	\$26,664,202	\$512,373
NIH	33	36.7 %	\$ 8,992,133	\$272,489
State/Local	9	10.0 %	\$ 2,264,994	\$251,666

9. Number of faculty serving as co-investigators in cross-unit grant applications in FY 2009.
210 as listed by USCERA
10. Number of faculty cross-appointed in Centers and/or institutes in FY 2009.
0 as listed by USCERA
11. Number of patents, disclosures, and licensing agreements in calendar year 2009.
Patents (PPAs - 7, Applications – 2, Issued – 6); Disclosures – 12; Licensing Agreements - 1
12. Number of proposals submitted to external funding agencies during calendar year 2009 (by type and by department if applicable).
313 as listed by USCERA

C. Faculty Hiring

1. Number of full-time faculty hired in AY 2009-10 by department (if applicable), and by rank.

In AY 2009-2010, year to date hires (July 2009 through December 2009) by department are:

Department	Number of New Hires	Prof	Assoc Prof	Asst. Prof	Instruct
Family & Preventive Medicine	2				2
Internal Medicine	5	1		4	
Library	2				2
Neuropsychiatry	1				1
OB/Gyn	1			1	
Ophthalmology	2			2	
Pathology, Microbiology & Immunology	1			1	
Pediatrics	1				1
Surgery	1			1	
Legal Affairs (Office of Clinical Affairs)	1				1
TOTAL	17	1	0	9	7

2. Number of post-doctoral scholars (Ph.D., non-faculty hires) in FY 2009.

In FY 2009, we had 8 post-docs.

Note this section does not include clinical residents or fellows.

As of February 15, 2010 for AY 2010 we have the following post-doc information:

Department	Number of Post-Docs
Cell Biology & Anatomy	4
Pathology, Microbiology & Immunology	4
Pharmacology, Physiology & Immunology	2
TOTAL	10

Note this includes two non-USC supported post-doctorals including one from Japan and another from Khajakistan.

3. Anticipated losses of faculty by year for the next five years. Please supply reasons for departure if known (e.g., TERI period end, conventional retirement, resignation). Please describe planned hiring over the next five years by department (if applicable).

The School of Medicine has no specific planned/anticipated losses other than those at the end of the TERI process and known planned resignations/relocations.

AY 2008-2009 – 28 retirements/resignations/transfers; 19 new hires

AY 2009-2010 – 4* (TERI/Retired) (Total 14 departures & 17 new hires to date)
 AY 2010-2011 – 0* (TERI/Retired)
 AY 2011-2012 – 1* (TERI/Retired)
 AY 2012-2013 – 1* (TERI/Retired)
 AY 2013-2014 – 0* (TERI/Retired)

*Known TERIs based upon December 2009 TERI summary.

In general the School of Medicine does not intend to net hire (hire more faculty than leaves) in the next few years unless it can be shown that there are adequate external funds for such positions, and or should additional “A” funds become available.

Depending upon changes in clinical productivity expectations and or other funding available for compensation, there may be a few unanticipated departures of clinical and or basic science faculty within the current AY 2009-2010 and the next the few years.

Based upon a monthly review from July 2008 to December 2009, the total net decrease in total faculty was 6; for this period the total hires were 36 and the total departures for all reasons were 42.

4. Number of CoEE chair hires and Faculty Excellence Initiative (FEI) hires in AY 2008-2009; number approved.

Detail of Our Existing Filled FEIs and CoEE follow:

Faculty Excellence Initiative Positions Filled:

Department	Name	FEI Title – Short Version
Cell, Biology & Anatomy	Taixing Cui	Cardiovascular Disease
Cell, Biology & Anatomy	Martin Morad	BC/BS Regenerative Medicine
Neurology	Souvik Sen	Stroke
Pathology, Microbiology & Immunology	Jennifer Nyland	Toxicity
Pathology, Microbiology & Immunology	Ashok Chauhan	Molecular Bio – HIV/AIDs
Pathology, Microbiology & Immunology	Walden Ai	Immunotherapies

Filled CoEE Follows:

Department	Name	Title – Short Version
Cell, Biology & Anatomy	Martin Morad	BC/BS Regenerative Medicine

Detail of Our Open and Unfilled FEIs and CoEE follow:

Faculty Excellence Initiative unfilled:

FEI Title – Short Version	Comments
Brain Plasticity	To be linked to Stroke and Neuroscience Initiative
Physical Function, Brain Health and Aging	Linked with Geriatrics and SmartBrain
SmartBrain Chair	Linked with Geriatrics and FEI tied to CoEE Chair - based upon current economic events, this search has been placed into a reassessment period expected to last one year before resuming.
SmartBrain Support I	Linked to CoEE and Geriatrics - based upon current economic events, this search has been placed into a reassessment period expected to last one year before resuming.
SmartBrain Support II	Linked to CoEE and Geriatrics - based upon current economic events, this search has been placed into a reassessment period expected to last one year before resuming.
Interdisciplinary Research on Nanoparticle-Host Cell Interaction	Linked to Pathology, Microbiology & Immunology
Evidence Based Cancer Prevention Program	Linked to Family & Preventative Medicine – Family Medicine is interested in pursuing, but is reassessing their economic situation to determine best point for timing of recruitment search and funding.

Unfilled CoEEs Follows:

Title – Short Version	Comments
SmartBrain	Linked with Geriatrics – note that there have been recruitment efforts and advertising, but based upon current economic events, this search has been placed into a reassessment period expected to last one year before resuming.
Vision Science	Linked to Immunology Focus and the Departments of Ophthalmology and Pathology, Microbiology & Immunology; there are currently advertisements regarding this CoEE to start the recruitment search.
Childhood Therapeutics	A Greenville Healthcare System Initiative
Clinical Effectiveness & Patient Safety	The USCSOM has currently passed on this CoEE and transferred to the College of Nursing

D. Funding Sources

1. All-funds budget (total, A-funds, E-funds, etc.), as of October 31, 2009.

Note that the A and E fund analysis for the 5-year strategic planning blueprint was based on December 31, 2009 balances and have been updated for key substantive changes noted through February 15, 2010. Note that the prepared 5-year financial plan does include some general estimates for budget reductions anticipated based upon the recent February meeting of the BEA, increases for certain inflation costs associated with goods and services, estimates of student base and related tuition and fees, etc. Please refer to the Excel Spreadsheet and other information detailing the financial projections and related assumptions within the FY 2010-2011 Blueprint Financial Analysis notebook.

In general, the USC SOM expectations are to meet the continued decreases in funding through a variety of means including increasing productivity of basic science and clinical units, deferring costs and projects unless mission critical and or at point of critical failure, decreasing costs (through termination of employees, terminating select operations & collaborations, limiting approval for hiring, and by not allowing travel and other items, etc.), and by transferring appropriate and allowable costs into clinical operations which likely in turn will be financed through the applicable K102 funds where clinical units are billed for payroll and certain cost items; also expect more costs to be transferred to E and grant funds as allowable.

2. Gifts and pledges received in FY 2009 (click on Private Support Reports at <http://www.sc.edu/development>. (Contact Darla Smith (darlas@mailbox.sc.edu) or Sarah Ricker (rickers@mailbox.sc.edu) for guidance if needed.)

Gifts and pledges received in FY 2008-2009 totaled \$3,540,559