**POLICIES AND PROCEDURES**

**UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE GREENVILLE**

**CURRICULUM COMMITTEE**

**Mission:**

To ensure compliance with all accreditation requirements and stated guiding principles, competencies and objectives of the USCSOM Greenville educational program that leads to the M.D. degree.

**Preamble:**

The Curriculum Committee of the University of South Carolina School of Medicine (USCSOM) Greenville is a deliberative body charged by the Dean and given institutional authority to review, advise and make policy recommendations for the successful design, implementation, and assessment of the curriculum for the undergraduate medical education program leading to the M.D. degree. Additionally, the Committee ensures that students develop the leadership, clinical and interpersonal skills essential to delivering the next generation of patient-centered health care with confidence and compassion. The Committee is guided by its commitment to compassionate patient care, innovative teaching and continuous improvement for the benefit of our students, faculty, administration and community we serve.

**Membership and Appointments:**

The Committee is composed of twelve (12) faculty members from the biomedical and clinical sciences and one (1) librarian who have been elected by the Faculty and two elected representatives from the student body of the School of Medicine. These 15 members constitute the **voting membership** of the Committee.

The Associate Dean for Education, the Senior Associate Dean for Academic Affairs and Diversity, the Director of Academic Effectiveness and Assessment, the Chair of the Department of Biomedical Sciences, the Chair of each Curriculum Committee Subcommittee, i.e., the M1 Academic Director, M2 Academic Director, the Chair of the Program Evaluation and Assessment Subcommittee and the Assistant Dean for Clinical Clerkship Education (M3/M4) and the M1, M2, M3 and M4 Student Presidents, or their designates, are non-voting, ex-officio members of this Committee.

Faculty members serve a term of three (3) years. All appointments to the Curriculum Committee, as well as the Chair of the Committee will have renewable appointments, with a limit of two (2) consecutive terms of service. To assure continuity of membership and mission, new members are appointed on a staggered basis. Please see the appendix for the rotating schedule.

**Medical student membership:**

Each M1 class will elect a curriculum committee representative that will serve as the representative for that class for 4 years. During the M1 year, this individual will act as an ex officio pre-clinical member of the committee. When this representative progresses to M2, they will become the voting pre-clinical student member. As an M3, this representative will again become ex officio. When this representative progresses to M4, they will be the voting clinical student member of the committee. This structure will allow the M1 and M3 student to represent their class on the curriculum committee. This will also provide the committee with relevant feedback from each class without overwhelming the process with student voting members.

**Attendance:**

Attendance will be taken at each meeting. Any member who misses more than 25% of the meetings will be reported to the Committee Chair. It is at the discretion of the Committee Chair to determine what/if any repercussions are necessary. The Curriculum Coordinator will keep track of the attendance and will advise the chair of the status of committee members. July is designated the first month of the academic year, and June is designated the final month of the academic year.

**Voting:**

A majority of voting members must be in attendance at the meeting before any voting can take place. The majority is defined as 50% plus one. The exception is when an electronic vote is sent out to the voting members of the Committee. In this case, 100% of the voting members must return a vote in order for any electronic voting to be considered official. If the result of the vote is a tie the issue will be opened for further discussion or may be returned to the the committee or individual who presented it for modification.

**Curriculum Committee Chair:**

The Chair of the Committee is elected biennially and reaffirmed annually from membership of the Committee by a majority vote. He/she will have served at least one (1) year as a member of the Committee prior to election, and will serve as Chair for a two (2) year term. A Chair may therefore serve as a Committee member for a maximum five (5) year term if he/she is elected Chair in the third year of his/her Committee membership. The Chair of the Committee will alternate between a biomedical science and a clinical science faculty member.

The Chair is responsible for developing each month’s agenda and for conducting Committee meetings using “The Standard Code of Parliamentary Procedure” by Alice Sturgis. The Chair reviews and corrects Committee minutes before they distributed to Committee members for discussion, correction and approval at the beginning of each meeting.

**Meetings:**

Curriculum Committee will meet monthly at least 10 times in an academic year. Special meetings may be called on an as-needed basis. A Curriculum Committee Retreat occurs once each year. This meeting is organized and facilitated by the Associate Dean for Education.

Six days prior to each meeting, members will be able to view the preliminary meeting agenda and supporting documents (with time and room location). The final agenda will be established not less than 24 hours prior to the scheduled meeting. Committee members are expected to read the documents prior to the meeting in preparation for questions or discussion. The minutes and the agenda will be posted on the public site for the University of South Carolina School of Medicine Greenville. All interested USCSOM Greenville faculty members, students, administration and the public are invited to attend Curriculum Committee meetings

**How to submit an item for the Curriculum Committee Agenda:**

Requests to have items considered for inclusion on the agenda are to be sent to the Curriculum Committee Chair. The Chair of the Committee will consider the request and determine if the item is appropriate for the agenda. The Chair will also ensure all stakeholders are invited to the meeting. If additional information is requested, this must be supplied before the item can be placed on the agenda. In general, items should not be presented by a proxy, but rather by the primary stakeholder.

**Meeting Procedures:**

Parliamentary procedure will be observed in all meetings to ensure the fair, orderly and efficient conduct of business. Meetings will be conducted in accordance with *The Standard Code of Parliamentary Procedure* by Alice Sturgis.

**Functions of the Committee:**

Curriculum development and oversight is an important component of the medical school’s function. The Curriculum Committee is responsible for the oversight and management of a coherent and coordinated curriculum that meets all accreditation standards, program objectives, and the guiding principles of the USCSOM Greenville.

Curricular change and innovation are crucial to maintaining the effectiveness and relevance of a medical school curriculum in a changing environment. A change to the basic science M1/M2 curriculum is categorized as “major” if it results in any significant change in the number of credit hours assigned to a course or the deletion of topical content from a longitudinal curriculum theme. A “major” change in the clinical M3/M4 curriculum would include the deletion of topical content involving a longitudinal curriculum theme, an increase in the number of evenings/nights students are on call, or any change in the amount of inpatient vs. outpatient experience in a required clerkship.

At the module or clerkship level, the following types of changes can be made without curriculum committee approval:

* improvements to lecture, module and clerkship materials
* sequencing of content within the module/clerkship
* faculty assignments for delivery of materials
* hourly session level objectives
* refinements to the wording of module/clerkship objectives that do not change the scope and intention of the objective
* changes in instructional delivery methods (e.g., from lecture to small group session, shifting to laboratory experiences in lieu of readings)
* changes to assessment instruments (e.g., exam questions, OSCE stations)

Curriculum Committee approval is required for the following changes:

* changes to the scope and intention of module/clerkship learning objectives
* significant changes in pedagogy (e.g., shift to predominantly on-line instruction, shift from patient experience to simulation experiences)
* required contact or clinical hours
* frequency of assessment
* elimination or addition of significant content or patient experiences

Additionally, policies previously adopted and published in the Student or Faculty Handbook concerning the academic life of USCSOM Greenville are reviewed and updated annually to reflect changes in medical practice, pedagogy, educational law, and society. The Curriculum Committee's role is crucial to the well-being and continuing development of the educational program at USCSOM Greenville. The oversight it provides is required for continuing accreditation of USCSOM Greenville by the LCME and for maintaining the continuing excellence and effectiveness of the USCSOM Greenville curriculum. The Committee is responsible for:

* Logical sequencing of the various segments of the curriculum.
* Content that is coordinated and integrated within and across the academic periods of study (i.e., horizontal and vertical integration).
* Methods of pedagogy and medical student assessment that are appropriate for the achievement of the program's educational objectives.
* Review and approval of student workload and duty hours, inclusive of required pre-class learning activities in the preclinical curriculum..

Curriculum management signifies leading, directing, coordinating, controlling, planning, evaluating, and reporting. Effective curriculum management is provided by the Committee through:

* + Evaluation of program effectiveness by outcomes analysis, using national norms of accomplishment as a frame of reference.
	+ Monitoring of content and workload in each discipline, including the identification of omissions and unplanned redundancies.
	+ Review of the stated objectives of each individual course and clerkship rotation, as well as the methods of pedagogy and medical student assessment, to ensure congruence with programmatic educational objectives.

Minutes of the curriculum committee meetings and reports to the faculty governance and deans should document that such activities take place and should report on the committee's findings and recommendations.

**Curriculum Policies**

*Academic Workload*

*Within the first two years of the curriculum, USCSOM Greenville has adopted a policy of an average of 28 hours of required educational activity per week, including no new material the day before an exam, no required Friday afternoon classes, and no required weekend classes. The average time students spend in class is 24 hours, with an additional 4 hours on average of required pre-class preparation. This permits at a minimum, 12 hours within the standard week for self-directed learning, in addition to evenings and weekends for study.*

*Duty Hours*

*Duty hours are defined as all clinical and academic activities related to the education of the medical student; i.e., patient evaluation, time spent in-house during call activities, and scheduled activities such as conferences, but do not include reading time spent away from the clerkship or elective site. Consistent with ACGME policies regarding resident duty hours, medical student duty hours are to be limited to 80 hours per week, averaged over four weeks, inclusive of all in-house call activities.*

*Adequate time for rest and personal activities must be provided. This should optimally be a 10 hour time period provided between all daily duty periods and after in-house call.*

***\*\*****Limited and carefully justified exceptions to this policy may be permissible. It is recognized that students do not work the consistently demanding and lengthy hours of resident physicians. In addition, their educational experiences in many areas are of limited duration. Maximizing their opportunity to experience some clinical or educational opportunities may from time to time justify exceeding the normal duty hours policy. Examples of justifiable exceptions might include, but are not limited to, the following:*

* *Prescheduled educational conferences or ‘rounds’ that must occur beyond the ‘24/6’ limits.*
* *A student-initiated request to participate in or observe a medical activity or procedure (e.g. surgery, diagnostic study, specialty consult or treatment, etc.) that must occur beyond the “24/6” or 80 hour policies.*
* *A student-initiated request to waive or alter the ‘days off’ policy in order to accommodate a special event (e.g. attend a special conference, attend a wedding, birth, or funeral, etc.) or ensure continuity of care or experience with a particularly valuable or interesting clinical case.*

*It is anticipated that such exceptions will be infrequently invoked. Any regularly anticipated exceptions must be reviewed and approved by the M3/M4 Subcommittee and Curriculum Committee.*

*As per the Student Handbook, students are requested to report infractions of the duty hour policy to their clerkship director and/or the Office of Educational Affairs. Repeated infractions are reviewed with the Associate Dean for Education, investigated by the M3/M4 Academic Year Subcommittee, and reported to the Curriculum Committee and Dean for recommendations of appropriate action. The Vice-Chair for Academics and the Clerkship Director are required to attend the Curriculum Committee meeting at which the infraction is reviewed.*

*A student who has been identified to be in violation of the duty hour policy will be excused from further clinical duties for that week, and a plan developed to enable him/her to meet all additional required clinical experiences within the acceptable duty hour limits.*

*Required Orientation*

USCSOM Greenville requires all individuals who participate in the supervision, teaching and assessment of medical students to participate in orientation for an understanding of the competencies, program level objectives, and assessment measures and outcomes. Where appropriate, additional module/clerkship specific training may be required relative to the knowledge and skills related to that particular module or clerkship.

**Program Reports**

Program reports from PEAS and the Curriculum Committee will be presented to the Curriculum Committee by the 1st meeting in August.

**PEAS Annual Program Report**

In order to ensure program effectiveness, the PEAS committee prepares an annual program effectiveness report, which includes a summary of all modules, clerkship and academic year reports with an overall summary based on comparison of internal results with external data. Analysis of post-graduation data regarding licensure and specialty certification rates, and practice location and type, provide information regarding whether the program adequately prepares students to practice medicine in any specialty or location of their choice.

This report, including any recommendations, is forwarded to the Associate Dean for Education, the Senior Associate Dean for Academic Affairs and Diversity, the Associate Dean for Student Affairs, the Curriculum Committee, and the Dean.

*Curriculum Committee Educational Program Report*

The Curriculum Committee reviews all annual reports and recommendations, and provides a State of the Educational Program Report to the Associate Dean for Education as the Dean’s designated Chief Academic Officer. Upon review, the Associate Dean for Education provides recommendations, if appropriate for any additional requirements for program change and improvement to ensure adherence to Program Objectives, Guiding Principles and Accreditation Standards. The Associate Dean for Education submits the final report and recommendations to the Dean’s Cabinet and ultimately to the Dean for approval.

Once the Dean has approved the State of the Educational Program Report, the Report is shared with all faculty and administrators in the School of Medicine.

The comprehensive list of instruments that are reviewed by the Curriculum Committee are as follows:

* Results of USMLE/MCC or other national examinations
* Student scores on internally developed examinations
* Performance-based assessment of clinical skills (e.g., OSCEs)
* Student responses on AAMC GQ or the AAMC CGQ
* Student evaluation of courses and clerkship rotations
* Student advancement and graduation rates
* NRMP match results or CARMS match results for Canadian medical schools
* Specialty choices of graduates
* Assessment of residency performance of graduates
* Licensure rates of graduates
* Specialty certification rates
* Practice locations of graduates
* Practice types of graduates
* Clerkship Director Survey of Student Readiness for M3/M4
* Annual Student Evaluations of Program-To-Date
* Correlations between Progress Testing Gains and Performance within Curriculum
* Graduate 3- and 5-Year Out Surveys, alumni surveys

*The means by which the data are collected (including response rates for questionnaires):*

**Results of USMLE/MCC or other national examinations:** Once USMLE results are released; the Director of Academic Effectiveness and Assessment will access scores through the NBME Score Report portal, download them, analyze, and prepare reports. These scores are also correlated with internal examination results. Reports are provided to the Associate Dean for Education and the Curriculum Committee.

**Student scores on internally developed examinations:** Students complete internally developed module examinations at module conclusion or after every 4-6 weeks of instruction in longer modules. Results are compiled by the Office of Academic Effectiveness and Assessment.

**Performance-based assessment of clinical skills:** Summative, comprehensive (14 stations on average), Objective Structured Clinical Examinations (OSCEs) are conducted at the midpoint and end of year during Integrated Practice of Medicine1 and 2 in the preclinical years. Summative assessment of clerkship specific skills during M3 and M4 is conducted through OSCEs and mannequin simulators at the conclusion of each clerkship. At the conclusion of the M3 year, a comprehensive 14 station OSCE is administered independent of the individual clerkship OCSEs. Student and aggregate class performance is reported to Clerkship Directors and to the Curriculum Committee. Performance on these internal OSCEs is compared to performance on Step 2 CS to identify areas of strength and areas for improvement.

**Student responses on AAMC GQ:** Graduation Questionnaire data is collected during the M4 year.

**Student evaluation of courses and clerkship rotations:** The Office of Academic Effectiveness and Assessment, in conjunction with Module and Clerkship Directors, administers end of module/clerkship evaluations at the conclusion of each module/clerkship. Students respond to several measures of module and faculty performance.

**NRMP match results:** National Resident Matching Program (NRMP) results will be obtained from the NRMP data report site.

**Specialty choices of graduates:** Specialty choice results will be obtained from the National Resident Matching Program (NRMP) data report site.

**Assessment of residency performance of graduates:** Program directors at locations matched by USCSOM Greenville students will be surveyed for performance assessment of graduates. This instrument will be developed with input from Program Directors within the Greenville Health System.

**Licensure rates of graduates:** Three and five year post-graduate surveys of students from USCSOM Greenville will include questions related to licensure. These surveys are conducted electronically by the Office of Academic Effectiveness and Assessment, and the information reported to the Associate Dean for Education and the Curriculum Committee.

**Specialty certification rates:** Five year post-graduate surveys and alumni surveys will include questions related to specialty certification rates. These surveys are conducted electronically by the Office of Academic Effectiveness and Assessment, and the information reported to the Associate Dean for Education and the Curriculum Committee. Data may also be obtained from specialty boards.

· **Practice locations of graduates:** Five year post-graduate surveys and alumni surveys will include questions related to location of practice of graduates. These surveys are conducted electronically by the Office of Academic Effectiveness and Assessment, and the information reported to the Associate Dean for Education and the Curriculum Committee.

**Practice types of graduates:** Five year post-graduate surveys and alumni surveys will include questions related to practice type of graduates. These surveys are conducted electronically by the Office of Academic Effectiveness and Assessment, and the information reported to the Associate Dean for Education and the Curriculum Committee.

**Clerkship Director Survey of Student Readiness for M3/M4:**  Clerkship Director assessment of students includes questions designed to evaluate each student's preparedness for the clerkship. This information is collected electronically at the conclusion of the second clerkship rotation by the Office of Academic Effectiveness and Assessment. Data is analyzed for effectiveness of preclinical education in preparing students for clerkships, and for effect of prior clerkships on current clerkship performance.

**Annual Student Evaluations of Program-To-Date:** At the conclusion of each academic year, all classes participate in the Independent Student Analysis addressing their experiences and perceptions of the academic program. This survey is developed and conducted by the students with support from the Office of Academic Effectiveness and Assessment. Results are stratified to account for variation in experiences specific to each academic year

·**Correlations between Progress Testing Gains and Performance within Curriculum:** At the conclusion of each preclinical year, the Office of Academic Effectiveness and Assessment performs analyses to measure the strength of association between performance on internally developed/administered biomedical sciences examinations with performance on National Board of Medical Examiners (NBME) Comprehensive Basic Sciences examinations. Student overall performance in the biomedical sciences modules is correlated with repeated measures of progress on NBME examinations. NBME progress testing is also used to provide critical feedback to faculty indicative of potential areas of strengths and weaknesses within the curriculum. This information is provided to the Associate Dean for Education, Academic Year Subcommittees and the Curriculum Committee for curriculum and faculty development and improvement.

*The groups or individuals that review the data and the frequency with which the reviews occur:*

**Results of USMLE/MCC or other national examinations:** Reviews occur annually within four weeks of exam administration and results availability. These results will be compared with student scores on internally developed examinations. Reviewers of results include:

· Module Directors

· Clerkship Directors

· Department Chairs

· M1, M2, M3/4 Subcommittees

· Program Evaluation and Assessment Subcommittee

· Curriculum Committee

· Director of Academic Effectiveness and Assessment

· Associate Dean for Education

· Associate Dean for Student Affairs and Admissions

· Senior Associate Dean for Academic Affairs and Diversity

* Dean

**Performance-based assessment of clinical skills:** Results of internal OSCEs are reviewed semi-annually. These results are compared on an annual basis for program evaluation to performance on USMLE Step 2 CS for correlation with the USCSOM Greenville curriculum, and to identify gaps or areas of weakness for curriculum improvement and faculty development. Reviewers of results include:

* Integrated Practice of Medicine Module Directors
* Integrated Practice of Medicine Faculty
* Assistant Dean for Longitudinal Clinical Education
* Assistant Dean for Clinical Clerkship Education
* Clerkship Directors (M3/M4 Subcommittee)
* Clerkship Faculty
* Vice-Chair for Academics
* Associate Dean for Education
* Curriculum Committee

**Student responses on AAMC GQ**: GQ data will be reviewed annually within two weeks of data availability. Reviewers of results include:

* Department Chairs
* Associate Dean for Education
* Associate Dean for Student Affairs and Admissions
* Senior Associate Dean for Academic Affairs and Diversity
* Program Evaluation and Assessment Subcommittee
* Academic Year Subcommittees
* Curriculum Committee
* Dean

**Student evaluation of courses and clerkship rotations:** Module/clerkship evaluation data are reviewed annually within two weeks of data availability. Reviewers of results include:

* Module Directors
* Module Faculty
* Clerkship Directors
* Clerkship Faculty
* Department Chairs
* Vice Chairs for Academics
* M1, M2, M3/4 Subcommittees
* Program Evaluation and Assessment Subcommittee
* Associate Dean for Education
* Associate Dean for Faculty Affairs
* Assistant Dean for Longitudinal Clinical Education
* Assistant Dean for Clinical Clerkship Education
* Curriculum Committee

**NRMP match results:** Match results data will be reviewed annually within 24 hours of availability of results. Reviewers of results include:

* Clerkship Directors
* Clinical Department Chairs
* Vice Chairs for Academics
* Associate Dean for Student Affairs
* Associate Dean for Education
* Assistant Dean for Clinical Clerkship Education
* Assistant Dean for Longitudinal Clinical Education
* Senior Associate Dean for Academic Affairs and Diversity
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Specialty choices of graduates:** Specialty choices results data will be reviewed annually within two weeks of data availability. Reviewers of results include:

* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Assistant Dean for Clinical Clerkship Education
* Assistant Dean for Longitudinal Clinical Education
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Assessment of residency performance of graduates:** Graduate residency performance data will be reviewed annually within two weeks of data availability. Reviewers of results include:

* Department Chairs
* Vice Chairs for Academics
* Clerkship Directors
* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Assistant Dean for Clinical Clerkship Education
* Assistant Dean for Longitudinal Clinical Education
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Licensure rates of graduates:** Licensure rate data will be reviewed annually within two weeks of data availability. Reviewers of results include:

* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Specialty certification rates:** Specialty certification rate data will be reviewed annually within two weeks of data availability. Reviewers of results include:

* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Practice locations of graduates:** Practice locations data will be reviewed annually. Reviewers of results include:

* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Practice types of graduates:** Practice types of data will be reviewed annually. Reviewers of results include:

* Associate Dean for Student Affairs
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Clerkship Director Survey of Student Readiness for M3/M4:** Student Preparedness for M3/M4 survey data will be reviewed annually within four weeks of data availability. Reviewers of results include:

* Module Directors
* Clerkship Directors
* Vice-chairs for Academics
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Assistant Dean for Clinical Clerkship Education
* Assistant Dean for Longitudinal Clinical Education
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Annual Student Evaluations of Program-To-Date:** Student evaluations of program-to-date data will be reviewed within four weeks of data availability. Reviewers of results include:

* Academic year subcommittee(s)
* Associate Dean for Education
* Assistant Dean for Clinical Clerkship Education
* Assistant Dean for Longitudinal Clinical Education
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Graduate 3- and 5-Year-Out Surveys:** Results of these surveys will be reviewed annually within four weeks of data availability. Reviewers of results include:

* Department Chairs
* Vice-chairs for Education
* Clerkship Directors
* Associate Dean for Education
* Senior Associate Dean for Academic Affairs and Diversity
* Director of Academic Effectiveness and Assessment
* Program Evaluation and Assessment Subcommittee
* Curriculum Committee
* Dean

**Curriculum Management Structure:**

The standing subcommittee structure for the Curriculum Committee is as follows:

* M1
* M2
* M3/M4
* Program Evaluation and Assessment

Each Academic Year Subcommittee is responsible for the review of objectives, content, student workload, student performance, evaluations, and integration of its academic focus within the curriculum. The Chair of each Academic Year Subcommittee is the director of that academic year. The Assistant Dean for Clinical Clerkship Education serves as the academic director for the M3/M4 years. The academic year director oversees the continuum and continuity of content and assessment across his/her assigned year and serves as the liaison with the directors of the other academic years. This provides a communication system across the curriculum for content, objectives, student performance, evaluations and identification of strengths and weaknesses. Each Academic Year Subcommittee provides regular reports as well as any recommendations for modifications for improvement or requests for significant curricular change to the Curriculum Committee. The Curriculum Committee is responsible for review of all subcommittee reports and recommendations, and makes advisory recommendations to the Dean. The Chair of each Academic Year Subcommittee serves as a non-voting member of the Curriculum Committee. The Chair of the Program Evaluation and Assessment Subcommittee is a voting member of the Curriculum Committee.

The M1 Subcommittee includes all M1 Module Directors, directors of the longitudinal Integrated Practice of Medicine module, and a representative of the M2 and the M3/M4 Subcommittee. The M1 Academic Year Director chairs the M1 subcommittee.

The M2 Subcommittee includes all M2 Module Directors, directors of the longitudinal Integrated Practice of Medicine module, and a representative from the M2 and the M3/M4 Subcommittee. The M2 Academic Year Director chairs the M2 subcommittee.

The M3/M4 subcommittee includes all Clerkship Directors, the Assistant Dean for Longitudinal Clinical Education, and a representative from each of the M1 and M2 Subcommittees. The Assistant Dean for Clinical Clerkship Education chairs the M3/M4 subcommittee.

The PEAS is supported by the Associate Dean for Education and the Director of Academic Effectiveness and Assessment who provide advice on best practices in assessment. It coordinates the collection of assessment information from individual modules/clerkships, as well as other longitudinal data to create meaningful performance reports for module, subcommittee, and Curriculum Committee review. This subcommittee has the primary responsibility to assure the quality of the assessment processes and efforts of the educational program, to review and advise on timing and distribution of assessments, and to evaluate and advise on how well the school is meeting its goals. The PEAS is composed of 7 elected faculty members (4 Biomedical Science and 3 Clinical) and 2 student representatives elected by the student body. Members of the PEAS serve a three-year term, with 2 members rotating off the committee each year. The chair of the PEAS is elected annually from membership of the committee by a majority vote. The chair must serve at least one year as a member of the PEAS prior to election, and may serve multiple terms with an affirmation vote from the committee membership. All appointments to the PEAS, as well as the chair of the committee, will have renewable appointments, with a limit of two consecutive terms of service.

The Associate Dean for Education, the Assistant Dean for Clinical Curriculum, the Chairs of the M1 and M2 academic year subcommittees and the Director of Academic Effectiveness and Assessment are charged with:

1. Assisting the Chair of the Curriculum Committee in the development of the meeting agenda.
2. Providing Committee members with required information resources.
3. Transmitting the decisions of the Committee to module and clerkship directors and to department chairs.
4. Ensuring that the Committee recommendations approved by the Dean are implemented.
5. Ensuring that the curriculum meets all requirements for accreditation.
6. Ensuring that program level objectives and guiding principles are met by the curriculum.

Administrative support is provided by a curriculum coordinator, who schedules, plans and publishes the minutes of the meeting. The Curriculum Committee Chair ensures that Committee deliberations and recommendations are reported regularly to the Dean for his/her approval.

**M1 and M2 Curriculum Subcommittees:**

***RESPONSIBILITY***

The purposes of the M1 and M2 Subcommittees of the Curriculum Committee are to:

1. Under the supervision of the Curriculum Committee the M1 and M2 Subcommittees are responsible for the review of objectives, content, student performance, student workload, evaluations, and integration of its academic focus within the curriculum.
2. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required modules and academic year curriculum, to the Curriculum Committee.

Minutes will be kept of all Subcommittee meetings.

***IMPLEMENTATION***

Recommendations of the M1 and M2 Subcommittees are forwarded by the respective Chairs to the Curriculum Committee for review and approval. All recommendations that have been approved by the Curriculum Committee and the Dean will be implemented by the faculty with the support of the Office of Educational Affairs.

***AUTHORITY***

Advisory to the Curriculum Committee.

***MEMBERSHIP and LEADERSHIP***

M1 Subcommittee – All module directors within the M1 academic year (voting members), the M2 Academic Year Director (ex-officio, non-voting), and the Assistant Dean for Clinical Clerkship Education (ex-officio, non-voting). The M1 Academic Year Director Chairs the Subcommittee.

M2 Subcommittee – All module directors within the M2 academic year, the M1 Academic Year Director (ex-officio, non-voting) and the Assistant Dean for Clinical Clerkship Education (ex-officio, non-voting). The M2 Academic Year Director Chairs the Subcommittee.

Minutes will be kept of all subcommittee meetings.

**M3/M4 Curriculum Subcommittee:**

***RESPONSIBILITY***

The purposes of the M3/M4 Subcommittee of the Curriculum Committee are to:

1. Perform, under the supervision of the Curriculum Committee, review of clinical experiences, objectives, content, student performance, duty hours, attendance policies, clinical experiences, evaluations, and integration of all required M3 and M4 clerkships, required modules and experiences, and M2, M3 and M4 clinical electives.
2. Make reports and recommendations, based upon the findings of the periodic reviews and assessments of required M3 and M4 clerkships, to the Curriculum Committee.

***IMPLEMENTATION***

Recommendations of the M3/M4 Subcommittee are forwarded by the respective Chair to the Curriculum Committee for review and approval. All recommendations that have been approved by the Curriculum Committee and the Dean will be implemented by the faculty with the support of the Office of Educational Affairs.

Minutes will be kept of all Subcommittee meetings.

***AUTHORITY***

Advisory to the Curriculum Committee.

***MEMBERSHIP and LEADERSHIP***

All M3 and M4 Clerkship and Module Directors, the Assistant Dean for Longitudinal Clinical Education, the Assistant Dean for Clinical Clerkship Education (voting members), M1 and M2 Academic Year Directors (ex-officio, non-voting members). The Assistant Dean for Clinical Clerkship Education serves as Chair of the M3/M4 Subcommittee.

**Program Evaluation and Assessment Subcommittee:**

***RESPONSIBILITY***

The purpose of the Program Evaluation and Assessment Subcommittee (PEAS) is the collection of assessment information from individual modules/clerkships, as well as other longitudinal data to create meaningful performance reports for module, subcommittee, and Curriculum Committee review. This subcommittee has the primary responsibility to assure the quality of the assessment processes, and efforts of the educational program, to review and advise on timing and distribution of assessments,and to evaluate and advise on how well the school is meeting its goals.

Additionally, the PEAS committee prepares an annual program effectiveness report. This report includes a summary of all modules, clerkship and academic year reports with an overall summary based on comparison of internal results with external data. Analysis of post-graduation data regarding licensure and specialty certification rates, and practice location and type, will provide information regarding whether the program adequately prepares students to practice medicine in any specialty or location of their choice.

The comprehensive list of data resources to be included in the annual report is listed above under Curriculum Committee/Functions of the Committee. The annual program effectiveness report, including any recommendations, is forwarded to the Associate Dean for Education, the Senior Associate Dean for Academic Affairs and Diversity, the Associate Dean for Student Affairs, the Curriculum Committee, and the Dean.

***MEMBERSHIP AND LEADERSHIP***

The PEAS committee is composed of 7 elected faculty members (4 Biomedical Science and 3 Clinical) and 2 student representatives elected by the student body. The members of the PEAS committee serve a three-year term, with 2 members rotating off the committee each year. The chair of the PEAS is elected annually from membership of the committee by a majority vote. The chair must serve at least one year as a member of the PEAS prior to election, and may serve multiple terms with an affirmation vote from the committee membership. All appointments to the PEAS, as well as the chair of the committee, will have renewable appointments, with a limit of two consecutive terms of service.

**Appendix I**

***Curriculum Framework for the University of South Carolina School of Medicine Greenville***

*Background*

The educational program objectives at the University of South Carolina School of Medicine Greenville (USCSOM Greenville) are designed to advance the mission, vision, and goals of USCSOM Greenville, and to prepare students to become exemplary physicians. These core statements are provided below.

*Mission:*

Educate health professionals to care compassionately, teach innovatively, and improve constantly through health services research.

*Vision:*

Educate and advance knowledge to transform health care for the benefit of the people and diverse communities we serve.

*Goals:*

In order to fulfill its mission and vision, USCSOM Greenville adopted the following goals:

1. To educate physicians competent in medical knowledge, patient care, and technical skill, who are champions of collaborative interpersonal communication, professional responsibility, and ethical behavior.
2. To educate physicians who take responsibility for the health care needs of their communities, who are responsive to transformation that improves patient-centered care and who understand the interdependent relationship of the physician, the hospital and all other health care providers.
3. To create a School of Medicine capable of meeting the changing societal health care needs.
4. To educate physicians committed to evidence-based, cost effective care standardization, quality, patient safety, and ongoing comparative effectiveness research.

*Guiding Principles:*

1. USCSOM Greenville will be responsive to the changing health care needs of our society.
2. USCSOM Greenville will strive to consider the needs of the students, faculty, and administration in a manner which enhances the stature of both USC and GHS.
3. USCSOM Greenville understands that health care delivery is constantly evolving and that its physician graduates should facilitate and advocate transformation that improves care provision.
4. USCSOM Greenville will be integrated with all aspects of the GHS delivery system.
5. USCSOM Greenville will graduate physicians who understand and participate in research that compares the relative clinical effectiveness and outcomes of various treatments.
6. USCSOM Greenville supports development of a health care workforce that reflects future societal needs and the diversity of the communities served.
7. USCSOM Greenville will educate physicians to be champions for patient safety, standardization, evidence based care, and quality; responsive to the medical needs of their community; sensitive to the societal cost of medicine; activists for the education of the future healthcare workforce; and practitioners that care for all patients regardless of race, social stature, or ability to pay.
8. USCSOM Greenville students will practice patient centered care that values the interdependent roles of health care providers and facilities in service to their patients.
9. USCSOM Greenville will produce physicians competent not only in medical knowledge, technical skill, and patient care, but also in compassion, collaborative interpersonal communication, professional responsibility and ethical behavior.
10. USCSOM Greenville believes that candidates for medical school who value professionalism and possess exceptional interpersonal communication skills can be prepared, identified, and selected to become successful practicing physicians.
11. USCSOM Greenville will establish a learning environment that emphasizes the relationship between undergraduate medical education and the real world of patient care.
12. USCSOM Greenville strives to alleviate the cost of medical education as a significant barrier to student matriculation and graduation, or as a factor in the selection of a career specialty.
13. USCSOM Greenville utilizes policies and procedures that synergistically combine the academic virtues of USC with the operational efficiencies of the GHS health system to the benefit of its students, faculty and staff.
14. USCSOM Greenville faculty will emphasize and demonstrate the clinical import of the materials that they teach.
15. USCSOM Greenville faculty selection, development, and promotion processes will favor those committed to their profession as a calling; who view their teaching ability as a gift and privilege.
16. USCSOM Greenville graduates will be fully prepared and highly competitive to enter graduate medical education.
17. USCSOM Greenville appreciates that access to medical information is constantly changing and that educational focus must continually emphasize methods to optimally acquire the most current knowledge.
18. USCSOM Greenville will utilize educational resources, infrastructure and technology in a fiscally responsible manner, incorporating external resources in the education of healthcare students when advantageous.

**Program Level Objectives (focused around the 6 core ACGME competencies)**

*Medical Knowledge*

1. Demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems across the lifespan.
2. Demonstrate knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body’s homeostasis.
3. Demonstrate knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they affect the body (pathogenesis).
4. Demonstrate knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
5. Demonstrate understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and nontraditional therapies.
6. Demonstrate understanding of the scientific basis and interpretation of common diagnostic modalities, including: imaging, electrodiagnostics, laboratory studies, pathologic studies, and functional assessment tests.
7. Demonstrate understanding of the indications, contraindications, and cost-effectiveness of common diagnostic studies.

*Patient Care*

1. Demonstrate the ability to elicit accurate comprehensive and focused medical histories that cover all essential aspects of the history, including issues related to age, gender, sexuality, and socioeconomic status, and the use of a medical interpreter.
2. Demonstrate the ability to perform both a complete and focused organ system examination, including a mental status examination.
3. Demonstrate the ability to perform routine technical procedures.
4. Demonstrate the ability to interpret the results of commonly used diagnostic procedures.
5. Demonstrate the ability to identify the most frequent clinical, laboratory, imaging, and pathologic findings of common maladies.
6. Demonstrate the ability to reason deductively in solving clinical problems and formulating hypotheses, and to use information from patient histories, physical exams, and ancillary studies to test initial hypotheses.
7. Demonstrate the ability to formulate and implement appropriate management strategies, both diagnostic and therapeutic, for patients with common conditions, including a comprehensive, multi-disciplinary approach when indicated. Use knowledge of managed care systems in making patient treatment plans and health care maintenance plans.
8. Use knowledge of managed care systems in making patient treatment plans and health care maintenance plans to assure care coordination across the continuum.
9. Demonstrate the ability to recognize patients with immediately life-threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.
10. Demonstrate the ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.
11. Demonstrate knowledge about relieving pain and ameliorating the suffering of patients.
12. Demonstrate the ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of diseases, and to determine strategies for responding appropriately.
13. Demonstrate appropriate techniques for performing Basic Life Support and Advanced Life Support.

*Systems-Based Practice*

1. Demonstrate knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, religious, historical, and cultural factors that contribute to the development and/or continuation of maladies.
2. Demonstrate knowledge of the epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
3. Demonstrate knowledge of the unique health care needs of ethnically diverse populations and communities.
4. Demonstrate understanding of basic issues for promoting health and preventing disease, and apply this understanding to patient management and teaching patients the importance of preventative medicine, health promotion, and wellness.
5. Demonstrate a commitment to provide care to patients who are unable to pay, and to advocate for access to health care members of traditionally underserved populations.
6. Demonstrate knowledge of various approaches to the organization, financing, and delivery of health care and knowledge of the global health care delivery system in the community, including physicians, hospitals, outpatient centers, home health agencies, community agencies, and government agencies in that system.
7. Demonstrate an understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial, governmental, and organizational arrangements for the practice of medicine.
8. Demonstrate the ability to apply principles of quality improvement to a medical system.
9. Demonstrate the ability to evaluate and analyze actual or potential adverse patient events in a systematic fashion, especially to promote, measure, benchmark, and optimize patient safety and quality outcomes.

*Practice-Based Learning and Improvement*

1. Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.
2. Demonstrate an understanding of evidence-based medicine with respect to formulating patient-based questions, efficiently searching literature databases, appraisal of quality of studies, applying the results of a literature search, and use of information about their own population of patients to direct patient care.
3. Demonstrate an understanding of the principles and method of Practice-Based Learning and Improvement that involves investigation and evaluation of one’s own patient care, appraisal and assimilation of scientific evidence, and improvements in the continuum of patient care and assess comparative effectiveness of interventions.
4. Demonstrate an understanding of the need and commitment to engage in lifelong learning to stay abreast of relevant scientific advances.

*Professionalism*

1. Demonstrate knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine.
2. Provide compassionate treatment to patients with respect for their privacy, dignity, and personal beliefs.
3. Demonstrate honesty and integrity in all interactions with patients and their families, colleagues, and others with whom physicians must interact in their professional lives.
4. Advocate at all times the interests of one’s patients over one’s own interests.
5. Demonstrate an understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined socioeconomic, ethnic, and at-risk populations.
6. Demonstrate the capacity to recognize and accept limitations in one’s knowledge and clinical skills, and commit to continuously improve one’s abilities through lifelong learning, self-evaluation, acceptance of constructive feedback, moral reflection, and ethical reasoning.
7. Commit to a self-directed, lifelong engagement in the responsible, compassionate, and ethical practice of medicine.

*Interpersonal and Communication Skills*

1. Demonstrate the ability to convey presence, build rapport, and employ active listening to communicate compassionately, effectively, and in culturally and emotionally appropriate ways, both verbally and in writing, with patients, their families, colleagues and others with whom physicians must exchange information in carrying out their responsibilities.
2. Demonstrate the ability to compassionately and effectively listen to, and communicate with, patients and their families, with a goal to establish caring relationships that are emotionally and culturally appropriate.
3. Demonstrate the ability to responsibly and respectfully work with all members of the health care team, with a goal to establish supportive relationships that show honor to fellow colleagues.

**Appendix II**

***University of South Carolina School of Medicine Greenville***

***Curriculum Committee Scheduled Meetings***

***2015 – 2016***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Day*** | ***Date*** | ***Location*** | ***Time*** |
| ***Tuesday*** | ***April 7th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***May 5th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***June 2nd*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***July 7th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***August 4th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***September 1st*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***October 6th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***November 3rd*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***December 1st*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***January 5th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***February 2nd*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***March 1st*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |
| ***Tuesday*** | ***April 5th*** | ***Learning Studio*** | ***5:00 – 7:00pm*** |

**APPENDIX III**

**Elected Voting Members**

**Committee Member Department Term Ends**

Matthew Tucker, PhD Neuroscience 2018

Thomas Nathaniel Neuroscience 2018

Cami Pfenning ED 2018

Chris Wright, MD Surgery 2018

Lauren Demosthenes, MD OB/GYN 2018

Jeremiah White M2 Student Rep 2017

Meenu Jindal, MD Internal Medicine 2017

Thomas Jarecky, MD Anesthesiology 2017

Faye Towell, MLS Library 2017

Richard Hodinka, PhD Biomedical Science 2017

Sergio Arce, PhD Biomedical Science 2016

Andrew Binks, PhD Biomedical Science 2016

Renee LeClair, PhD Biomedical Science 2016

Phillip Callihan, PhD M4 Student Rep 2016

Bill Wright, PhD PEAS Chair 2016

Non-Voting Members

Ryan Batson M4, Student Body President

Hunter Matthews M3, Student Body President

Lillie Barkin M3, Student Body Representative

Andrew Buhr M2, Student Body President

Barrett Bradham M1, Student Body President

Lynn Crespo, PhD, ex officio Associate Dean of Education

Spence Taylor, MD, ex officio Senior Associate Dean

Richard Goodwin, PhD, ex officio M1 Academic Year Director

Kirk Baston, MD, ex officio M2 Academic Year Director

April Buchanan, MD, ex officio Assistant Dean for Clinical Clerkship Education

Greg Hawkins, PhD, ex officio OAEA

**APPENDIX IV**

**Documents that require a vote**

**For each new module or modules with significant changes:**

Module Description

Module Objectives

Module Delivery Template

Detailed Assessment Report

Syllabus

End-of-Module Report

**For continuing modules:**

Module Description

Module Objectives

If changes, Module/Clerkship Change Form plus the supporting revised documentation

End-of-Module Report