Executive Summary

Blueprint for Academic Excellence
School of Medicine - Greenville
AY2018-2019

Introduction
The University of South Carolina School of Medicine Greenville (USCSOM Greenville) offers a separately accredited, four-year undergraduate medical education program designed to produce a distinctive Doctor of Medicine (MD) degree founded on the needs of the changing health delivery setting. Located on the Greenville Memorial Medical Campus of Greenville Health System (GHS), students are immersed in the healthcare delivery system from their first week and learn using the latest clinical, information and simulation technology to develop leadership, clinical and interpersonal skills essential to delivering the next generation of patient-focused health care with confidence and compassion.

Highlights
USCSOM Greenville achieved LCME full accreditation in February 2016 and graduated its inaugural class in May 2016. National standardized STEP examination 1st-time pass rates continue at or above the national average (96% STEP 1 and 98% STEP 2) and NRMP match results are strong for two consecutive classes with an average 99% placement of graduates. Applicant numbers continue to rise with 3,772 applications for the 100 spots in the class to enter July 2018.

Jerry R. Youkey, M.D.Dean of the University of South Carolina School of Medicine Greenville & Associate Provost for Health Sciences - Greenville
### Blueprint for Academic Excellence
School of Medicine - Greenville
AY2018-2019

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Mission Statement
Improve the health of the people and diverse communities we serve by educating health professionals who will care compassionately, teach innovatively, and improve constantly.

Updated: 01/02/2012

Vision Statement
Transformation health care for the benefit of the people and communities we serve.

Updated: 01/02/2012

Values
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, evidenced based care, and quality; responsible to the medical needs of their community; sensitive to the societal cost of medicine; activists for the education of the future health care workforce; and practitioners that care for all patients regardless of race, social stature, or ability to pay.

Updated: 01/02/2012
Goals - Looking Back

Goals for the School of Medicine - Greenville for the previous Academic Year.

**Goal 1 - LCME Accreditation**

<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Achieve LCME Full accreditation</th>
</tr>
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<tbody>
<tr>
<td>Linkage to University</td>
<td>Ensuring Institutional Strength, Longevity, and Excellence</td>
</tr>
<tr>
<td>Goal</td>
<td></td>
</tr>
<tr>
<td>Alignment with Mission,</td>
<td>USCSOMG will educate physicians to be champions for patient safety, standardization, evidenced based care, and quality.</td>
</tr>
<tr>
<td>Vision, and Values</td>
<td>The LCME accreditation and re-accreditation process requires USCSOMG to demonstrate, maintain and continuously improve against competencies and established standards.</td>
</tr>
</tbody>
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**Status**

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Full Accreditation was achieved February 23, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievements</td>
<td>Full Accreditation was achieved February 23, 2016</td>
</tr>
<tr>
<td>Resources Utilized</td>
<td>Collective team effort across leadership team</td>
</tr>
<tr>
<td>Goal Continuation</td>
<td></td>
</tr>
<tr>
<td>Goal Upcoming Plans</td>
<td></td>
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<tr>
<td>Resources Needed</td>
<td></td>
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<tr>
<td>Goal Notes</td>
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<tr>
<td>Goal Statement</td>
<td>Complete Biomedical Sciences Department infrastructure and hire two to four additional faculty</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Linkage to University Goal</td>
<td>• Assembling a World-Class Faculty of Scholars, Teachers, and Practitioners</td>
</tr>
<tr>
<td>Alignment with Mission, Vision, and Values</td>
<td>USCSOMG 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</td>
</tr>
<tr>
<td>Status</td>
<td>Action Plan Filled 3 new faculty appointments in Biochemistry and Pharmacology. Progressing as expected (multi-year goal)</td>
</tr>
<tr>
<td>Achievements</td>
<td>Filled 3 new faculty appointments in Biochemistry and Pharmacology USCSOMG faculty member Mohammed Khalil, PhD, has been selected to receive one of 6 USC 2017 Garnet Apple Awards for Teaching Innovation</td>
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<tr>
<td>Resources Utilized</td>
<td>Talent acquisition and team input during candidate interviews and selection</td>
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<tr>
<td>Goal Notes</td>
<td>Goal Continuation Goal Upcoming Plans Resources Needed</td>
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### Goal 3 - Commendable NRMP Match Rate

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<th>Goal Statement</th>
<th>Achieve 90% NRMP match rate</th>
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<tr>
<td><strong>Linkage to University Goal</strong></td>
<td>•Educating the Thinkers and Leaders of Tomorrow</td>
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<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
<td>USCSCOMG graduates will be fully prepared and highly competitive to enter graduate medical education</td>
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<tr>
<td><strong>Status</strong></td>
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<tr>
<td><strong>Action Plan</strong></td>
<td>USCSOMG continues to strive for a higher than the national average NRMP match rate. The inaugural class matriculated in July 2012 and graduated on May 6, 2016. The 49 students achieved 100% residency placement. The 50 students in the class of 2017 achieved 98% residency placement.</td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
<td></td>
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<tr>
<td><strong>Resources Utilized</strong></td>
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<tr>
<td><strong>Goal Continuation</strong></td>
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<td><strong>Goal Upcoming Plans</strong></td>
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<td><strong>Resources Needed</strong></td>
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<td><strong>Goal Notes</strong></td>
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### Goal 4 - Biomedical Sciences Infrastructure

<table>
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<tr>
<th>Goal Statement</th>
<th>Complete Biomedical Sciences Department infrastructure; recruit permanent Chair; complete faculty recruitment; and establish P&amp;T unit criteria and non-tenure track criteria</th>
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<tbody>
<tr>
<td>Linkage to University Goal</td>
<td>• Assembling a World-Class Faculty of Scholars, Teachers, and Practitioners</td>
</tr>
<tr>
<td>Alignment with Mission, Vision, and Values</td>
<td>USCSOMG 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</td>
</tr>
</tbody>
</table>

**Status**

**Action Plan**
A search for a permanent Chair of Biomedical Sciences was conducted in late 2014 and filled by February 2015. Promotion and tenure unit criteria for biomedical and clinical sciences were developed with significant input from USCSOMG faculty. The criteria were approved by the office of the Provost and the UCTP in 2014. Non-track unit criteria for biomedical sciences, clinical and research faculty were also developed and approved in 2015.

**Achievements**

**Resources Utilized**

**Goal Continuation**

**Goal Upcoming Plans**

**Resources Needed**

**Goal Notes**
<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Initiate Biomedical Sciences (BMS) faculty research programs of their selection and establish collaborative relationships</th>
</tr>
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<tbody>
<tr>
<td><strong>Linkage to University Goal</strong></td>
<td>• Assembling a World-Class Faculty of Scholars, Teachers, and Practitioners</td>
</tr>
<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
<td>USCSOMG 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. USCSOMG will graduate physicians who understand and participate in research</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
<td>All BMS faculty have been tasked by the chair to initiate relationships with clinical colleagues and to directly observe patient care activities as appropriate for the purpose of developing an understanding of the patient care and clinical delivery opportunities and interests of our partner institution, GHS. All BMS faculty participated in the Student Scholarship Mentor's Day, which provided an opportunity for them to meet faculty within our institutional environment who already engage actively and productively in research and scholarship. This engagement has allowed the faculty to begin linking collaboratively and strategically to ongoing research projects consistent with the institutional mission and vision. Strong achievements to date have been delivered by Jennifer Trilk, PhD, Thomas Nathaniel, PhD, Matt Tucker, PhD, and Mohammed Khalil, PhD.</td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
<td>A search for a permanent Chair of Biomedical Sciences was conducted in late 2014 and filled by February 2015. Promotion and tenure unit criteria for biomedical and clinical sciences were developed with significant input from USCSOMG faculty. The criteria were approved by the office of the Provost and the UCTP in 2014. Non-track unit criteria for biomedical sciences, clinical and research faculty were also developed and approved in 2015.</td>
</tr>
<tr>
<td><strong>Resources Utilized</strong></td>
<td>Strongly supported by the USCSOMG Office of Faculty Affairs and the USC Office of the Provost</td>
</tr>
<tr>
<td><strong>Goal Continuation</strong></td>
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<td><strong>Goal Upcoming Plans</strong></td>
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<tr>
<td><strong>Resources Needed</strong></td>
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<tr>
<td><strong>Goal Notes</strong></td>
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## Goal 1 - Response to LCME accreditation site visit survey

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<tr>
<th>Goal Statement</th>
<th>Address issues underlying the findings of the LCME full accreditation site visit survey team delineated in the LCME letter of February 23, 2016 and provide a satisfactory report to the LCME by December 1, 2016</th>
</tr>
</thead>
</table>
| Linkage to University Goal | • Assembling a World-Class Faculty of Scholars, Teachers, and Practitioners  
• Ensuring Institutional Strength, Longevity, and Excellence |
| Alignment with Mission, Vision, and Values | USCSOMG will educate physicians to be champions for patient safety, standardization, evidenced based care, and quality. The LCME accreditation and re-accreditation process requires USCSOMG to demonstrate, maintain and continuously improve against competencies and established standards. |
| Status | |
| Action Plan | Initial response provided to LCME on November 30, 2016. Received response back on February 24, 2017, requiring follow-up by August 15, 2017. The USCSOMG leadership team successfully addressed noted areas and resolved all unsatisfactory elements, leaving only four elements with findings of satisfactory with monitoring— all involving reporting of ongoing routine periodic survey results. CQI activities including the previous LCME concerns continue to be pursued and formally monitored. |
| Achievements | Initial response provided to LCME on November 30, 2016. Received response back on February 24, 2017, requiring follow-up by August 15, 2017 |
| Resources Utilized | Collective response compiled by Dean’s Administration. No additional resources needed. |
| Goal Continuation | The USCSOMG leadership team will address noted areas and provide a response back to the LCME on or before the required deadline. Where appropriate, tactical and measurable plans will be set and initiated, with monitoring incorporated in the already developed CQI process |
| Goal Upcoming Plans | |
| Resources Needed | |
| Goal Notes | |
## Goal 2 - Administrative Leadership Acquisition and Development

<table>
<thead>
<tr>
<th><strong>Goal Statement</strong></th>
<th>Recruit and assimilate highly qualified individuals for three senior administrative positions: Senior Associate Dean for Academic Affairs, Associate Dean for Student Affairs and Associate Dean for Institutional Culture and Inclusivity</th>
</tr>
</thead>
</table>
| **Linkage to University Goal** | • Assembling a World-Class Faculty of Scholars, Teachers, and Practitioners  
• Ensuring Institutional Strength, Longevity, and Excellence |
| **Alignment with Mission, Vision, and Values** | USCSOMG 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 |
| **Status** | |
| **Action Plan** | Both the Associate Dean for Student Affairs (Paul Catalana, MD) and Associate Dean for Institutional Culture and Inclusivity (Brenda Thames, Ed.D) have been filled within the past year. Senior Associate Dean for Academic Affairs, Angela Sharkey, MD, joined USCSOMG in July 2017 and April Buchanan, MD was promoted to Assistant Dean for Academic Affairs. |
| **Achievements** | Senior Associate Dean for Academic Affairs, Angela Sharkey, MD, will join USCSOMG in July 2017. Both the Associate Dean for Student Affairs (Paul Catalana, MD) and Associate Dean for Institutional Culture and Inclusivity (Brenda Thames, Ed.D) have been filled within the past year. |
| **Resources Utilized** | |
| **Goal Continuation** | Maintain strong employment retention practices |
| **Goal Upcoming Plans** | Both the Associate Dean for Student Affairs (Paul Catalana, MD) and Associate Dean for Institutional Culture and Inclusivity (Brenda Thames, Ed.D) have been filled within the past year. Senior Associate Dean for Academic Affairs, Angela Sharkey, MD, joined USCSOMG in July 2017 and April Buchanan, MD was promoted to Assistant Dean for Academic Affairs. |
| **Resources Needed** | |
| **Goal Notes** | |
## Goal 3 - Diversity and Inclusivity Student pipeline enrichment

<table>
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<tr>
<th>Goal Statement</th>
<th>Initiate a pre-matriculation program to promote academic success for students with diverse backgrounds holding an offer to attend USCSOMG</th>
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<tbody>
<tr>
<td>Linkage to University Goal</td>
<td>•Building Inclusive and Inspiring Communities</td>
</tr>
<tr>
<td>Alignment with Mission, Vision, and Values</td>
<td>USCSOMG supports development of a health care workforce that reflects future societal needs and the diversity of the communities served</td>
</tr>
<tr>
<td>Status</td>
<td>GHS and USCSOMG have established a multi-tiered pipeline program, the Medical Experience (MedEx) Academy, aimed at increasing the number and diversity of the health care workforce. Efforts will be focused on making the MedEx Academy a more strategic pipeline through areas such as: enhancing partnerships with historically black colleges and universities (HBCUs), assistance in preparing students for medical school through immersion into a medical school-lite curriculum inclusive of academic and clinical learning experiences, testing practice, and other portfolio building activities, and continued input and engagement from the SC Diversity Leaders Initiative Advisory Council. Development of a MedEx Tier V program to provide individualized mentoring to address a student's specific area(s) of weakness in order to improve competitiveness of their application. The HBCU has been piloted with Claflin University and a MedEx site is in planning for Orangeburg.</td>
</tr>
<tr>
<td>Action Plan</td>
<td>The inaugural class matriculated in July 2012 and graduated on May 6, 2016. The 49 students achieved 100% residency placement. The 49 students in the class of 2017 achieved 100% residency placement.</td>
</tr>
<tr>
<td>Achievements</td>
<td>Process strongly supported by Office of Student Affairs, Interim Associate Dean for Academic Affairs, and faculty mentors and advisors</td>
</tr>
<tr>
<td>Resources Utilized</td>
<td>GHS and USCSOMG have established a multi-tiered pipeline program, the Medical Experience (MedEx) Academy, aimed at increasing the number and diversity of the health care workforce. Efforts will be focused on making the MedEx Academy a more strategic pipeline through areas such as: enhancing partnerships with historically black colleges and universities (HBCUs), assistance in preparing students for medical school through immersion into a medical school-lite curriculum inclusive of academic and clinical learning experiences, testing practice, and other portfolio building activities, and continued input and engagement from the SC Diversity Leaders Initiative Advisory Council. Development of a MedEx Tier V program to provide individualized mentoring to address a student's specific area(s) of weakness in order to improve competitiveness of their application. The HBCU pilot has been initiated with Claflin University and there has been a MedEx site established in Orangeburg.</td>
</tr>
<tr>
<td>Goal Continuation</td>
<td>USCSOMG faculty and selected medical students will serve as instructors/mentors alongside the Office of Admissions for portfolio development and guidance. Funding support for the MedEx Academy has been and will continue to be funded from GHS and their philanthropy</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>Development of a MedEx Tier V program to provide individualized mentoring to address a student's specific area(s) of weakness in order to improve competitiveness of their application.</td>
</tr>
<tr>
<td>Goal Upcoming Plans</td>
<td>The HBCU pilot has been initiated with Claflin University and there has been a MedEx site established in Orangeburg.</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>USCSOMG faculty and selected medical students will serve as instructors/mentors alongside the Office of Admissions for portfolio development and guidance. Funding support for the MedEx Academy has been and will continue to be funded from GHS and their philanthropy</td>
</tr>
<tr>
<td><strong>Goal Notes</strong></td>
<td>Resources needed: USCSOMG faculty and selected medical students will serve as instructors/mentors alongside the Office of Admissions for portfolio development and guidance. Funding support for the MedEx Academy has been and will continue to be funded from GHS and their philanthropy</td>
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<td>Goal 4 - Establishing Distinguished Tracks</td>
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<td><strong>Goal Statement</strong></td>
<td>Establish a plan for USCSOMG to elect population health related distinguished graduation tracks and pilot at least one topic area</td>
</tr>
<tr>
<td><strong>Linkage to University Goal</strong></td>
<td>Spurring Knowledge and Creation</td>
</tr>
<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
<td>USCSOMG will establish a learning environment that emphasizes the relationship between undergraduate medical education and the real world of patient care. USCSOMG understands that health care delivery is constantly evolving and that its physician graduates should facilitate and advocate transformation that improves care provision.</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
<td>Faculty-lead task forces formed to develop business plans for the two identified distinguished tracks of Lifestyle Medicine (with focus on Exercise is Medicine) and Hospital-Based Quality Assurance (with focus on addiction) were initiated in March 2018 with 5 students in each track. Meanwhile additional interest areas in Conscious Professionalism, Population Health and other community focused areas will be further vetted and developed.</td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
<td>Faculty-lead task forces developed business plans for the two identified distinguished tracks of Lifestyle Medicine and Hospital-Based Quality Assurance, and selected their first cohort of 5 students in each track in March 2018. Meanwhile additional interest areas in Conscious Professionalism, Population Health and other community focused areas will be further vetted and developed. Two distinguished tracks were initiated March 2018 with topic areas being Exercise is Medicine and Opioid Addiction.</td>
</tr>
<tr>
<td><strong>Resources Utilized</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Goal Continuation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Goal Upcoming Plans</strong></td>
<td>Philanthropy will also be engaged for potential gifting opportunities related to these tracks</td>
</tr>
<tr>
<td><strong>Resources Needed</strong></td>
<td>Philanthropy will also be engaged for potential gifting opportunities related to these tracks</td>
</tr>
<tr>
<td><strong>Goal Notes</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Goal 1 - $50M Scholarship Endowment Mini Campaign

| Goal Statement | Launch $50 million USCSOMG Scholarship Endowment Mini-Campaign USCSOMG continues to commit to awarding 20% of total tuition dollars for student scholarships to remain competitive and continue attracting the best applicants. This, combined with several efforts to raise financial literacy, has helped USCSOMG maintain a low average debt for its students, ranked in the mid-50th percentile. Both USC Development office and GHS Institutional Advancement Office are engaged in philanthropic efforts to raise this level of scholarship opportunity and are the primary drivers behind the upcoming $50M scholarship endowment campaign. USCSOMG remains committed and sensitive to limiting student debt. |
| Linkage to University Goal | • Ensuring Institutional Strength, Longevity, and Excellence |
| Alignment with Mission, Vision, and Values | USCSOMG 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 |
| Status | This campaign was launched in 2017 and remains in its quiet phase. The effort has been broken down into the following sub-segments: Supporters of each of five colleges (Bob Jones, Furman, Clemson, USC, Wofford); the business community; foundations; and individuals. To date we have commitments for approximately $6M endowed and $5M in estate gifts. We continue to aggressively pursue the campaign. |
| Action Plan | Approximately $11M of endowed funds have been committed to date, $6M cash and $5M in estate gifts. The quiet phase of the campaign is ongoing with focus areas being supporters of 5 colleges (Furman, Clemson, USC, Wofford, and Bob Jones); area businesses; private individuals; foundations; and very high value prospects |
| Resources Utilized | Support from USC and GHS Development offices, as well as senior leadership |
| Goal Continuation | USCSOMG continues to commit to awarding 20% of total tuition dollars for student scholarships to remain competitive and continue attracting the best applicants. This, combined with several efforts to raise financial literacy, has helped USCSOMG maintain a low average debt for its students, ranked in the mid-50th percentile. Both USC Development office and GHS Institutional Advancement Office are engaged in philanthropic efforts to raise this level of scholarship opportunity and are the primary drivers behind the upcoming $50M scholarship endowment campaign. USCSOMG remains committed and sensitive to limiting student debt. |
| Goal Upcoming Plans | |
| Resources Needed | |
| Goal Notes | |
## Goal 2 - UGME and GME Research Strategy Development

<table>
<thead>
<tr>
<th><strong>Goal Statement</strong></th>
<th>Development of a strategic plan centered around the USCSOMG and GME research endeavors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Linkage to University Goal</strong></td>
<td>Spurring Knowledge and Creation</td>
</tr>
<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
<td>USCSOMG will graduate physicians who understand and participate in research that compares the relative clinical effectiveness and outcomes of various treatments</td>
</tr>
</tbody>
</table>

### Status

<p>| <strong>Action Plan</strong> | HSC and SOM Strategic planning in process, GHS Executive Director for Research appointed (Des Kelly, MD), and BMS Vice Chair for Research appointed (Rich Goodwin, PhD). Faculty and student research engagement has also noticeably increased. Efforts will continue to broaden research efforts, publication, presentations, and external grant funding. |
| <strong>Achievements</strong> | GHS HSC and USCSOMG strategic planning processes are underway. GHS Executive Director of Research (Des Kelly, MD) appointed and USCSOMG Vice Chair of Research (Rich Goodwin, PhD) pending appointment. Faculty engagement in research has noticeably increased. Success will be measured by publication, presentation, and grant submission/award activities. |
| <strong>Resources Utilized</strong> | Resources are adequate for the strategic planning process. Resources necessary for implementation of the strategic plan will be determined |
| <strong>Goal Continuation</strong> | |
| <strong>Goal Upcoming Plans</strong> | |
| <strong>Resources Needed</strong> | |
| <strong>Goal Notes</strong> | |</p>
<table>
<thead>
<tr>
<th>Goal 3 - Curriculum Committee Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal Statement</strong></td>
</tr>
<tr>
<td><strong>Linkage to University Goal</strong></td>
</tr>
<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
</tr>
<tr>
<td><strong>Status</strong></td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
</tr>
<tr>
<td><strong>Resources Utilized</strong></td>
</tr>
<tr>
<td><strong>Goal Continuation</strong></td>
</tr>
<tr>
<td><strong>Goal Upcoming Plans</strong></td>
</tr>
<tr>
<td><strong>Resources Needed</strong></td>
</tr>
<tr>
<td><strong>Goal Notes</strong></td>
</tr>
</tbody>
</table>
### Goal 4 - Student Success Program

<table>
<thead>
<tr>
<th><strong>Goal Statement</strong></th>
<th>Establish a plan for the development of a student success program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Linkage to University Goal</strong></td>
<td>• Educating the Thinkers and Leaders of Tomorrow</td>
</tr>
<tr>
<td><strong>Alignment with Mission, Vision, and Values</strong></td>
<td>USCSOMG believes that candidates for medical school who value professionalism and possess exceptional interprofessional communication skills can be prepared, identified, and selected to become successful practicing physicians</td>
</tr>
<tr>
<td><strong>Status</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Action Plan</strong></td>
<td>The Student Success Program has been organized around 5 different groupings of expertise: coaches, staff, academic experts, student affairs, and support roles.</td>
</tr>
<tr>
<td><strong>Achievements</strong></td>
<td>Resources for Student Success support were reorganized as below:</td>
</tr>
<tr>
<td></td>
<td>Student Success Coaches</td>
</tr>
<tr>
<td></td>
<td>Student Success Staff</td>
</tr>
<tr>
<td></td>
<td>Student Success Experts</td>
</tr>
<tr>
<td></td>
<td>Supporting Roles (EAP, Career Counselors, IPM Faculty Mentors)</td>
</tr>
<tr>
<td></td>
<td>Student Affairs</td>
</tr>
<tr>
<td></td>
<td>Efficacy will be monitored by student success and by student satisfaction portrayed on routine periodic student surveys</td>
</tr>
<tr>
<td><strong>Resources Utilized</strong></td>
<td>See above</td>
</tr>
<tr>
<td><strong>Goal Continuation</strong></td>
<td>USCSOMG believes that candidates for medical school who value professionalism and possess exceptional inter-professional communication skills can be prepared, identified, and selected to become successful practicing physicians</td>
</tr>
<tr>
<td><strong>Goal Upcoming Plans</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Resources Needed</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Goal Notes</strong></td>
<td>Effectiveness will be determined by student academic performance and student satisfaction as portrayed by routine periodic student surveys.</td>
</tr>
</tbody>
</table>
Academic Programs

Program Rankings

Academic programs that were nationally ranked or received external recognition during the Academic Year.

EMT Program - All USCSOMG students initially undergo 6.5 weeks of Emergency Medical Technician (EMT) training to state certification. The EMT program and the community-wide EMT Ops Day event held in the fall are the first of its kind across US medical schools and has been recognized in local and industry specific press for its ingenuity in providing early clinical exposure and broad community awareness to newly matriculated students.

Lifestyle Medicine - Dr. Jennifer Trilk, USCSOMG Assistant Professor of Physiology and Exercise Science pioneers the Lifestyle Medicine program that distinguishes USCSOMG as the first school within the US to incorporate exercise physiology into all four years of the curriculum. Dr. Trilk has spoken at numerous international and national conferences on her field of expertise bringing significant attention to USCSOMG's program and the various events and interest groups formed around that area. Articles including "Exercise Is What the Doctor Ordered", published by CNN in November 2016 and "Doctor's Not Taught to Discuss Diet, Nutrition With Patients," published in the Chicago Tribune in August 2016 are a few of the noteworthy recognitions received.

CenteringPregnancy - In October 2016, Dr. Amy Crockett, a maternal-fetal medicine physician with Greenville Health System and Clinical Associate Professor with USCSOMG was named the winner of the prestigious John P. McNulty Prize for her leadership in reducing preterm births in SC by expanding access to CenteringPregnancy group prenatal care to address the state's high rate of preterm birth. The award gave international recognition for USCSOMG and GHS regarding the commendable efforts made by Dr. Crockett and the students engaged alongside her in researching methods to decrease preterm rates, minimize racial disparity in preterm births, expanding access to prenatal care and realizing significant healthcare savings from infant healthcare costs.

Bradshaw Institute for Community Child Health and Advocacy - The Bradshaw Institute was launched in June 2016 to improve the well-being of children through targeted research and interventions, advocacy, healthy child development and community pediatrics. This newly formed, GHS-led partnership engages USCSOMG and several other research partners across SC including Clemson University, Furman University, Duke Endowment, and several other SC foundations and trusts, providing a critical link between the academic teaching and research activities in pediatrics for the USCSOMG students and GHS clinicians with the children and families of the community in Greenville.

Instructional Modalities

Innovations and changes to Instructional Modalities in unit's programmatic and course offerings that were implemented during the Academic Year.

Ultrasound technology as a diagnostic tool is now considered a standard of care in most healthcare institutions. Training medical students in their preclinical years in diagnostic and procedural ultrasound will ensure that students are better prepared to perform patient care in today's healthcare environment and will provide the time to achieve competency in performing the common tests expected. The use of live technology with standardized patients or classmates when appropriate will further enhance the student's ability to achieve better diagnostic accuracy and learning. Ultrasound training during the first and second years will be integrated into the biomedical sciences such that both curriculums will coincide. This modality started in March 2017.

Program Launches
Faculty-lead task forces developed business plans for the two identified distinguished tracks of Lifestyle Medicine and Hospital-Based Quality Assurance, and selected their first cohort of 5 students in each track in March 2018. Meanwhile additional interest areas in Conscious Professionalism, Population Health and other community focused areas will be further vetted and developed. Two distinguished tracks were initiated March 2018 with topic areas being Exercise is Medicine and Opioid Addiction.

Program Terminations

Academic Programs that were newly terminated or discontinued during the Academic Year.

None

Supplemental Info - Academic Programs

Any additional information on Academic Programs appears as Appendix 1. (bottom).
Academic Initiatives

Experiential Learning for Undergraduates

Initiatives, improvements, challenges, and progress with Experiential Learning at the Undergraduate level.

Not applicable.

Experiential Learning For Graduate & Professional Students

Initiatives, improvements, challenges, and progress with Experiential Learning at the Graduate or Professional level.

Emergency Medical Technician (EMT) training - all matriculating USCSOMG students undergo 6.5 weeks, 200+ hours of Emergency Medical Technician (EMT) training, starting on their first day of medical school in July. Students must participate in a community-wide EMT Ops day that involves local law enforcement, firefighters, EMT and other emergency personnel in all-day disaster simulation training as a capstone functional exercise. Upon state certification, the students are required to participate as a member of the EMT team at least one shift per month during their M1 and M2 years. This program provides students emergency life and limb saving abilities, introduces team-based, inter-professional, patient-centered care early in their training and emphasizes the importance of accurate and empathetic communication and transitions in care handoffs. The program launched in summer 2012.

Interprofessional education experiences for USCSOMG are diverse, given the co-location and full integration with the GHS clinical learning environment, taking advantage of GHS resources and health professionals available for collaborative education. Students are able to interact and be educated alongside PharmD, nurse anesthesia, public health, residents, nursing students, nurse practitioner and other health profession trainees from a number of universities in the GHS clinical learning environment. The recently established collaborative partnership between GHS and Clemson University will build a nursing school on the USCSOMG/GHS campus by Fall 2018, providing enhanced opportunity for our students to learn with nursing students through blended curriculum, simulation, and other programs. This is in addition to the already established interprofessional education experiences within the EMT program and the Integrated Practice of Medicine (IPM) program's biomedical science courses, OSCE's and pandemic week learnings.

USCSOMG incorporates problem-based learning (PBL) through the use of synergistic material delivered in concert with clinical scenarios to include a case of the week for context and relevance, and often provided through small group learning using physician and faculty teams. When practicable, a flipped classroom approach is used and didactic material is integrated with and augmented by simulation center activities involving mannequins and standardized patients. USCSOMG values student inquiry as an essential element to learning and therefore blends these PBL approaches with traditional lectures and pre-clinical studies. Feedback collected through the Annual Student Evaluation of the Program To Date surveys indicates that this blended teaching model is effective.

M3/M4 curriculum is, in accord with traditional medical school curriculum, almost entirely experiential in nature. A somewhat unique aspect of the USCSOMG experience is the terminal 5 weeks of the M4 year designed as an intensification experience to assure optimal student preparation for GME internships. The first 3 weeks is a general experience to assure that all students are prepared with the core Entrustable Professional Activities. The second two weeks assures specialty-specific knowledge and skills appropriate to the NRMP match specialty of each student.

Affordability

Assessment of affordability and efforts to address affordability.
Despite being classified as having the country's highest tuition for non-resident students, USCSOM schools encourage non-resident matriculates to establish residency during their M1 year so that only resident based education expenses are applied in the M2-M4 years of their medical school education. As such, USCSOMG monitors the total cost of attendance over the full four years of education and ranks favorably against MUSC and other surrounding state schools of medicine for total tuition.

USCSOMG continues to commit to awarding 20% of total tuition dollars for student scholarships to remain competitive and continue attracting the best applicants. This, combined with several efforts to raise financial literacy, has helped USCSOMG maintain a low average debt for its students, ranked in the mid-50th percentile. Both USC Development office and GHS Institutional Advancement Office are engaged in philanthropic efforts to raise this level of scholarship opportunity and are the primary drivers behind the recently initiated $50M scholarship endowment campaign. To date, $11M has been committed ($6m in gifts and $5m in estate gifts). USCSOMG remains committed and sensitive to limiting student debt.

**Reputation Enhancement**

*Contributions and achievements that enhance the reputation of USC Columbia regionally and nationally.*

The aforementioned programs around EMT, Lifestyle Medicine, Centering Pregnancy, and the Bradshaw Institute of Community Child Health and Advocacy provide recognition to not only USCSOMG but USC Columbia on both a regional and national level. Press regarding newly funded scholarships such as the recently awarded full scholarship from Aflac, national leader in voluntary insurance sales, also provides reputation enhancement alongside participation in nationwide partnerships such as USCSOMG's by invitation only membership in the Teaching Kitchen Collaborative (more information in later section).

USCSOMG student and faculty members engaged in research and clinical trial activities heighten the collective scholarly activity and research efforts of the SOM and USC Columbia through their institutional and faculty appointments. Students and faculty have opportunities to publish in a peer reviewed publication, GHS Proceedings that was initiated in Fall 2016, increasing accessibility and readership while also enhancing credibility and recognition for contributing USCSOMG authors and researchers. This past fall, two USCSOMG faculty members published in AAMC’s Academic Medicine.

**Challenges**

*Challenges and resource needs anticipated for the current and upcoming Academic Years, not noted elsewhere in this report and/or those which merit additional attention.*

USCSOMG exists in a unique education and research environment defined by the GHS Health Science Center clinical university model, in which four non-incorporated partners (Greenville Health System, University of South Carolina, Clemson University, and Furman University) have come together to collaboratively pursue highly applied health profession education and health services research within the 8-campus Upstate footprint of Greenville Health System. This model is still in its infancy and success is dependent upon the willingness and ability of the partners to cooperate across traditionally competitive lines to facilitate and support collaborative education programs and research initiatives of multi-institutional faculty, staff, and administration. In the current resource constrained environments of higher education and health care, the potential is great if that can be achieved.

Securing philanthropy for the purpose of student scholarship continues to remain a top financial challenge for USCSOMG. USCSOMG commits a minimum 10% of tuition revenue annually to medical school scholarships and needs to offset 20% of tuition payments, a threshold established in order to attract the best candidates, minimize financial burden as a barrier to entry and reduce student indebtedness. Since USCSOMG receives no state dollars, the SOM must rely on tuition revenue, grant and research funds, and significant funding from philanthropy to provide a sustainable funding source for the school beyond the GHS operational commitment.
Because of this, USCSOMG is working closely with the USC Development office to launch a campaign this year to raise $50 million toward an endowment to support scholarships for the medical students, thus providing the additional 10% equivalent of tuition dollars needed for scholarship.

The proposed 7% employer contribution to the state pension plan over the next six years will have a resounding impact on the salary and fringe expenditures covered by USCSOMG to support its state employed faculty and staff. While the current South Carolina state budget proposal includes $118M to cover portions of the otherwise unfunded mandate consequent to the pension bill, it appears that the USCSOMG commitment not to receive state line-item appropriations may preclude USCSOMG from partial cost relief from the state’s efforts. The proposal, if approved, will result in a blended fringe rate of between 36-37% for USCSOMG faculty and staff in the next six years, a number reaching a point of economic instability in the absence of state financial support.

**Supplemental Info - Academic Initiatives**

*Any additional information on Academic Initiatives appears as Appendix 2. (bottom)*
### Table 1. Faculty Employment by Track and Title.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tenure-track Faculty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor, with tenure</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Associate Professor, with tenure</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Librarian, with tenure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Research Faculty</strong></td>
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<tr>
<td>Research Professor</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Research Associate Professor</td>
<td>0</td>
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<td>1</td>
</tr>
<tr>
<td>Research Assistant Professor</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Clinical/instructional Faculty</strong></td>
<td>15</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Professor</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Associate Professor</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Assistant Professor</td>
<td>7</td>
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<td>2</td>
</tr>
<tr>
<td>Instructor</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lecturer</td>
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<tr>
<td>Visiting</td>
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<td>0</td>
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</tr>
<tr>
<td><strong>Adjunct Faculty</strong></td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Faculty Diversity by Gender and Race/Ethnicity

Note: USC follows US Department of Education IPEDS/ National Center for Education Statistics guidance for collecting and reporting race and ethnicity. See https://nces.ed.gov/ipeds/Section/collecting_re

Table 2. Faculty Diversity by Gender and Race/Ethnicity, Fall 2016, Fall 2015, and Fall 2014.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>22</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>22</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonresident Alien</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>White</td>
<td>16</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

Illustrations 1 and 2 (below) portray this data visually.
Illustration 1. Faculty Diversity by Gender

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illustration 2. Faculty Diversity by Race & Ethnicity

<table>
<thead>
<tr>
<th>Year</th>
<th>American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Nonresident Alien</th>
<th>Two Or More Races</th>
<th>Unknown Race</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2015</td>
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<td></td>
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<td></td>
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<td></td>
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<tr>
<td>2014</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Faculty Information

Research and Scholarly Activity

Please refer to Appendix 3, which provides detailed information from the Office of the Vice President for Research, department of Information Technology and Data Management, including:

1) The total number and amount of externally sponsored research proposal submissions by funding source for the appropriate Fiscal Year.
2) Summary of externally sponsored research awards by funding source for the appropriate Fiscal Year. Total extramural funding processed through Sponsored Awards Management (SAM) in the Fiscal Year, and federal extramural funding processed through SAM in the Fiscal Year. (Available at: http://sam.research.sc.edu/awards.html) Amount of sponsored research funding per faculty member in FY YYYY (by rank, type of funding; e.g., federal, state, etc., and by department if applicable).
3) Number of patents, disclosures, and licensing agreements for three most recent Fiscal Years.

The proposed 7% employer contribution to the state pension plan over the next six years will have a resounding impact on the salary and fringe expenditures covered by USCSOMG to support its state employed faculty and staff. While the current South Carolina state budget proposal includes $118M to cover portions of the otherwise unfunded mandate consequent to the pension bill, the USCSOMG commitment not to receive state line-item appropriations precludes USCSOMG from partial cost relief from the state’s efforts. The proposal, if approved, will result in a blended fringe rate of between 36-37% for USCSOMG faculty and staff in the next six years, a number reaching a point of economic instability in the absence of state financial support.

REFERENCES_
USCSOMG BMS Detailed Research Focus Areas AY17
USCSOMG BMS Faculty Publications Grants Presentations Info AY17

Faculty Development

Efforts at Faculty Development, including investments, activities, incentives, objectives, and outcomes.

Optional

Faculty development at USCSOMG is focused on equipping the faculty for the immediate needs of teaching, research and scholarship, and service. The long term priorities are focused on increasing resilience among the physician faculty and building and sustaining functional teams across all faculty levels. Uniquely, USCSOMG has a full time Director of Professional Development dedicated to spearheading faculty leadership efforts and the school invests significant resources in individual and group development in response to priorities and needs.

Other Activity

Efforts at Faculty Development, including investments, activities, incentives, objectives, and outcomes.

Optional

N/A

Supplemental Info - Faculty

Any additional content on Faculty Information appears as Appendix 4. (bottom)
Teaching

Faculty to Student Ratio

The formula used to compute the ratio uses data from Faculty Population by Track and Title and Student Enrollment by Time Basis, as follows:

\[
\frac{(Total \ Full-time \ Students + \frac{1}{3} \ Part-time \ Students)}{(Total \ Tenure-track \ Faculty \ + \ Total \ Research \ Faculty \ + \ Total \ Clinical/Instructinal \ Faculty) + \frac{1}{3} \ Adjunct \ Faculty)}
\]

Table 4. Faculty-to-Student Ratio, Fall 2017, Fall 2016, and Fall 2015

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio</td>
<td>1:13.9</td>
<td>1:18.5</td>
<td>1:12.7</td>
</tr>
</tbody>
</table>

Analysis of Ratio

Analysis of the ratio, agreement with the data, and plans for the future to impact this ratio.

USCSOMG provides several options for student access. Classes in the preclinical years for the medical school are organized as modules, each with a single course director and several faculty from different disciplines. The course director organizes and maintains communication between students and module faculty and offers office hours for expanded access. In most cases, there are only two classes/modules running concurrently. USCSOMG utilizes a high proportion of learner centered small group (6-10 students/group) sessions in which students have direct access to faculty. In addition, students have access to discussion boards via Canvas where they can ask questions to faculty or other students. The Biomedical Sciences faculty is nearly at full staff with a remaining three positions in physiology, immunology and neurosciences currently in recruitment. While USCSOMG believes that the faculty ratios were already sufficient to support the growing needs of the SOM with the increased matriculating class size, additional clinical faculty involved in M1 student IPM were engaged to reduce the student:faculty ratio to between 7 and 8. This expansion also helped enhance clinical skills by allowing for more individualized mentoring time between faculty and students; better management and oversight of M1s performing H&Ps on hospitalized patients; and additional skill mentoring time for newly added curriculum material such as bedside ultrasound.

In the clinical years, students are enrolled in clinical clerkships throughout the GHS clinical learning environment with access to over 900 appointed clinical faculty, a size determined to be more than adequate to handle the educational goals of the school, with plans to expand even further in additional disciplines such as hospital based internal medicine. This unique position is possible through the co-location and integrated partnership between USCSOMG and the expansive GHS clinical footprint. Protected time of the course directors (10-30% depending on the length of the course), clerkship directors (30%), and fourth year course directors (20%), ensure that the USCSOMG has adequate time commitments, reasonable for the size of the student body.
During AY2017-2018 faculty of SOM-G were recognized for their professional accomplishments in the categories of Research, Service, and Teaching.

### Research Awards

<table>
<thead>
<tr>
<th>Recipient(s)</th>
<th>Award</th>
<th>Organization</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Recipient(s)</th>
<th>Award</th>
<th>Organization</th>
</tr>
</thead>
</table>

Student Recruiting and Retention

Student Recruitment

*Efforts, including specific actions, to recruit students into College/School programs.*

The USCSOMG Applicant pool has continued to grow steadily since matriculating the first class in 2012 and today continues to be robust and enable student selection under rigorous admission criteria.

Efforts are underway to strengthen direct relationships with local, regional and statewide undergraduate institutions with pre-medical programs to further develop an early decision process and pre-admission programs. Already established with Furman University, Clemson University and Bob Jones University, these pre-matriculation programs provide a select number of guaranteed spots for rising seniors meeting established admissions criteria, generating a pipeline of well-qualified students into USCSOMG that are likely to remain within SC for their training and subsequent medical careers. Wofford College has already committed to acceptance of an early decision spot for the upcoming matriculating class and to pursuit of a scholarship program to support a rising Wofford senior through their full four years at USCSOMG. A similar pilot is being implemented at Claflin University to initiate a broad HBCU initiative.

The Medical Experience (MedEx) Academy is a K-12 through college pipeline program that attracts students to careers in healthcare by providing unique opportunities to explore health care through simulation, lectures, workshops, research and community service. Operated by GHS and funded over 80% through philanthropic funds, the MedEx Academy is now in its sixth year and is structured as a tiered offering that varies in grade of students, length of program and intensity, providing a significant and well diversified workforce development pipeline and a mechanism for USCSOMG to increase and enhance student recruitment. MedEx continues to expand the colleges and universities in the state and region feeding students into this pipeline and is being franchised to Orangeburg in association with the Claflin University initiative. MedEx experienced students now constitute approximately 14% of the USCSOM Greenville student body.

USCSOMG is also able to leverage partnerships through an initiative between Furman University and Historically Black Colleges and Universities (HBCUs) across the state to target outstanding undergraduates. Preparation includes immersion in the "medical school-lite" curriculum, MCAT practice, interview skills and other portfolio building engagements and offers an admission pipeline that increases the diversity of the applicant pool and better prepares selected matriculating students for entry and success through their medical school education.
USCSOMG focus on individuals with a variety of "life paths" who have different racial, ethnic, gender, geographic, socioeconomic and academic backgrounds is highlighted in the recruitment materials that are made available through the USCSOMG website and also by brochure. School material also contains information on the curriculum and all requirements to obtain the MD degree, course descriptions, immunizations, behavioral objectives, school curricular objectives and the multiple avenues for reporting mistreatment.

REFERENCE_USCSOMG Admissions Data

**Student Retention**

*Efforts at retaining current students in College/School programs.*

A three tiered career advising program is in place to enhance the probability of success for matriculated students and enrich their learning experience with adequate mentorship, advisement and resources. Modeled after the AAMC Careers in Medicine (CIM) Program, most of the activities in place at USCSOMG are coordinated through the Office of Student Affairs and include:

(a) Faculty Mentors - clinical faculty in the IPM longitudinal module that are assigned to students in small groups during the M1 and M2 years. These faculty mentors are expected to assist students in matters related to study habits, organization skills, time management skills, mastery of content and personal well-being. Mentors support and encourage students, check in with them occasionally and look for any signs that a student may be struggling personally or academically and then assist in finding resources that are available to aid in these situations.

(b) Career Counselors - clinical faculty specifically trained to assist with career planning, M3 and M4 scheduling and the residency application and match processes, while continuing to support students and assist them when they may be having academic or personal difficulty. Students chose their career counselors through a lottery system and counsellors follow them from mid-M2 year through graduation.

(c) Specialty Advisors - clinical faculty members who can provide specialty specific advice to students interested in pursuing that field. Guidance is provided related to residency match, residency training, away rotations and other topics related to planning for a career in their specific field of medicine.

Additional activities such as student-lead interest groups, peer tutoring and the continued administrative support from the Office of Student Affairs and Admissions is available. USCSOMG has further established learning communities, referred to as "Colleges" that are designed to promote camaraderie, a sense of community, wellness and mentorship through activities related to team building and civic engagement, another critical component to enriching student retention efforts.

USCSOMG incorporates an extensive formative assessment program in the curriculum that enables early identification of students experiencing academic difficulty. Those identified receive additional assistance and counseling supportive of academic success and, as needed, are offered individualized assessment, personalized study plans, special tutoring and other additional academic support or educational testing if deemed appropriate by the Student Evaluation & Performance Committee.

Resources for study skills, time management, test-taking strategies and other similar programs and offerings are provided throughout each student's entire time at USCSOMG alongside financial aid, literacy and debt management services to mitigate stressors and/or reasons that may lead to student drop out or transfer.
The USCSOMG Charter class graduated 97% 5-year graduation rate for its initial 3 classes, well above the national average. This represents a loss of only 4 students, 1 of whom decided against a career in medicine while the other 3 graduated in May 2017.
The following data was provided by USC's Office of Institutional Research, Assessment, and Analytics.

Note: Student enrollment and outcomes data are calculated by headcount on the basis of primary program of student only.

**Student Enrollment by Level & Classification**

**Table 5. Student Enrollment by Level & Classification.**

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate Enrollment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sophomore</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Junior</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Senior</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sub Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Graduate Enrollment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Doctoral</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduate Certificate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sub Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Professional Enrollment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td>Law</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PharmD</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sub Total</td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td><strong>Total Enrollment (All Levels)</strong></td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
</tbody>
</table>
Illustration 3. Undergraduate Student Enrollment by Classification

Illustration 4. Graduate/Professional Student Enrollment by Classification
Illustration 5. Total Student Enrollment by Classification (All Levels)

Table 6. Student Enrollment by Level and Time Status.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Full-Time</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Part-Time</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduate/Professional</td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td>Full-Time</td>
<td>377</td>
<td>333</td>
<td>279</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total - All Levels</td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td>Full-Time</td>
<td>377</td>
<td>333</td>
<td>279</td>
</tr>
<tr>
<td>Part-Time</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
## Student Diversity by Gender

Table 7. Student Enrollment by Gender.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Graduate/Professional</td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td>Female</td>
<td>210</td>
<td>185</td>
<td>151</td>
</tr>
<tr>
<td>Male</td>
<td>168</td>
<td>148</td>
<td>129</td>
</tr>
</tbody>
</table>
Illustration 6. Undergraduate Student Diversity by Gender

2018 Undergraduate Gender  
2017 Undergraduate Gender  
2016 Undergraduate Gender

Illustration 7. Graduate/Professional Student Diversity by Gender

2018 Graduate Gender  
2017 Graduate Gender  
2016 Graduate Gender
### Student Diversity by Race/Ethnicity

#### Table 8. Student Enrollment by Race/Ethnicity.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2017</th>
<th>Fall 2016</th>
<th>Fall 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Undergraduate</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black or African</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonresident Alien</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Unknown Race/Ethnicity</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Graduate/Professional</strong></td>
<td>378</td>
<td>333</td>
<td>280</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Asian</td>
<td>25</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Black or African</td>
<td>28</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
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<td>18</td>
<td>12</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
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</tr>
<tr>
<td>Nonresident Alien</td>
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<tr>
<td>Two or More Races</td>
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<td>3</td>
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<tr>
<td>White</td>
<td>295</td>
<td>262</td>
<td>223</td>
</tr>
</tbody>
</table>
Illustration 8. Undergraduate Student Diversity by Race/Ethnicity

Illustration 9. Graduate/Professional Student Diversity by Race/Ethnicity
# Undergraduate Retention

## Table 9. Undergraduate Retention Rates for First-time Full-time Student Cohorts

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016 Cohort</td>
<td>0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Fall 2015 Cohort</td>
<td>0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Fall 2014 Cohort</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fall 2013 Cohort</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

## Illustration 10. Undergraduate Retention, First- and Second Year

- First Year
- Second Year
Student Completions

Graduation Rate - Undergraduate

Table 10. Undergraduate Graduation Rates for First-time Full-time Student Cohorts at 4-, 5-, and 6 Years.

<table>
<thead>
<tr>
<th></th>
<th>4-Year</th>
<th>5-Year</th>
<th>6-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2011 Cohort</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fall 2010 Cohort</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Fall 2009 Cohort</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Degrees Awarded by Level

Table 11. Degrees Awarded by Level.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Associates Degree</td>
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<td>0</td>
</tr>
<tr>
<td>Bachelors</td>
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</tr>
<tr>
<td>Masters</td>
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</tr>
<tr>
<td>Doctoral</td>
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<td>0</td>
</tr>
<tr>
<td>Medical</td>
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<td>49</td>
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<tr>
<td>Law</td>
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</tr>
<tr>
<td>Pharmacy Doctorate</td>
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</tr>
<tr>
<td>Graduate Certificate</td>
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<td>0</td>
</tr>
</tbody>
</table>

Illustration 11. Degrees Awarded by Level
Alumni Engagement & Fundraising

Alumni
Substantial activities, engagements, and initiatives with alumni during AY2017-2018, focusing on relationships and activities with alumni.

Graduating its first class in 2016, USCSOMG’s current 49 alumni represent a small but growing population, increasing by graduating a class of 53 students in May 2017. Alumni interest surveys and highlights of USCSOMG program developments have been shared over the past year and initial stages of furthering engagement include biannual communications targeted around the holidays and graduation. Creative work is underway for expansion of the external website to develop an Alumni section for related news, events, and other details regarding student success, placements, and life events. USCSOMG has been engaged in discussions centering on young alumni activities and mentorship programs with prospective and current USCSOMG students, and a “friends of the school” group. Plans to develop this approach are being discussed and initiated throughout the current and upcoming academic year.

Development, Fundraising and Gifts
Substantial development initiatives and outcomes during AY2017-2018, including Fundraising and Gifts.

GHS completed its Second Century Campaign in 2016, one year ahead of plan, raising $91 million (14% increase over goal) to strengthen clinical care and expand academic research programs. The success of the campaign provided over $20.1 million specifically to academic programs, with $12.7 million being designated directly for USCSOMG.

USCSOMG, with support from the USC Columbia Office of Development has launched a campaign to raise $50 million toward an endowment to support scholarships for the students of USCSOMG. This mini-campaign is engaging local physicians, corporations, universities and colleges, along with small and major gift donors, through a variety of naming opportunities to the Academic program, building, and several locations throughout the 3 story facility, named scholarships and distinctive programs. USCSOMG has commitments for $11M and hopes to raise an additional $14 million during the silent phase over the next 12-18 months, before launching a more public and broader ask. Full tuition scholarship, such as the recently awarded Aflac scholarship in January 2017, and the development of the Paladin Scholarship with Furman University and a similar full tuition scholarship with Bob Jones University have been successful additions for USCSOMG students. Efforts toward similar agreements with Wofford College, Clemson University and other local undergraduate programs are underway and look promising to strengthen the USCSOMG applicant pipeline and enlarge funding for scholarships by tapping into a broader range of donors and undergraduate alumni.

Supplemental Info - Alumni Engagement & Fundraising

Any additional information on Alumni Engagement and Fundraising appears as Appendix 6. (bottom)
Community Engagement

Description

*Community engagement and community based research, scholarship, outreach, service or volunteerism conducted during AY2017-2018, including activities at the local, state, regional national and international levels.*

The school provides several opportunities for students to participate in required and voluntary service learning/community activities. Students are required to participate in emergency medical technician (EMT) training consisting of one, 12-hour ambulance shift per month as active EMTs. The goal of this experience is for students to understand the needs of patients in the community they service, and to increase their awareness of the societal challenges to health care, including access and affordability. Equally important is the goal for students to appreciate the environments from which patients come, and the fact that, after receiving episodic care, patients will return to the same environment in which they became ill or injured.

This program annually provides 14,400 hours of free EMT service to the community and means that there are over 400 EMT trained emergency responders at the medical school to provide bench strength in the event of a mass casualty in the Upstate.

Voluntary service learning/community opportunities also include:

- Community Health Needs Assessments - students receive comprehensive overview of key health indicators, population distribution, top chronic disease states, as well as an overview of GHS health promotion and educational offerings and partnerships
- Public forums and interactions with community leaders and stakeholder, including the Minority Advisory Council (health disparities), Diversity Advisory Council (cultural and linguistic diversity) and Campus Community Advisory Council (advocacy group for the citizens of the community addressing health systems plans and services)
- Minority Health Summit - student conduct basic health assessments
- Take a Loved One to the Doctor Day - students assist with breast and prostate screenings
- Heart Forum - students conduct vital signs assessments
- Susan G. Komen Race for the Cure - students distribute cancer/access information and resources
- Free medical clinics
- Public service organizations
- Berea Middle - GHS Adopt a School Program
- GHS MedEx Academy - student roundtable lunch and learns
- GHS Health Careers Club
- Boy Scouts of America Medical Explorer Program

In addition, student interest groups are encouraged to sponsor seminars, luncheons, and community service days, and to provide information with respect to service-learning needs and opportunities related to their specific area of interest. During orientation, students are informed about potential opportunities by the GHS Department of Community Relations that also post periodic updates of additional opportunities on the class home page. The student body Colleges program provides an incentive for students to participate and collectively share in these experiences, furthering comradery and teamwork across the classes.

Finally, the current and prospective impact of the Tracks of Distinction has been stated previously in the new programs launch section.

Community Perceptions

*How unit assesses community perceptions of engagement, as well as impact of community engagement on*
students, faculty, community and the institution.

The Health Sciences Center, in which USC is a primary partner alongside Clemson University, Furman University and GHS, is an example of how coming together and leveraging joint resources, talent and interests can be a successful model to enlarge the academic footprint in response to needs of the population for growing healthcare workforce needs. Through that relationship, community needs awareness, engagement and support will remain in the forefront of the USCSOMG faculty, staff, resident and student focus, with support for such embedded deeply within the culture.

The Lifestyle Medicine collaborative lead by USCSOMG infiltrates into the community through establishment and programmatic oversight of the human performance lab; provision of a 6-week Exercise is Medicine program for patients with chronic diseases cared for at 6 GHS primary care sites; and faculty providing consultative and coaching support in healthy lifestyles in cooperation with the local Life Center, YMCAs and other community organizations.

USCSOMG leadership and faculty collaborate with GHS to host an annual Minority Health Summit to educate and increase awareness of major health disparities that disproportionately affect the lives of minorities in the community. This free event, held each April, includes healthy lifestyle presentations, physician-led educational talks, overviews of ways to engage with HBCU Initiatives and Pipeline programs, exercise demonstrations and more.

**Incentivizing Faculty Engagement**

*Policies and practices for incentivizing and recognizing community engagement in teaching and learning, research, and creative activity.*

USCSOMG emphasizes service that promotes the stature and engagement of USCSOMG and the GHS Health Science Center through its promotion and tenure unit criteria. Service both inside the institution and outside within the community is built into the promotion system to incentivize and reward teamwork, engagement and resilience to fuel the population health model.

**Supplemental Info - Community Engagement**

*Any additional information on Community Engagement appears as Appendix 7. (bottom)*
Collaborations

Internal Collaborations

USC Arnold School of Public Health - There is a growing presence of the Arnold School at GHS, along with plans to expand its presence as the research arm of the GHS CCI.

USC School of Medicine Nurse Anesthesia Program - There is a longstanding satellite of the USCSOM Columbia CRNA program at GHS.

South Carolina College of Pharmacy - There are SCSop P3/P4 students permanently at GHS with plans to expand the number to 20 over the next few years.

USC College of Nursing - 4th year nursing students and NP students do elective rotations at GHS.

USC College of Social Work - Discussions have been initiated with Dean Gehlert to explore collaborative programs for social work programs at GHS, eg LISW and LMSW

External Collaborations

GHS Health Sciences Center (primary academic partners - University of South Carolina, Clemson University and Furman University; strategic partner - Greenville Technical College)

Other Collaborations

Our most significant academic collaborations and multidisciplinary efforts that are not otherwise accounted for as Internal or External Collaborations.

Lifestyle Medicine Education Collaborative (LMED) - an international membership collaborative that offers leadership, guidance and resources to advance the adoption and implementation of lifestyle medicine curricula throughout medical education. Co-directed by USCSOMG Assistant Professor of Physiology and Exercise Science, Jennifer Trilk, Ph.D. More information: http://lifestylemedicineeducation.org/

Teaching Kitchen Collaborative (TKC), jointly led by The Culinary Institute of America and Harvard T.H. Chan School of Public Health is an invitation network of thought leading organizations using teaching kitchen facilities as catalysts of enhanced personal and public health across medical, corporate, school and community settings. USCSOMG was invited to join in Winter 2016. More information: www.tkcollaborative.org

Supplemental Info - Collaborations

Any additional information about Collaborations appears as Appendix 8. (bottom)
USCSOMG named Brenda Thames, Ed.D., as USCSOMG Associate Dean for Institutional Culture and Inclusivity in Fall 2016 and, under her leadership, has continued to focus on executing the GHS 2014-16 Diversity Strategic Plan and the USC Strategic Plan for Diversity which have three primary areas of focus with regard to academics: 1) need to develop a future health care workforce that mirrors the diversity of the communities served, 2) need to ensure that the future health care workforce receives the education and training necessary to ensure quality outcomes among diverse patient populations in order to prevent health and health care disparities, and 3) need to improve the understanding and prevention of the persistent health disparities affecting minority communities in the region through high quality research. A strategic leadership direction has been presented and approved by the USCSOMG Dean's Cabinet in early 2017 to further the efforts surrounding inclusivity.

Student recruitment for diversity has focused on the MedEx Academy (described earlier), the Furman University/HBCU collaborative initiative, and the South Carolina Diversity Leaders Initiative Advisory Council (SCDLI), all of which have seen growth over the academic year. Successes include engagement and awareness through numerous discussions with all collaborative partners including a community meeting hosted in November 2016, selection and orientation of institutional leadership (university provosts), creation of a MedEx Academy Board and selection of program leaders that are tasked with the program development and implementation. These programs continue to function as the cornerstone of the medical student diversity strategy and were highlighted at the 2018 Urban League celebration.

The SOM, in collaboration with GHS, is committed to development of leaders at all levels of the organization with an emphasis on the development of emotional/social intelligence and self-awareness as leaders. Conscious leadership and professionalism concepts have been initiated and taught to students in an extracurricular fashion throughout the academic year via newly established lunch lecture series, institution wide leadership development retreats, leadership grand rounds and team meetings while also embedding teachings of cultural competencies in the Medicine and Society as well as Clinical Diagnosis and Reasoning curriculum modules.

**Supplemental Info - Campus Climate & Inclusion**
Any additional information about Campus Climate and Inclusion appears as Appendix 9. (bottom)
Concluding Remarks

Quantitative Outcomes

Explanation of any surprises with regard to data provided in the quantitative outcomes throughout this report.

Data is consistent with expectations

Cool Stuff

Describe innovations, happy accidents, good news, etc. that occurred within your unit not noted elsewhere in your reporting.

USCSOMG M1 student, Natasha Topoluk, PhD, was awarded the 2017 American Society of Neuroimaging Oldendorf Award for her abstract, Clinical Correlations of Vector of Neoplastic Spread in Patients with Pituitary Adenomas. This research award for a first year medical school student is notable and compliments her offers to present at numerous domestic and international symposiums on her research.

Jasmine Smith, a current USCSOMG M3 student, was selected for a 10-week clinical research oncology rotation with the Medical Student Rotation (MSR) for Unrepresented Populations, supported by the Conquer Cancer Foundation Mission Endowment and other leading biopharma companies. Jasmine was one of seven medical students selected to participate in 2017.

USCSOM Greenville had a 100% residency match for its 3rd consecutive year.
Appendix 2. Academic Initiatives
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1. Andorsky DJ, Abdulraheem Yacoub, Jason M. Melear, Morton Coleman, Kathryn S. Kolibaba, Heather Dawn Brooks, Jacob D. Bitran, Suzanne R. Fanning, Frederick Lansigan, Justin L. Ricker, Kenneth A. Foon, Dongfang Liu, Mary Llorente, Jiahui Li, Jeff Porter Sharman. Phase IIb randomized study of lenalidomide plus rituximab (R2) followed by maintenance in relapsed/refractory NHL: Analysis of patients with double-refractory or early relapsed follicular lymphoma (FL). J Clin Oncol 35, 2017 (suppl; abstr 7502)


13. Fanning S, et al. Ublituximab (TG-1101), a Novel, Glycoengineered Anti-CD20 Antibody, in Combination with Ibrutinib Is Safe and Highly Active in Patients with Relapsed and/or Refractory Chronic Lymphocytic Leukemia: Results of a Phase 2 Trial. BJH-2016-00977.R1


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2. O’Rourke MA, Regina Franco, Kerri Susko, Michael Wirth, Benjamin Hollowell, Douglas McCormick, LeAnn Perkins, Ye Shen, Matthew Hudson, Katie Daniels, James Hebert, Sara Robb. Mindfulness Intervention to Improve Symptomatology among Cancer Survivors at the Greenville Health System (GHS) Cancer Institute Center for Integrative Oncology and Survivorship (CIOS). Abstract 74, oral presentation

3. O’Rourke MA, Regina Franco, Kerri Susko, William Hendry, Elizabeth Crowley, Alex Christ, John Hanna, Annie Anderson, Sofge Jameson, Jack Ginsberg, James Burch. Use of
Heart Rate Variability (HRV) Biofeedback for Symptom Management among Cancer Survivors at the Greenville Health System (GHS) Cancer Institute Center for Integrative Oncology and Survivorship (CIOS). Abstract 58, oral presentation.

4. **Roman, S.** Cognition in the Multiple Myeloma Patient. ASBMT/CIBMTR BMT Tandem Meetings, 23 February 2017, Orlando, FL.

5. **Strickland, J.** Effects of Psychosocial Support on Hematopoietic Stem Cell Transplant Survival. ASBMT/CIBMTR BMT Tandem Meetings, 23 February 2017, Orlando, FL.

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5. **Chung KY**, Hamadani M, Kahl BS, Heffner LT, Caimi PF, Feingold JM, O’Connor OA. A phase 1 adaptive dose-escalation study to evaluate the tolerability, safety, pharmacokinetics, and antitumor activity of ADCT-402 in patients with relapsed or refractory B-cell lineage on Hodgkin lymphoma (B-NHL). J Clin Oncol 34, 2016 (suppl; abstr TPS7580)


**Franco, R., Hudson, M., O'Rourke, M. A., Yates, J., Leighton, P., Hoopes, S., McCormick, D., Perkins, L., Brant, K.** Utilizing a Tumor Registry to Electronically Generate Treatment Summaries and Survivorship Care Plans for Cancer Survivors [Abstract]. In: 14th Annual Research Symposium: Research Impacting Clinical Practice, Academy of Oncology Nurse & Patient Navigators. 2016 September 30; Greenville, SC. (poster)


19. Tallman MS, Feingold JM, Spira AI, Rizzieri D, Atallah EL, Stock W, Jain N, Walter RB, Chung KY. A phase 1, open-label, dose-escalation, multicenter study to evaluate the tolerability, safety, pharmacokinetics, and activity of ADCT-301 in patients with relapsed or refractory CD25-positive acute myeloid leukemia. J Clin Oncol 34, 2016 (suppl; abstr TPS7071)


6. Egan BM. Hypertension in the elderly patients, particularly isolated systolic hypertension. UpToDate. 2017; May 31.


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1. Bitner M, Hobbs J, Dix A. Disaster Workshop: Active Shooter Preparedness and Tourniquets. 2017 Annual Post Graduate Seminar (also posted in SIM Education)


   Ultrasound Phantom: Making Your Own
   Session Chair Dustin Morrow MD
   Faculty James Maher MD / Cynthia Smith MD

   Focused Assessment With Sonography in Trauma Panel / Worship
   Faculty Irene Ma MD / Samuel Campbell MD / Dustin Morrow MD / Peter Steinmetz MD / Jim Tsung MD

   Ultrasound for First Responders Panel / Workshop
Faculty: Mahmoud Elbarbary, Saju Joseph, Dustin Morrow, Gregor Prosen, Michael Wagner, Susan Wiegers


15. Pfennig, C. Northwest Seminars Emergency Medicine Update, Hilton Head, SC; March 2017
   Is there a LYTE at the End of the Tunnel? Electrolyte Emergencies
   Wait! There’s a Baby in There- Imaging of the Pregnant Patient.
   My Baby Stopped Breathing: The New BRUE
   Obstetrics 911
   Stuff Down There: An Update in STDs
   Papules, Purpura, Petechiae, Oh My! Dermatological Emergencies
   Stress Me Out: Adrenal Emergencies


21. **Sasser, S.** The Role of Bystanders in Disaster Preparedness and Response, Joint Counterterrorism Awareness Workshop Series, Phoenix, AZ; Aug 2016

22. **Sasser, S.** The Role of Bystanders in Disaster Preparedness and Response, Joint Counterterrorism Awareness Workshop Series, Mcallen, TX; Sep 2016


25. **Sasser, S.** The Role of Bystanders in Disaster Preparedness and Response. *Joint Counterterrorism Awareness Workshop Series, Federal Emergency Management Agency*, Austin, TX; Feb 2017


27. **Sasser, S.** The Role of Bystanders in Disaster Preparedness and Response. *Joint Counterterrorism Awareness Workshop Series, Federal Emergency Management Agency*, Baltimore, MD; April 2017


30. **Sasser, S.** We got a bleeder!. *Coastal Emergency Medicine Conference*, Kiawah, SC; June 2016

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Atwood, C; Denis, R; Dumas, K; **Pfennig-Bass, C.** *University of South Carolina School of Medicine-Greenville Colleges Program*. Association of American Medical Colleges/ 2016 Group on Student Affairs (GSA), Careers in Medicine (CiM) and Organization of Student Representatives (OSR) Professional Development Conference Poster Session. St. Louis, Missouri. June 2016. ([poster](#))


PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


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REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS
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2016: Healthy People, Healthy Planet. Symposium conducted at the meeting of the American College of Lifestyle Medicine, Naples, FL, October 23-26, 2016.


17. Saccocio, Saria (Panelist), Blackstone, MD, Marcus (Panelist), Kirsner, John (Panelist), Yance, Jim (Panelist), Clinically Integrated Networks (CIN) v2, Co-Panelists Marchus Blackstone, MD, John Kirsner, Jim Yanci. (May 2017 - Present).

18. Saccocio, Saria (Panelist), Miller, John (Panelist), Heigel, Catherine (Panelist). "Eliminating Harm: Zero is Possible, Moderator, Panelists, John Miller and Catherine Heigel," South Carolina Hospital Association Annual Meeting. (January 2017 - Present).

19. Saccocio, Saria (Presenter), Smoking Cessation Leadership Center Webinar, "From Tar Wars to a Comprehensive Tobacco and Nicotine APPROACH: Addressing Social Determinants of Health and Tobacco-related Disparities, Engaging Health Professionals and Strengthening Smoking Cessation." (January 2017 - Present).


22. Saccocio, Saria (Presenter), Women Lead HERe Conference, "Want to be Popular... or Will You Lead?," Healthcare Financial Management Association South Carolina Chapter. (September 2016 - Present).


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1. Fanning, S. Update in Aggressive NHL. South Carolina Osteopathic Medical Society, Edward Via Osteopathic Medical School, Spartanburg, SC, 29 September 2016.


5. Fanning, Suzanne MD. ‘Lenalidomide Plus Rituximab (R²) in Patients With Relapsed/Refractory Marginal Zone Lymphoma: A Subset Analysis of the MAGNIFY Trial’ June 17, 2017 at The International Conference on Malignant Lymphoma - 14th annual meeting in Lugano, Switzerland


PEER REVIEWED MEETING ABSTRACTS


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REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS


PEER REVIEWED MEETING ABSTRACTS


8. Claessen FM, Stoop N, Doornberg JN, Guitton TG, van den Bekerom MP, Ring D; Science of Variation Group. Interpretation of Post-operative Distal Humerus Radiographs After Internal


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21. Tokish, JM. AAOS-JOA Combined ICL: How to deal with bone loss in unstable shoulder, AAOS Annual Meeting, San Diego, 2017


24. Tokish, JM. Improved Return To Play In Intercolligate Contact Athletes Following Arthroscopic Stabilization For Anterior Shoulder Instability: A Prospective Multicenter Study. ISAKOS 2017, Shanghai, China, June 2017.


28. Price DM, Poole AS, Shirley BR, Burnikel BG, Cooke CE. The effect of intravenous tranexamic acid and epsilon aminocaproic acid on reducing transfusion rates and blood loss in primary total hip arthroplasty, is one more effective? South Carolina Orthopaedic Association, Kiawah Island, SC. August 4-6, 2016.


42. Tornetta P, Della Rocca G, Morshed S, Jones C, Heels-Ansdell D, Sprague S, Petrisor B, Jeray K, Bhandari M, FLOW Investigators. What Factors are Associated with Infection in Open
43. Bray, C. C., Porter, S. E., AAMC Annual Meeting, "Innovative Tools and Approaches to Simplify the Lives of Program Directors. Does your department have a brand? Interview day: how do we get there?," Seattle, WA. November 2016.


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**Gurich RW**; Luminita Rezeanu, MD; and **Scott E. Porter, MD, MBA, FACS**. Adamantinoma of the Forearm: A Chronologic Presentation of a Slow-Growing Malignancy GHS Proc. June 2017;2(1):62-66 *(also posted in Orthopaedics (primary author))*


Shah, PJ; Carmen M. Faulkner-Fennell, PharmD, BCPS; Jessica M. Odom, PharmD, BCPS, BC-ADM; John H. Schrank Jr, MD; Jennifer R. Meredith, PhD, HCLD; and Jun Wu, PhD. Impact of an Antimicrobial Stewardship-Driven Initiative to Assess Appropriateness of Asymptomatic Bacteriuria or Funguria Treatment. GHS Proc. June 2017;2(1):26-31 *(also posted in Pharmacy (primary author))*

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Young SL, Jeong JW, Schammel DP, Lessey, BA. Endometrial Bcell lymphoma 6 (BCL6) and Sirtuin 1 (SIRT1) Immunostaining are prognostic factors for implantation failure in the setting of ART. Poster presented at ESHRE (European Society of Human Reproduction and Embryology). Annual Meeting in Helsinki, Finland. July 3-6, 2016. (also listed in OBGYN (primary author))


10. **Lucas, J:** Sudden Cardiac Death in School Aged Athletes. Lucas, Jon The Journal of the South Carolina Medical Association Volume 112, Number 2 June/July 2016 pgs 185-190


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2. **Gates RL**, Current Topics in Pediatric Surgery for the Primary Care Provider" South Carolina Academy of Pediatrics Annual Meeting (July 2016)


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Royal, V., Raunikar, A. Financial Impact of Commitment to Core Prescribing Practices. 2016 Vizient Clinical Connections Summit, Dallas, TX, 29-30 September 2016 *(also listed in Pharmacy-primary author)*


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2. Hood M, Sprunger H, Collins J, Schammel C, Young A, Devane A. Usefulness of Nephrometry Scoring Systems for Predicting Outcomes and Complications of Percutaneous Cryotherapy and Microwave Ablation Therapy at a Regional Medical Center. WCIO. Poster Presentation. Boston MA. June 2017

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Hood M, Sprunger H, Collins J, Schammel C, Young A, Devane A. Usefulness of Nephrometry Scoring Systems for Predicting Outcomes and Complications of Percutaneous Cryotherapy and Microwave Ablation Therapy at a Regional Medical Center. WCIO. GHS Research Symposium. Poster Presentation. Greenville SC. March 2017


7. Cull JD, Spivey TL, Fleetwood VA, Manning BM, Chan EY. Impact of Health-Care Worker Attitudes Toward Organ Donation. Am Surg. 2016 Sep;82(9):242-4. PMID: 27670534


12. Fegelman E, Knippenberg S, Schwiers M, Stefanidis D, Gersin KS, Scott JD, Fernandez AZ. 
Evaluation of a Powered Stapler System with Gripping Surface Technology on Surgical 

13. Frykberg RG, Gordon IL, Reyzelman AM, Cazzell SM, Fitzgerald RH, Rothenberg GM, Bloom JD, 
Petersen BJ, Linders DR, Nouvong A, Najafi B. Feasibility and Efficacy of a Smart Mat Technology 


2016 Sep;82(9):230-2. PMID: 27670529

28263435

17. Gray BH, Buchan JA. The Treatment of Superficial Femoral Artery In-Stent Restenosis: The Jury 

18. Gray BH. Peripheral vascular intervention is better than tibial bypass for critical limb ischemia. 

19. Howe H 3rd, Bhatia G, Wright CC, Davis BR, Gates RL. Repair of Pectus Excavatum in an Adult: 
An Example of Disease Progression. Am Surg. 2016 Sep;82(9):785-6. PMID: 27670563

20. Hutcheon DA, Byham-Gray LD, Marcus AF, Scott JD, Miller M. Predictors of preoperative weight 
loss achievement in adult bariatric surgery candidates while following a low-calorie diet for 4 
weeks. Surg Obes Relat Dis. 2016 Dec 29. pii: S1550-7289(16)30890-5. doi: 


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12;68(2):176-85. PMID: 27386771


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**BOOK AND BOOK CHAPTERS**


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**REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS**


Berglind W, Krupesh DN, Ewing JA, Gettys RH. Multi-vehicle, motorcycle accidents are more common during daylight hours: An 18-month review of motorcycle accidents from a level 1 trauma center. Southeastern Surgical Congress, Nashville, TN, Feb. 25-28, 2017. (poster presentation)


4. Bour ES. The Economics of Surgery In the Future - How will We Define Surgical Quality? SAGES Meeting, Houston, TX, March 22-25, 2017.


Cull JD, Spivey TL, Fleetwood VA, Manning BM, Chan EY. Health-Care Worker Attitudes Toward Organ Donation at Two Level I Urban Trauma Centers. Southeastern Surgical Congress, Nashville, TN, February 25 – 28, 2017. (poster presentation)


   Schneider A, Manning BM, Ben-Or S, Cull JD, Bolton WD. A Rare Cause of Pneumopericardium in a Patient Following a Motor Vehicle Collision. Southeastern Surgical Congress, Nashville, TN, Feb. 25-28, 2017. (poster presentation)


31. Scott JD. Why access to care matters to your state chapter. ASMBS Weekend, State Chapter Presidents Forum, San Diego, CA, June 2017.


PEER REVIEWED MEETING ABSTRACTS


ACADEMY FOR LEADERSHIP & PROFESSIONAL DEVELOPMENT

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


BOOK AND BOOK CHAPTERS


REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS


7. Tappert T. Creating a Vibrant Organization that Fosters Forward Thinking – Opening/Keynote Panel Member on Creating an Engaged and Vibrant Organizational Culture; Shine the Light Foundation, 12 July 2016.


PEER REVIEWED MEETING ABSTRACTS

Farago, P. (2017). Leaving it All on the Field: Coaching in Healthcare to Reduce Burnout. Poster presented to the annual meeting of Industrial Organizational and Organizational Behavior, Houston, Texas. (poster)

Farago, P.R., Verhoeven, D.C. & Shuffler, M.L. (2017) Growing pains: Leader-member exchange buffers organizational change effects. Poster presented to the annual meeting of Industrial Organizational and Organizational Behavior, Houston, Texas. (poster)


Savage N, Verhoeven DC, Kramer WS, Shuffler ML, **Wilson S, Tappert T.** Fairness Matters: The Importance of Leaders and Justice on Healthcare Teams. INGRoup 2016, Helsinki, Finland, 14 July 2016. (poster)
HSC RESEARCH SCHOLARS

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


BOOK AND BOOK CHAPTERS

REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS

PEER REVIEWED MEETING ABSTRACTS
NURSING

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


BOOK AND BOOK CHAPTERS

REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS

PEER REVIEWED MEETING ABSTRACTS
PHARMACY

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


3. Shah, PJ; Carmen M. Faulkner-Fennell, PharmD, BCPS; Jessica M. Odom, PharmD, BCPS, BC-ADM; John H. Schrank Jr, MD; Jennifer R. Meredith, PhD, HCLD; and Jun Wu, PhD. Impact of an Antimicrobial Stewardship-Driven Initiative to Assess Appropriateness of Asymptomatic Bacteriuria or Funguria Treatment. GHS Proc. June 2017;2(1):26-31 (also posted in Pathology)

BOOK AND BOOK CHAPTERS


REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS


PEER REVIEWED MEETING ABSTRACTS

REHABILITATION

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS


BOOK AND BOOK CHAPTERS

REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS


PEER REVIEWED MEETING ABSTRACTS
PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS

Walchok J., Lutz, M., Shope, C., Gue’ G, Furmanek D., Pirrallo, R., Dix, A. Can paramedics draw uncontaminated blood cultures prior to prehospital antibiotic administration? Prehospital Emergency Care 2016, 20:154(A76). (also posted in Emergency Medicine (primary author))


BOOK AND BOOK CHAPTERS

REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS

Bitner M, Hobbs J, Dix A. Disaster Workshop: Active Shooter Preparedness and Tourniquets. 2017 Annual Post Graduate Seminar (also posted in Emergency Medicine (primary))

1. Dix A. Implementing a Team Based Approach to Resuscitation. 2017. GHS Prehospital Medicine Conference


4. Dix A. Improving Rates of Survival from out-of-Hospital Cardiac Arrest. 2016. Western Carolina EMS Conference

SPIRITUAL CARE & EDUCATION

PEER REVIEWED JOURNAL ARTICLES & ABSTRACTS

BOOK AND BOOK CHAPTERS

REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS


4. **Jinks, P.** Stein, M. Grief and Bereavement in the Pediatric Clinical Setting. Lecture. University of Georgia Graduate Studies. 30 September 2016. Greenville, SC. USA.

PEER REVIEWED MEETING ABSTRACTS


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**BOOK AND BOOK CHAPTERS**

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**REGIONAL/NATIONAL/INTERNATIONAL PRESENTATIONS**


2. **Buchanan, A**. Strategic Planning for the M4 Year: Creating a Competent Student Prepared for Pediatric Residency. Council on Medical Student Education in Pediatrics National Meeting, St. Louis, Missouri, April 2016

3. **Buchanan, A**. The ABCs of Medical Student Education: Fundamentals for Pediatric Educators. Council on Medical Student Education in Pediatrics National Meeting, St. Louis, Missouri, April 2016


5. **Buchanan, A**. Oral Conundrums Session 1. Pediatric Hospital Medicine National Meeting, July 2016, Chicago, IL.


7. **Khalil, M.K**., Hawkins, H., Williams, S.E. (2017). The Relationship between Learning and Study Strategies Inventory (LASSI) and Performance on Anatomical Sciences in Medical Schools. The FASEB Journal 31 (1 Supplement), 392-6.


11. **Trilk, JL.** "Exercise is Medicine: The Greenville Way!" World Congress on Exercise is Medicine, American College of Sports Medicine, Denver, CO, May 2017.

12. **Wiederman, M.W., & Best, R.** Building and Supporting Faculty Resilience. Presented at the annual AAMC Group on Faculty Affairs Professional Development Conference, July, 2016. Vancouver, BC.

   **Wright WS** and Baston K. Use of the NBME® Comprehensive Basic Science Exam in US Medical Schools: Results of a National Survey. Association of American Medical Colleges (AAMC) Southern Group on Educational Affairs, Charlottesville, VA, April 20, 2017. (poster)

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**PEER REVIEWED MEETING ABSTRACTS**

Appendix 3. Research & Scholarly Activity
Faculty Information

RESEARCH AND SCHOLARLY ACTIVITY

The following refers to Appendix 1, 2 & 3, which provides detailed information from the Office of the Vice President for Research, department of Information Technology and Data Management, including:

1) The total number and amount of externally sponsored research proposal submissions by funding source for the appropriate Fiscal Year.

2) Summary of externally sponsored research awards by funding source for the appropriate Fiscal Year. Total extramural funding processed through Sponsored Awards Management (SAM) in the Fiscal Year, and federal extramural funding processed through SAM in the Fiscal Year. (Available at: http://sam.research.sc.edu/awards.html) Amount of sponsored research funding per faculty member in FY YYYY (by rank, type of funding; e.g., federal, state, etc., and by department, if applicable).

3) Number of patents, disclosures, and licensing agreements for three most recent Fiscal Years.

Identified areas of challenge and opportunities with faculty research and scholarly activity, referencing Academic Analytics data (through 2015) and the report provided by the Office of Research’s Information Technology and Data Management, including specific plans to meet these challenges or take advantage of the opportunities.
## Summary of Extramural Proposal Submissions by Source - FY2017

Appendix 1

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<th>PI Home Department</th>
<th>Amount First Year</th>
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<th>Private, Non-Profit</th>
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## Extramural Funding by Source, Department, Faculty & Rank - FY2017

### Appendix 2

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<th>PI Name</th>
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<th>Tenure Status</th>
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# Patents, Disclosures, and Licensing Agreements

**Fiscal Year 2017**

**Appendix 3**

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<th>SCHOOL OF MEDICINE</th>
<th>Invention Disclosures</th>
<th>Provisional Patent Applications</th>
<th>Non-Provisional Patent Applications</th>
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**Department Breakdown**

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*Note: These numbers include US, PCT, and foreign applications/patents.

These numbers include School of Medicine Columbia Campus.

*Source: Office of Economic Engagement*
Appendix 4. Faculty Information
# Detailed BMS Faculty Research Focus Areas

<table>
<thead>
<tr>
<th>USCSOMG Biomedical Sciences</th>
<th>Focus Areas</th>
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| Sergio Arce, M.D., Ph.D. – BMS | 1. Discovering novel roles for B and T lymphocytes in the pathogenesis of sarcoidosis  
2. Biochemical mechanisms of steroid resistance in chronic persistent sarcoidosis  
3. Modeling the bone marrow plasma cell microenvironment and granulomatous inflammation in 3D culture systems  
4. Immunology and pathogenesis of multiple myeloma |
| Asa C. Black, Jr., M.D. – BMS | 1. Pluripotent Adult Stem Cells (with Dr. Henry E. Yount)  
2. Multiple sclerosis (with Dr. Mary Hughes) |
| Anna V. Blenda, Ph.D. – BMS | 1. Investigation of the antimicrobial properties of the human galectin proteins  
2. Screening for antimicrobial properties via dose-response bacteria killing assays, galectin-bacteria binding assays using flow cytometry, and glycan array data analysis  
3. Investigation of the genetics of the birth defects of split hand foot malformation (SFHM) |
| Renee J. Chosed, Ph.D. – BMS | 1. Investigation of the role that posttranslational modifications play in disease progression.  
2. Characterization of the human Mixed-Lineage Leukemia (MLL1) complex using yeast as a model system.  
3. Understanding the molecular mechanisms mediating human embryo development during the pre-implantation-competent embryo |
| Steven E. Fiester, Ph.D. – BMS | 1. Elucidating factors contributing to the virulence of multidrug-resistant ESKAPE pathogens with special attention given to *Acinetobacter baumannii*.  
2. Understanding the pathobiology of *A. baumannii* in order to uncover targets for therapeutics.  
3. Investigating the mechanism by which *A. baumannii* is cytotoxic to eukaryotic cells, acquires iron under chelated conditions, translocates virulence-associated proteins to the outer membrane, secretes virulence factors and responds to environmental stressors. |
| Lauren A. Gonzales, Ph.D. – BMS | 1. Phenotypic adaptations of inner ear morphology  
2. Sensory ecology and evolution of the primate brain  
3. Vertebrate paleontology  
4. North and South American paleobiogeography  
5. New applications of Computed Tomography (CT) data for research and education |
| Richard L. Goodwin, Ph.D. – BMS | 1. Investigation of the mechanisms of cardiovascular development.  
2. Investigation of cardiovascular malformations at birth in order to provide opportunities for new therapies |
| Richard L. Hodinka, Ph.D., F (AAM) - BMS | 1. Clinical microbiology, infectious diseases  
2. Development, validation and implementation of rapid and accurate methods for the detection and monitoring of microbial pathogens causing infectious diseases  
3. Primary focus on laboratory- and point-of-care-based molecular technologies for the diagnosis of viral illnesses |
|-----------------------------------------|------------------------------------------------------------------------------------------------|
| Ann Blair Kennedy, LMT, BCTMB, DrPH – BMS | 1. Patient and stakeholder engagement in research  
2. Stress and wellness particularly in families with children with special needs  
3. Behavioral change interventions  
4. Implementation monitoring and process evaluation  
5. Integrative medicine  
6. Investigations of the massage therapy profession |
| Mohammed K. Khalil, DVM, M.S.Ed., Ph.D. – BMS | 1. Investigation of learning and instructional technology  
2. Advancement of medical education with innovative learning strategies  
3. Applied research on technology integration in medical education with the intention of developing effective pedagogy that promotes student-centered and life-long learning |
| Thomas I. Nathaniel, Ph.D. – BMS | 1. Evaluation of existing data to find improved treatment outcome of RTP (“Clot Buster”) in Ischemic stroke patients  
2. Development of “telestroke technology” to improve treatment efficiency and eliminate disparity between urban and rural area stroke patients.  
3. Use of metabolomics to identify biomarkers for stroke diagnoses |
| William E. Roudebush, Ph.D. – BMS | 1. Investigation of the significance of signaling phospholipids (i.e. platelet activating factor)  
2. Investigation of Transforming Growth Factor-Beta hormones (e.g. AMH and inhibin B) in reproduction and preimplantation embryo morphometrics |
| Rebecca Russ-Sellers, Ph.D. – BMS | 1. Investigation of clinically driven health services research  
2. Achieving effective health service research partnerships  
3. Emergency medical technician training in medical school |
| Jennifer Trilk, Ph.D. – BMS | 1. The power of exercise training in medical education  
2. Improving Patient Health through Exercise is Medicine™ Greenville: A community initiative to integrate physician-prescribed physical activity in Greenville, South Carolina  
3. Massage Therapy for Improvement of Quality of Life and Sport Performance in Paracycling Athletes |
<table>
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<tr>
<td>Matthew Tucker, Ph.D. - BMS</td>
<td>1. Research focuses on the role of sleep in memory processing in medically relevant contexts</td>
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| Shanna Williams, Ph.D. – BMS | 1. Craniofacial growth, maturation, and change based on age and ancestry  
2. Predictive Value of Basic Science Content and NBME® Comprehensive Basic Science Exams in a New Medical School |
| William Wright, Ph.D. - BMS | 1. Determination of the mechanisms of dysfunction that occur early in the diabetic retina which lead to the development of diabetic retinopathy  
2. Investigation of inflammatory mediators that modify vascular endothelial cell function and result in altered blood flow to the retina.  
3. Assessment practices  
4. Curricular design in medical education |
Appendix 5. Academic Analytics Report
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<th>Faculty Member</th>
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| Total                | 88           | 10     | $2,162,693.00 | 46     | 69            | 34          | $12,153,176.00 | 48    |