

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: University of South Carolina, School of Medicine - Greenville

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): This proposed modification is a curriculum realignment and the addition of a new primary care accelerated track. We also plan to increase the class size.

Curriculum Modification: 4-year M.D. program

This proposed curriculum modification is a realignment of the pre-clerkship phase of the curriculum to optimize student learning and retention of foundational sciences for application to clinical work and earlier completion of Step 1 USMLE examination. This modification is in alignment with national trends to provide earlier access to clinical training and flexibility within the 4-year curriculum to participate in research and other extracurricular service activities.

Primary Care Accelerated Track (PCAT): 3-year M.D. program

UofSC School of Medicine Greenville is seeking approval to add a parallel curriculum, Primary Care Accelerated Track (PCAT), to complete the M.D. requirements in an accelerated fashion with intentionality to impact the primary care physician shortage in the state of South Carolina.

Class Size increase

UofSC School of Medicine Greenville is currently approved for a class size of 100 (with a cap of 110). The school is seeking to increase the class size to 125 in a staged approach over the next 5 academic years. The proposed class size is inclusive of students enrolled in both the 4-year and 3-year curriculum. This increase is being established to address the physician shortage in the state of South Carolina.

Current Name of Program (include degree designation and all concentrations, options, and tracks):
Doctor of Medicine (M.D.)

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):
Doctor of Medicine (M.D.) with two tracks: 1. standard and 2. Primary Care Accelerated Track (PCAT)

Program Designation:

- | | |
|--|--|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree: 4 Year | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Bachelor's Degree: 5 Year | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input checked="" type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) | |

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 1

ACAP
11/10/22
Agenda Item 7.e

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

☐ Yes

☒ No

Proposed Date of Implementation: Summer 2023

CIP Code: 511201

Current delivery site(s) and modes: Greenville Campus, Face to Face. Please note the School of Medicine Greenville has been at this site at Greenville Health System (now named Prisma Health–Upstate) since it was established; however, the site is not listed in the CHE Inventory and should be added.

Proposed delivery site(s) and modes: 70169 (Greenville Health System) *Note: site should be renamed Prisma Health–Upstate

Program Contact Information 4-year program (name, title, telephone number, and email address):

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Program Contact Information PCAT (name, title, telephone number, and email address):

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Senior Associate Dean for Academic Affairs

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Institutional Approvals and Dates of Approval:

School of Medicine Greenville Curriculum Committee: 6/9/2022

Board of Trustees – Academic Excellence and Student Experience Committee: 8/19/2022

Full Board of Trustees: 8/19/2022

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 2

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

Curriculum Modification 4-year program

The landscape for medical education is changing. The USMLE Step 1 exam has transitioned from a three-digit numerical score to a pass/fail score. The faculty and administration performed an assessment of medical education programs across the country which revealed a move towards early exposure to clinical experiences and some flexibility for extra-curricular activities to differentiate students in the Residency Match process. The current curriculum teaches the biomedical sciences as “normal” anatomy and physiology in the first year followed by “diseased” anatomy in the second year, which does not optimize learning or retention of key concepts. The proposed curriculum modification will continue to have EMT training as its first module to allow students to gain an understanding of the Greenville community, including patient communities and the need for equitable care, and engage in interprofessional training. Then, students will take two foundational modules as an introduction to biomedical science knowledge then, transition to a system-based model and utilize active learning approaches to enhance learning and retention of material allowing students to achieve foundational science program level objectives. The pre-clerkship phase concludes with a Multiorgan systems module that integrates all content. The proposed academic calendar will allow students to take the USMLE Step 1 exam two months earlier than the current model, which will allow students some flexibility to enter the clinical environment sooner and engage in research/scholarly activities. Participation in research/scholarly activities is a key differentiation for students during the NRMP Match process. Our school is accredited by the Liaison Committee on Medical Education (LCME) and this modification is in line with their expectations on curriculum organization and delivery. If approved, these changes will impact matriculating students in July 2023.

Primary Care Accelerated Track (PCAT)

This Primary Care Accelerated Track (PCAT) program will meet the increasing primary care access demands for healthcare within our community. This program is a 3-year accelerated pathway to M.D. program through early acceptance into the program prior to matriculation, early immersion into longitudinal primary care clinics and early exposure to clerkships in family medicine, pediatrics and surgery, and early acceptance into a Prisma Health Primary Care residency program (Family Medicine, Pediatrics, or Internal Medicine – Primary Care Track) therefore eliminating some requirements in the traditional M4 year. Full tuition reimbursement for the program will be provided by Prisma Health in exchange for a 3-year sign-on contract to provide primary care in the state of South Carolina following residency completion. If approved, these changes will impact matriculating students in July 2024.

Class Size Increase

UofSC School of Medicine Greenville is currently approved for a class size of 100 (with a 10% cap of 110). The school is seeking to increase the class size to 125 in a staged approach over the next 5 academic years, inclusive of students enrolled in both the 4-year and 3-year curriculum to address the physician shortage in the state of South Carolina. If approved, these changes will be implemented in a staged approach, starting with matriculating students in July 2023.

These program modifications are linked to the following from the University's strategic plan:

- Attract, inspire, challenge and enable our students to become innovative thinkers and transformative leaders.
- Harness the power, attributes and institutional diversity of an integrated and interoperative university system that enhances access, success and affordability for every eligible S.C. student.

These program modifications are aligned with UofSC School of Medicine Greenville's mission and vision.

- Mission: "We prepare physicians committed to improving the health and wellness of your family and your community through creative teaching, innovative research and quality clinical care."
- Vision: "Cultivate a culture of curiosity and commitment to others to transform the health and wellness of communities."

These program modifications also link to UofSC School of Medicine Greenville's strategic plan which includes:

- Educate students who are advocates for transforming health care delivery and who embrace lifelong learning
 - Attract high-quality students with emotional intelligence and intellect
 - Educate innovatively, creating a culture of lifelong learning and discovery
 - Graduate students well prepared for post-graduate training
- Drive innovation in teaching, research, patient care and community wellness
 - Increase capacity through talent acquisition, professional development, expanded infrastructure and enhanced collaborative space
 - Use technology and active learning strategies to engage our students, faculty, staff and patients

UofSC School of Medicine Greenville was formed to increase the physician workforce and support the growing demand for healthcare in our community of South Carolina, including the Upstate region. Most of our students are residents of South Carolina or have close ties to the state. The UofSC School of Medicine Greenville currently admits 100-110 students per year and maintains a 97 percent or greater residency placement match for the past four years.

The school constantly strives to innovate our curriculum to produce a highly capable physician workforce. Improved enhancements to the curriculum have been in the planning stages for the last two years. The increased class size helps meet the strategic goal of increased physician workforce for the state of South Carolina. These changes support the creative teaching mission by constantly striving to improve our curriculum, including active and engaged learning and continued early exposure to clinical medicine. It will also allow our students to provide quality clinical care with integrated clinical cases throughout the systems-based modules. The increased class size and PCAT initiatives support the mission of improving the health and wellness of the community by creating more physicians in Upstate South Carolina to serve surrounding areas and the state. Offering a new 3-year accelerated track with tuition reimbursement will attract highly qualified applicants with a passion to serve in Primary Care.

Assessment of Need

Provide an assessment of the need for the program modification for the institution, the state, the region, and beyond, if applicable.

In June 2021, the AAMC¹ (Association of American Medical Colleges) reported the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care. From 2019 to 2034, the U.S. population is projected to grow by 10.6%, from about 328 million to 363 million, with a projected 42.4% increase in those aged 65 and above. Therefore, demand for physicians will continue to increase. A large portion of the physician workforce is nearing traditional retirement age, more than two of every five active physicians in the U.S. will be 65 or older within the next decade. Addressing the physician shortage requires a multipronged solution that starts with educating and training enough physicians to meet America's needs and includes improving access to care, diversifying the physician workforce, and ensuring our nation is prepared to address current and future public health crises.

The Upstate region of South Carolina consists of 10 counties located in the northwestern part of South Carolina. The population is expected to grow by 6% in the next five years². Greenville and Spartanburg are the fastest growing and most populated counties within the market.

Upstate 10-County Demographics						
County	Estimated Population 2021	Projected Population 2026	5 Year Population Change (Count)	5 Year Population Change (%)	2021 Median Household Income	% Estimated HH Commercial Insurance Coverage
Greenville County	566,268	605,563	39,295	7%	\$64,233	57%
Spartanburg County	321,423	343,025	21,602	7%	\$59,178	53%
Anderson County	186,283	195,508	9,225	5%	\$50,729	51%
Pickens County	143,939	151,761	7,822	5%	\$53,297	53%
Oconee County	80,954	85,314	4,360	5%	\$53,221	47%
Greenwood County	69,335	71,389	2,054	3%	\$47,971	48%
Laurens County	60,818	62,612	1,794	3%	\$45,081	46%
Cherokee County	52,048	53,835	1,787	3%	\$38,874	47%
Union County	26,171	26,250	79	0%	\$44,466	45%
Abbeville County	19,670	19,879	209	1%	\$40,005	44%
Grand Total	1,526,909	1,615,136	88,227	6%	\$54,200	53%

Throughout the 21st century, South Carolina's population has been both increasing and aging, each of which is likely to have a significant impact on future demand within the state's healthcare industry. The South Carolina Census State Data Center³ projects that by the year 2035, about 1 in 5 South Carolinians will be over the age of 65.

The 2021 edition of the *South Carolina Health Professions Data Book*⁴ reports 14 counties in SC with less than 10 primary care physicians practicing in the county, 18 counties in SC with less than 10 family medicine physicians, 25 counties with less than 10 internal medicine physicians, 32 counties with less than 10 obstetricians/gynecologists, 30 counties with less than 10 pediatricians, 38 counties with less than 10 general surgeons, and 37 counties with less than 10 psychiatrists.

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 5

ACAP
11/10/22
Agenda Item 7.e

¹ AAMC: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#). June 2021

² Claritas Pop Facts 2021; Claritas Health Insurance Estimates Derived for Sg2, 2021

³ [South Carolina Census State Data Center](#), Nov 2019.

⁴ South Carolina Office for Healthcare Workforce: [South Carolina Health Professions Data Book](#), 2021

The Medical Manpower Assessment prepared by Planning Services in the November 2021 ⁵ report predicts that in 2025 there will be a gap in the number of physician providers and will not meet the market demand, with the greatest shortage identified in Internal Medicine (236.2 physicians), Cardiology (111.1 physicians) and Family Medicine (110.9 physicians).

Specialty	Physician Supply	APP Supply	Market Demand	Net Provider (Need)/Surplus
Allergy & Immunology	12.5	2.2	30.6	(15.9)
Cardiology	72.2	7.4	190.7	(111.1)
Cardiothoracic Surgery	9.1	1.1	14.4	(4.2)
Colorectal Surgery	4.5	0.3	7.8	(3.0)
Dermatology	25.2	2.0	104.1	(76.9)
Endocrinology	11.6	2.1	45.9	(32.2)
Family Medicine	287.5	144.7	543.2	(110.9)
Gastroenterology	38.6	12.7	134.6	(83.2)
General Surgery	77.3	9.8	76.9	10.2
Geriatrics	8.8	7.0	9.3	6.5
Hematology/Oncology	48.7	9.5	61.1	(2.9)
Internal Medicine	118.2	38.8	393.3	(236.2)
Nephrology	20.6	3.8	48.5	(24.1)
Neurology	32.8	9.9	79.5	(36.8)
Neurosurgery	17.3	4.9	19.3	2.8
Ophthalmology	42.8	1.1	113.1	(69.2)
Orthopedic Surgery	98.5	13.9	137.1	(24.7)
Otolaryngology	28.2	2.8	60.1	(29.1)
Pulmonology	28.2	8.3	68.2	(31.7)
Rheumatology	15.3	0.6	27.5	(11.6)
Urology	25.1	6.6	69.3	(37.6)
Vascular Surgery	19.5	1.8	16.8	4.6
Overall Total	1,042.4	291.5	2,251.3	(917.4)

In the 2021 State Physician Workforce Data Report from AAMC⁶, the state of South Carolina ranks 38th in the nation in active primary care physicians per capita at 82.2 active primary care physicians per 100,000 population. The American Academy of Family Physicians⁷ estimate that 25% of medical school graduates need to select a career in Family Medicine or Primary Care by the year 2030 (the 25x30 campaign) to address the growing primary care shortage nationwide. The UofSC SOMG graduating class of 2022 resulted in 3 students choosing Family Medicine residencies out of a total of 98. The PCAT program, which would provide tuition reimbursement, accelerated programming, and required service in South Carolina, will attract students to serve in Primary Care within the state of South Carolina.

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 6

⁵ Workforce Demand: Outpatient: Impact of Change® 2020; Optum Insight 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Health Insurance Estimates Derived for Sg2, 2020; Claritas Pop-Facts® 2020; MGMA 2019, Sg2 Analysis 2020.

⁶ [AAMC State Physician Workforce data report](#), Jan 2022

⁷ [AAFP: America Needs More Family Doctors: 25x2030](#)

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

Not Applicable

Description of the Program

Projected Enrollment- TOTAL PROGRAMS						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2023-24	105	105	0	105	0	105
2024-25	110	215	0	215	0	215
2025-26	115	330	0	330	0	330
2026-27	120	450	0	450	0	450
2027-28	125	464	0	464	0	464

Projected Enrollment- 4-year curriculum						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2023-24	105	105	0	105	0	105
2024-25	104	209	0	209	0	209
2025-26	109	318	0	318	0	318
2026-27	114	432	0	432	0	432
2027-28	119	446	0	446	0	446

Projected Enrollment- 3-year curriculum (PCAT)						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2023-24	0	0	0	0	0	0
2024-25	6	6	0	6	0	6
2025-26	6	12	0	12	0	12
2026-27	6	18	0	18	0	18
2027-28	6	18	0	18	0	18

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 7

Explain how the enrollment projections were calculated.

The current class size is 100 with a cap of 110 students per class. This table demonstrates a staged approach to increasing the class size beginning in AY 2023-24. The new enrollment includes a cohort of 6 PCAT students starting in AY 2024-25. In alignment with the Liaison Committee on Medication Education (LCME) expectations, there are opportunities for PCAT students to move to the traditional 4-year program due to academic difficulty or a change in specialty interest, but we expect this to be rare.

Curriculum

Attach a curriculum sheet identifying the courses required for the program.

4-year curriculum

<u>Pre-clerkship Phase</u>	
<u>Module name</u>	<u>Credit Hours</u>
Emergency Medical Technician (EMT)	5
Foundations 1	4
Foundations 2	8
Hematology/Oncology Systems	6
Musculoskeletal/Dermatology/ Rheumatology Systems	7
Cardiac	6
Pulmonary	4
Renal	4
Endocrine	1
Integrated Practice of Medicine Ia	3
Integrated Practice of Medicine Ib	3
Gastrointestinal Systems	7
Reproduction	4
Brain, and Behavior	10
Integrated Practice of Medicine IIa	3

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 8

ACAP
11/10/22
Agenda Item 7.e

Multisystems	7
Integrated Practice of Medicine IIb	1
Subtotal Credit Hours:	83

Clerkship and Post-Clerkship Phase	
<u>Module name</u>	<u>Credit Hours</u>
Integrated Practice of Medicine III	1
Family Medicine Clerkship	6
Emergency Medicine Clerkship	2
Internal Medicine Clerkship	8
Obstetrics and Gynecology Clerkship	6
Pediatrics Clerkship	6
Surgery Clerkship	8
Psychiatry/Neurology Clerkship	8
M3 Electives	4
M4 Acting Internship	4
M4 Selectives	12
M4 Electives	12
Integrated Practice of Medicine IV	4
Subtotal Credit Hours	81
Total Credit Hours for Graduation in 4-year Curriculum:	164

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 9

ACAP
11/10/22
Agenda Item 7.e

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University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 10

Curriculum Modification Changes (4-year program)

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified
Molecular and Cellular Foundations of Medicine	Foundations of Medicine I	Emergency Medical Technician (EMT)
Structure Function of the Human Body 1	Foundations of Medicine II	Integrated Practice of Medicine Ia
Structure Function of the Human Body 2	Cardiovascular System	Integrated Practice of Medicine Ib
Neuroscience	Pulmonary System	Integrated Practice of Medicine IIa
Defenses and Responses	Renal System	Integrated Practice of Medicine Iib
Biomedical Principles of Disease and Therapy	Endocrine System	Hematology/Oncology Systems
Mind, Brain, and Behavior	Reproduction System	Musculoskeletal/Dermatology/Rheumatology Systems
Cardiovascular/Pulmonary/Renal Systems	Brain and Behavior	Gastrointestinal/Hepatic Systems
Gastrointestinal/Hepatic Systems	Multiorgan Systems	
Endocrine/Reproductive Systems		

New Courses in Curriculum Modification

List and provide course descriptions for new courses.

Foundations of Medicine I

The Foundations of Medicine I module presents initial scientific and laboratory methods to explore the biochemical, molecular, and genetic basis of health and disease. Molecular, genetic, and genomic testing modalities will be discussed, with initial application to associated disorders provided.

Foundations of Medicine II

The Foundations of Medicine II module continues to build upon Foundations of Medicine I by incorporating additional core concepts essential to understanding the development, organization, and structural elements of the human body from a clinically relevant perspective. Students will develop a clear understanding of the dynamic relationship between function and structure by examining the molecular and cellular interactions required for tissue formation and function and the differentiation of tissues into organ systems, adding additional principles integrating cell biology, immunology, histology, microbiology, lifestyle behaviors, and introductory pathophysiology and pathology material, providing the basis of disorders to be covered in the organ systems, as well as basic concepts of pharmacology to introduce students to the therapeutics of disease. Students will also acquire core knowledge in population health, biostatistics, and epidemiology to promote the application of evidence-based medicine and lifelong learning.

Cardiovascular System

The Cardiovascular System module provides detailed understanding of cardiovascular structure and processes, as well as major diseases of the heart and vasculature, along with the effects of lifestyle on cardiovascular health. Congenital and acquired disorders will be discussed, with examination of their risk factors and the

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 11

associated structural, pathophysiological and histological processes. Disease etiology, diagnostic techniques, clinical presentation, and evidence-based clinical management will be emphasized.

Pulmonary System

The Pulmonary System module provides an overview of normal lung anatomy and physiology and acute and chronic diseases associated with the respiratory system. Building upon the physiologic principles of breathing and gas exchange, the module covers the anatomical, pathophysiological, and lifestyle-related causes of disease states, diagnostic procedures, lifestyle and pharmacologic therapeutic approaches, and examples of the ways in which other systems contribute to cardiopulmonary disorders.

Renal System

The Renal System module encompasses organs and tissues of the kidney and lower urinary tract. By advancing students' detailed knowledge of the physiology and pathophysiology of renal disease, including evidence-based lifestyle-related behaviors affecting the renal system, this module will enable them to describe the major renal diseases, including their signs and symptoms, histopathologic and clinical laboratory characteristics, and rationale for prevention of chronic kidney disease as well as current therapeutic interventions.

Endocrine System

The Endocrine System module focuses on the contribution of endocrine systems to hormonal regulation of growth and development, metabolism, and homeostasis. Students will develop a clear understanding of the major endocrine glands, production and synthesis of hormones, mechanisms of action and regulation of hormone secretion, as well as various aspects regarding the anatomy, biochemistry and physiology of the endocrine systems and the pathophysiology, and epidemiology. This module will also examine the characteristics of common diseases of the endocrine system, similarities and differences in etiology, diagnostic methods, lifestyle behaviors, as well as prevention and treatment.

Reproductive System

The Reproductive System module provides students with a fundamental knowledge of the structure, function, and diseases of the male and female reproductive systems across the lifespan, including pregnancy and childbirth. Hormone synthesis, regulation, mechanism of action and the pathophysiology resulting from endocrine and reproductive system malfunction will be emphasized. Students will learn how lifestyle affects both male and female reproductive health, and how to evaluate clinical history, physical examination and laboratory data related to reproductive disease using an evidence-based approach.

Brain and Behavior

The Brain and Behavior module integrates the normal molecular, cellular, physiological, and anatomical aspects of the central and peripheral nervous system to understand the basis of disorders commonly encountered in clinical practice. Laboratory experience will connect structures within the brain with clinical, radiologic, and pathologic findings. An overview of major diseases of the nervous system including the visual and auditory systems, population-based diseases including Alzheimer's, Dementia, and Parkinson's disease, and relevant lifestyle and relevant behavioral science, psychiatry, and developmental topics to prevent and manage these diseases will be provided. Pharmacologic and non-pharmacologic treatment options are discussed.

Multiorgan Systems

The Multiorgan Systems module reviews and expands upon previous preclinical modules by covering the prevention, pathophysiology, pathology, pharmacology of the nation's top lifestyle related noncommunicable chronic diseases, infectious diseases and oncology of each organ system in an integrated manner, assessing health and disease of the

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 12

ACAP
11/10/22
Agenda Item 7.e

full patient. Multisystem disorders and patients with multiple medical problems will be discussed. The module illustrates and emphasizes basic science principles through exploration of disease processes and clinical prevention, treatment, and/or management. Thoughtful analysis and synthesis of basic science information and its clinical application will be accomplished through a variety of synchronous and asynchronous teaching formats, including self-directed learning activities, large and small group active learning sessions, discussion groups, a comprehensive basic science examination, and other learning and assessment modalities.

PCAT Curriculum

<u>Pre-clerkship Phase</u>	
<u>Module name</u>	<u>Credit Hours</u>
Emergency Medical Technician (EMT)	5
Foundations 1	4
Foundations 2	8
Hematology/Oncology Systems	6
Musculoskeletal/Dermatology/ Rheumatology Systems	7
Cardiac	6
Pulmonary	4
Renal	4
Endocrine	1
Integrated Practice of Medicine Ia	3
Integrated Practice of Medicine Ib	3
Gastrointestinal Systems	7
Reproduction	4
Brain, and Behavior	10
Integrated Practice of Medicine Iia	3
Multisystems	7
Integrated Practice of Medicine Iib	1
Subtotal Credit Hours:	83

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 13

<u>Clerkship and Post-Clerkship Phase</u>	
<u>Module name</u>	<u>Credit Hours</u>
Integrated Practice of Medicine III	1
Family Medicine Clerkship	6
Emergency Medicine Clerkship	2
Internal Medicine Clerkship	8
Obstetrics and Gynecology Clerkship	6
Pediatrics Clerkship	6
Surgery Clerkship	8
Psychiatry/Neurology Clerkship	8
M4 Acting Internship	4
M4 Selectives	12
M4 Radiology	2
Integrated Practice of Medicine IV	4
Subtotal Credit Hours	67
Total Credit Hours for Graduation in 4-year Curriculum:	150
UofSC School of Medicine Greenville is the credit granting institution for all credits leading up to the MD degree.	

PCAT Curriculum Changes in relation to 4-year program described above

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified
M3 electives (4 credits)	Radiology (2 credits)	Family Medicine Clerkship
M4 electives (10 credits)		Pediatrics Clerkship
		Surgery Clerkship

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 14

New Courses

List and provide course descriptions for new courses.

The Family Medicine Clerkship will be modified to a longitudinal format. The Pediatrics and Surgery clerkships will be split into two separate modules. Due to the focused nature of the PCAT program, students will be relieved of 14 credits of elective work. Radiology is an elective in the 4-year program but will be required in a longitudinal format for PCAT students. Learning objectives, clinical skills and type of assessments for required coursework will be the same for all students.

Radiology (2 credits)

This longitudinal course is designed to impart a broad basic understanding of the role of radiology in diagnosis and management. Emphasis is placed on terminology, proper workup, the fundamentals of diagnostic image interpretation, and clinical indications for imaging examinations and interventional radiology procedures. Instruction occurs through didactic lectures, problem-based learning exercises, computer tutorials, conferences, self-learning exercises, observation of film interpretation, and observation of special procedures. The indications and contraindications for radiologic examination as well as the benefits and limitations of radiological methods will be presented. In addition, the student has the opportunity to work closely with attending radiologists, observing and participating in all phases of their daily work.

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify similar programs offered and describe the similarities and differences for each program.

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
MD (4 year)	156	UofSC School of Medicine Columbia	UofSC School of Medicine Columbia curriculum focuses on early exposure to clinical medicine. Both programs offer clerkships in family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry and surgery. Their total hours for M1 are 36, M2 39, M3 49, and M4 32.	Columbia is utilizing a normal followed by a diseased state approach, similar to our current model. Our program requires Emergency Medical Technician course in M1 and a clerkship in Emergency Medicine in M3. UofSC School of Medicine Columbia does not offer an accelerated 3-year program.
MD (4 year)	244	Medical University of South Carolina	The Pre-clerkship Phase of the curriculum is designed in organ system blocks and cohesively blends learning of normal and abnormal to teach the spectrum of human health and disease in engaged learning formats. Pre-clerkship program length is very similar to our new curriculum modification.	MUSC's program runs through the summer between M1 and M2 and finishes at the end of January in M2. MUSC requires a 15-week Flex phase following the pre-clerkship phase where students can choose a selective scholarly concentration that best meets their educational needs, professional interests and career aspirations. Our program requires Emergency Medical Technician course in M1 and a clerkship in Emergency Medicine in M3.
MD (3 year) Accelerated Medical Pathway	204	Medical University of South Carolina	Students are relieved of M4 electives. There is no dedicated time for research/scholarship.	MUSC students may apply for admission to the accelerated program following the completion of one year of the pre-clerkship curriculum. SOMG will admit students into the accelerated program prior to matriculation. MUSC requires NRMP application to one of nine residency programs, without an emphasis on primary care. The SOMG

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 16

ACAP
11/10/22
Agenda Item 7.e

			family medicine clerkship will be delivered earlier and longitudinally.
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University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 17

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

Curriculum Modification (4-year)

The curriculum modification includes similar content integrated in a different context so no additional faculty will be needed to implement the change. Annual faculty development funding will be used to aid in the transition to active learning.

Class Size Increase and PCAT

Integrated Practice of Medicine modules utilize two small group learning sessions for case discussion and clinical skills in IPM I and IPM II. Small group size is currently 8 students per 1 faculty. In order to maintain the current student:faculty ratio in small groups, 4 clinical faculty (2 for cases, 2 for skills) will be hired in a staged approach to support IPM I and 4 clinical faculty will be needed for IPM II (0.15 FTE each) will be needed for the proposed increase in class size. This will result in a max of 1.2 FTE addition for IPM faculty. Dedicated longitudinal primary care clinical preceptors will also be needed to implement the PCAT program. There is a current pool of over 680 clinical faculty appointed who are available to serve as IPM faculty. IPM I and II Cases and Skills faculty are selected through an application process and additional faculty will be selected upon approval of the staged class size increase. Longitudinal primary care clinical preceptors will be selected from a pool of 95 primary care clinical faculty by the Family Medicine Academic Vice Chair.

A 1.0 FTE program administrator will be hired to implement the PCAT program. A 0.5 FTE student affairs coordinator will be added to accommodate increased class size. The staff positions will be posted in January 2023, with an expected start date of March 2023 in order to implement the new accelerated curriculum starting in Summer 2024.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

Library Resources:

We anticipate our current library resources (6.0 FTE) will be sufficient to support the proposed curriculum modification and increase.

Equipment:

We will encourage more independent student learning by adopting a third-party software platform that can be used as a tool to facilitate asynchronous learning and independent study. With faculty curation and oversight, we plan to use the tool to flip some of our basic science instruction with the goal of increasing active learning for our students. The tool will also be used for learner remediations and self-directed study during the new multisystems course. In order to support the class size increase, iPads and board prep subscriptions will continue to be provided to each student.

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 18

Facilities:

We anticipate our current facilities will be sufficient to support the curriculum modification.

In order to support the proposed class size increase and PCAT program, there are three large group learning rooms that accommodate up to 140 students. Small group rooms are sufficient. Additional study space is being identified and planning is underway for suggested renovations. Additional clinical sites, including Laurens County Hospital, Oconee Memorial Hospital, and non-Prisma Health sites have been identified for the clerkship and post clerkship phase of the curriculum. These sites will be added in a phased approach in alignment with the class size increase. To ensure the safety of our students, housing will be secured in close proximity to rural clinical sites.

Impact on Existing Programs

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain

☐ Yes

☒ No

There are pharmacy students in the medical school building under the UofSC School of Medicine Columbia, but these changes will not impact their degree program or services.

Financial Support

Estimated Sources of Financing for the New Costs						
Category	1st	2nd	3rd	4th	5th	Total
Tuition Funding	\$284,053	\$842,577	\$1,486,315	\$2,186,863	\$2,391,245	\$7,191,052
Program-Specific Fees						
Special State Appropriation						
Reallocation of Existing Funds						
Federal, Grant, or Other Funding	\$56,811	\$601,292	\$1,070,902	\$1,551,874	\$1,592,750	\$4,873,628
Total	\$340,864	\$1,443,868	\$2,557,216	\$3,738,737	\$3,983,995	\$12,064,680
Estimated New Costs by Year						
Category	1st	2nd	3rd	4th	5th	Total
Program Administration and Faculty and Staff Salaries	\$276,360	\$410,071	\$546,991	\$550,019	\$553,109	\$2,336,550
Facilities, Equipment, Supplies, and Materials	\$63,876	\$226,075	\$344,653	\$445,449	\$460,726	\$1,540,780
Library Resources						\$-
Other (specify): scholarships	\$56,811	\$601,292	\$1,070,902	\$1,551,874	\$1,592,750	\$4,873,628
Total	\$397,047	\$1,237,438	\$1,962,545	\$2,547,342	\$2,606,585	\$8,750,957
Net Total (i.e., Sources of Financing Minus Estimated New Costs)	\$(56,183)	\$206,430	\$594,671	\$1,191,395	\$1,377,409	\$3,313,722

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

The curricular refresh including the change in pre-clerkship curriculum is cost-neutral, currently fitting within the existing budget. Sources of financing for the increase in class size and new PCAT program include tuition dollars. Grants and other funding will include donor support and primary care scholarships. Costs to support the class size increase and PCAT program include staff/faculty increase, marketing for the new program, student housing, and equipment.

Evaluation and Assessment

There will be no changes to the program objectives, student learning objectives, or methods of assessment based on the proposed modifications.

Program Objectives	Student Learning Outcomes Aligned to Program Objective	Methods of Assessment
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Demonstrate the ability to perform routine technical procedures.	Clinical Evaluation OSCE/OSAT/Oral Board EMT State Certification Practical Exams Clinical Performance Checklist Participation
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests.	Summative Exam Clinical Evaluation Oral Presentation OSCE/OSAT/Oral Board Shelf Exam Faculty Evaluation Clinical Reasoning Cases EMT Service Learning Practical Exams Procedures Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Organize and prioritize responsibilities to provide care that is safe, effective and efficient.	Summative Exam Clinical Evaluation OSCE/Oral Board Shelf Exam Faculty Evaluation Clinical Reasoning Cases EMT Service Learning Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam Practical Exams

		Clinical Skills Checklist Participation Full Code Clinical Scenarios
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Interpret laboratory data, imaging studies, and other tests required for the area of practice.	Summative Exam Clinical Evaluation OSCE/Oral Board Shelf Exam Faculty Evaluation Clinical Reasoning Cases EMT Service Learning Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam Procedures Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	Summative Exam Clinical Evaluation OSCE/OSAT/Oral Board Shelf Exam Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Develop and carry out patient management plans.	Summative Exam Clinical Evaluation OSCE/OSAT/Oral Board Shelf Exam EMT Service Learning Faculty Evaluation Clinical Skills Checklist Participation Full Code Clinical Scenarios
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.	Clinical Evaluation OSCE/OSAT EMT Service Learning Clinical Skills Checklist Continuity of Care Project
PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings and following up on patient progress and outcomes.	Summative Exam Clinical Evaluation OSCE Shelf Exam Practical Exams Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios

ACAP
11/10/22
Agenda Item 7.e

PATIENT CARE: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Provide healthcare services to patients, families, and communities aimed at preventing health problems or maintaining health.	Summative Exam Clinical Evaluation OSCE Shelf Exam Faculty Evaluation Clinical Skills Checklist
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems across the life span.	Summative Exam Clinical Evaluation OSCE/Oral Board Shelf Exam Quizzes Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam EMT State Certification Practical Exams Oral Presentation
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrate knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.	Summative Exam Clinical Evaluation OSAT Shelf Exam Quizzes Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrate knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they affect the body (pathogenesis).	Summative Exam Clinical Evaluation OSCE/Oral Board Shelf Exam Quizzes Faculty Evaluation Clinical Reasoning Cases Lab Practical Exam Research Project Clinical Skills Checklist Oral Presentation Participation
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrate knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.	Summative Exam Clinical Evaluation OSCE/OSAT/Oral Board Shelf Exam Quizzes Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam Clinical Skills Checklist Oral Presentation Participation Full Code Clinical Scenarios

ACAP
11/10/22
Agenda Item 7.e

KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrate an investigatory and analytic approach to clinical situations.	Summative Exam Clinical Evaluation OSCE Shelf Exam Quizzes Oral Presentation Faculty Evaluation Practical Exams Reflections Clinical Skills Checklist Participation Full Code Clinical Scenarios
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Apply established and emerging biophysical scientific principles fundamental to healthcare for patients and populations.	Summative Exam Clinical Evaluation OSCE Shelf Exam Quizzes Faculty Evaluation Reflections Clinical Skills Checklist
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based healthcare.	Summative Exam Clinical Evaluation OSCE/OSAT/Oral Board Shelf Exam Quizzes Lab Quizzes Lab & Clinical Correlation Exam Lab Practical Exam Faculty Evaluation Clinical Reasoning Cases EMT Service Learning Clinical Skills Checklist Participation Full Code Clinical Scenarios
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.	Summative Exam Clinical Evaluation OSCE Shelf Exam Faculty Evaluation Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios
KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes toward care.	Summative Exam Clinical Evaluation OSCE Shelf Exam Faculty Evaluation Clinical Reasoning Cases Reflections

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 24

ACAP
11/10/22
Agenda Item 7.e

the application of this knowledge to patient care.		Research Project Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios Continuity of Care Project
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Identify strengths, deficiencies, and limits in one's knowledge and expertise.	Clinical Evaluation OSCE Shelf Exam Faculty Evaluation Clinical Reasoning Cases Reflections Peer Evaluation Clinical Performance/Skills Checklist Participation CV Continuity of Care Project
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Set learning and improvement goals.	Clinical Evaluation Clinical Skills Checklist Continuity of Care Project
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes.	Clinical Evaluation OSCE Clinical Skills Checklist Continuity of Care Project Participation
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Incorporate feedback into daily practice.	Clinical Evaluation Clinical Skills Checklist

ACAP
11/10/22
Agenda Item 7.e

PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.	Clinical Evaluation OSCE Faculty Evaluation Clinical Reasoning Cases Reflections Peer Evaluation Clinical Performance Checklist Participation
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Use information technology to optimize learning.	Clinical Evaluation OSCE Faculty Evaluation Clinical Skills Checklist
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Participate in the education of patients, families, students, trainees, peers, and other health professionals.	Clinical Evaluation OSCE/OSAT/Oral Board
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.	Summative Exam Clinical Evaluation OSCE/Oral Board Shelf Exam Faculty Evaluation Reflections Clinical Reasoning Cases Research Project Clinical Performance/Skills Checklist Participation Continuity of Care Project
PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.	Clinical Evaluation OSCE Shelf Exam Faculty Evaluation Reflections Clinical Performance/Skills Checklist Participation

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 26

ACAP
11/10/22
Agenda Item 7.e

constant self-evaluation and lifelong learning.		Continuity of Care Project Full Code Clinical Scenarios
INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation Clinical Performance/Skills Checklist Participation Continuity of Care Project Oral Presentation
INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation Reflections EMT Service Learning Practical Exams Clinical Skills Checklist Participation Continuity of Care Project CV
INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Work effectively with others as a member or leader of a healthcare team or other professional group.	Clinical Evaluation OSCE/Oral Board EMT Service Learning Practical Exams Clinical Performance/Skills Checklist Participation Continuity of Care Project
INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Maintain comprehensive, timely, and legible medical documentation.	Clinical Evaluation Clinical Skills Checklist Oral Presentation OSCE
INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics).	Clinical Evaluation OSCE Clinical Skills Checklist Participation Continuity of Care Project
INTERPERSONAL AND COMMUNICATION SKILLS:	Demonstrate insight and understanding about emotions and human responses to	Clinical Evaluation OSCE/Oral Board

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 27

ACAP
11/10/22
Agenda Item 7.e

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	emotions that allow one to develop and manage interpersonal interactions.	Continuity of Care Project
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate honesty, integrity, compassion, and respect in all interactions with others.	Clinical Evaluation OSCE/Oral Boards Faculty Evaluation Peer Evaluation Reflections Clinical Skills Checklist Participation Continuity of Care Project
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate responsiveness to patient needs that supersedes self-interest.	Clinical Evaluation OSCE Faculty Evaluation Practical Exams Clinical Skills Checklist Participation
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate respect for patient privacy and autonomy.	Clinical Evaluation OSCE Faculty Evaluation Participation
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate accountability to patients, society, and the profession.	Clinical Evaluation OSCE Faculty Evaluation Peer Evaluation Practical Exams Reflections Clinical Skills Checklist Continuity of Care Project
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.	Summative Exam Clinical Evaluation OSCE Faculty Evaluation Reflections Clinical Performance/Skills Checklist Continuity of Care Project Participation
PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.	Clinical Evaluation Participation

ACAP
11/10/22
Agenda Item 7.e

SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.	Coordinate patient care within the healthcare system.	Summative Exam Clinical Evaluation OSCE Shelf Exam Faculty Evaluation EMT Service Learning Clinical Skills Checklist Participation
SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.	Summative Exam Clinical Evaluation OSCE Shelf Exam Lab Practical Exams Faculty Evaluation EMT Service Learning Clinical Performance/Skills Checklist Participation Full Code Clinical Scenarios
SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.	Advocate for quality patient care and optimal patient care systems for all patients.	Clinical Evaluation OSCE Shelf Exam Clinical Skills Checklist Participation
SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.	Participate in identifying system errors and implementing potential system solutions to promote patient safety and quality outcomes.	Clinical Evaluation Faculty Evaluation Clinical Reasoning Cases Research Assignment EMT Service Learning OSCE Reflections Clinical Skills Checklist Participation Continuity of Care Project
INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.	Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation Peer Evaluation Reflections Clinical Skills Checklist Continuity of Care Project
INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe,	Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.	Clinical Evaluation Clinical Performance/Skills Checklist Continuity of Care Project Full Code Clinical Scenarios OSCE/Oral Board

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 29

ACAP
11/10/22
Agenda Item 7.e

effective patient and population-centered care.		Participation Shelf Exam
INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation EMT Service Learning Reflections Practical Exams Clinical Skills Checklist Continuity of Care Project Participation
INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.	Clinical Evaluation Faculty Evaluation Clinical Reasoning Cases Research Assignment OSCE/Oral Board Practical Exams Reflections Clinical Skills Checklist Continuity of Care Project
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.	Clinical Evaluation Clinical Reasoning Cases Clinical Skills Checklist Continuity of Care Project Faculty Evaluations OSCE Participation Peer Evaluation Reflections
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Demonstrate healthy coping mechanisms to respond to stress.	Clinical Reasoning Cases Faculty Evaluations OSCE Participation Peer Evaluation Reflections
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Manage conflict between personal and professional responsibilities.	Clinical Evaluation Clinical Performance Checklist Participation
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Practice flexibility and maturity in adjusting to change with the capacity to alter behavior.	Clinical Evaluation Clinical Performance/Skills Checklist Continuity of Care Project OSCE Participation
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation Clinical Skills Checklist

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 30

ACAP
11/10/22
Agenda Item 7.e

sustain lifelong personal and professional growth.		Continuity of Care Project
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Provide leadership skills that enhance team functioning, the learning environment, and/or the healthcare delivery system.	Clinical Evaluation OSCE/Oral Board Faculty Evaluation EMT Service Learning Clinical Performance/Skills Checklist Participation
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease.	Clinical Evaluation OSCE/Oral Board Shelf Exam Faculty Evaluation Clinical Performance/Skills Checklist Continuity of Care Project Participation
PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth.	Recognize that ambiguity is part of clinical healthcare and respond by using appropriate resources in dealing with uncertainty.	Clinical Evaluation OSCE Faculty Evaluation Reflections Clinical Skills Checklist Continuity of Care Project

Will any of the proposed modifications impact the way the program is evaluated and assessed? If yes, explain.

☐ Yes

☒ No

No. The UofSC School of Medicine Greenville assessment personnel conduct thorough evaluations of the program on an annual basis, and this will continue with the new curriculum. We will continue to track USMLE Step 1 and Step 2 pass rates, ability of students to complete a comprehensive clinical performance exam at the end of the M3 year, shelf exam scores, match rates, and graduation rates.

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

☐ Yes

☒ No

No. The UofSC School of Medicine Greenville achieved re-accreditation with LCME in 2021. The school will submit this program modification request, with a decision expected in October 2022 with no concerns anticipated.

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

University of South Carolina, School of Medicine-Greenville, M.D., add two tracks: Standard and Primary Care Accelerated Track (PCAT), increase class size, and curriculum alignment 31

ACAP
11/10/22
Agenda Item 7.e

☐ Yes

☒ No

No. The proposed modification will not alter the current process. Licensure is a three-step process which medical students complete in residency. The first two steps are required for graduation from medical school.

Explain how the program will prepare students for this licensure or certification.

The medical school will continue to provide USMLE formatted questions on the internally developed exams for the pre-clerkship phase of the curriculum. The MultiSystems course will consolidate this content to improve preparation for the USMLE Step 1. Shelf examinations at the end of each clinical clerkship are national exams that help prepare students for USMLE Step 2 and there is no change to this method of assessment.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

☐ Yes

☐ No