MEDICAL EDUCATION

Faculty Contacts

Faculty Directory can be found HERE

Clinical Department Chairs information can be found HERE

Curriculum Overview

The educational program at the University of South Carolina School of Medicine Greenville integrates the basic and clinical sciences with a graduated increase in clinical skills and responsibilities across the four years of the curriculum. The curriculum is designed to provide students with a solid understanding of the biomedical, psychosocial, and professional foundations for the practice of medicine that will prepare them to continue on the path of life-long learning and practice as integral members of the healthcare delivery team. Thus, the educational program at the USC School of Medicine Greenville lays the foundation for advancement across the continuum from undergraduate medical education to graduate residency training.

The Pre-Clerkship Phase

The initial first year module is EMT Training, which culminates in state certification. EMT training takes students behind the scenes to get a first-hand look at many of the challenges and issues in healthcare delivery. Seeing patients in their homes provides students with valuable insight about care needs that they can't learn from a hospital setting alone.

Upon completion of EMT, students have two core foundational modules and then dive into an organ-system based approach, encompassing anatomy, physiology, pathophysiological and pathological disease processes, diagnostic testing and imaging, and principles of treatment and management.

The Integrated Practice of Medicine (IPM) course runs throughout all four years of medical school, with an emphasis on competencies beyond medical knowledge including communication and patient care skills including listening, examining, observing subtleties, interpreting studies and lab tests, and communicating with others in a motivational and caring manner. During the pre-clerkship phase, students participate in both a cases portion and clinical skills portion that parallel the weekly biomedical science content. The cases also integrate aspects of social, behavioral and public health issues that affect patient care.

The Clerkship Phase

Through the graduated continuum of integrated knowledge and skills in the pre-clerkship phase, students enter clinical clerkships prepared to perform as active members of the healthcare delivery team. In core clerkships, students continue to develop their clinical skills and accept increased clinical responsibility. M3 electives provide students exposure to additional residency match options. IPM also continues throughout the clerkship phase, preparing students for skills needed to thrive in medicine, such as reviewing literature and how to deal with mistakes.

The Post-Clerkship Phase

After completing clerkships, students will identify a specialty interest and be placed into a specialty-specific track. All tracks include an acting internship and exposure to critical care medicine. Additional rotations are recommended related to the chosen specialty, and students are given plenty of opportunity for electives.

To prepare for residency training, students will also complete IPM4, an intensification experience at the end of M4 year, which includes two weeks of core clinical skills, procedures practice, and competency assessment. It also includes two weeks of specialty-focused training, such as knot tying, instrument identification, and suturing for surgery.

Opportunities also exist for away electives at other LCME or ACGME accredited institutions. For more information on fourth year electives, please contact the Office for Medical Education.

Lifestyle Medicine Integrated Curriculum

Lifestyle Medicine is an integral longitudinal curricular theme within USC School of Medicine Greenville. Students participate in a curriculum that emphasizes prevention and treatment of lifestyle related diseases. Lifestyle medicine is also embraced by Prisma Health and begins with a health risk assessment to develop a patient centered prevention and wellness program. Emphasis is on continuity of care before, during, and after admissions in order to reduce risk of acute illness, relapse or acute episodes of chronic disease, and hospital admissions while maximizing patient function and well-being. The Lifestyle Medicine curriculum reinforces and builds on this approach to patient care and demonstrates the continuum of education through practice as a hallmark of the partnership between USC School of Medicine Greenville and Prisma Health.

Primary Care Accelerated Track

The Primary Care Accelerated Track, launched in July of 2024, is a 3-year accelerated pathway to an M.D. that seeks to increase primary care physicians in South Carolina. After graduating from the University of South Carolina School of Medicine Greenville in 3 years, PCAT participants will transition into a 3-year Primary Care residency program in Family Medicine.#Full USC SOMG tuition reimbursement will be provided in exchange for a 4-year sign-on contract to provide primary care in the state of South Carolina following residency completion.

Why PCAT?

- Mentorship opportunities with Family Medicine faculty and residents#.
- Early introduction and relationship with future Family Medicine residency program#.
- Academic support for this accelerated program#.
- Efficient medical training with reduced financial burden.
- Full tuition reimbursement in exchange for a 4-year sign-on contract to provide primary care in the state of South Carolina following residency completion

What's the same?

- EMT and all Biomedical Science modules
- Integrated Practice of Medicine longitudinal course

- Seven core clinical clerkships (Family Medicine, Emergency Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry/Neurology, Surgery)

What's the difference?

- Supplemental clinical training and family medicine workshops during EMT weeks
- The Longitudinal Family Medicine clerkship begins in the first year of medical school (includes community preceptorship and experience with the residency programs)
- Clerkship experiences begin during the summer between first and second year
- There is a condensed fourth year of medical school (no away rotations, no need for multiple residency applications and interviews, reduced electives with an intentional focus on preparation for primary care)

For a schematic of our PCAT curriculum, please visit our webpage. For more information visit our website.

Academic Calendar & Course Descriptions

The current Academic Calendars are located on our website

For a list of all required courses, credit hours, and course descriptions, please visit the Academic Bulletin

For a schematic of our 4 year curriculum, please visit our website

For a schematic of our Primary Care Accelerated Track curriculum, please visit our website

Student Achievement And Strategic Success

The Student Achievement and Strategic Success (SASS) department serves the multidimensional needs of medical learners to ensure they are achieving their potential for success in medical school and in practice. SASS helps students enhance their learning experience with evidence-based strategies that target time management, test-taking, course and board examination preparation, and more. The Peer Tutoring Program offers a variety of tutoring formats, including individual, small group, large group, and anatomy tutoring.

With two full-time learning strategists and countless peer-led programs, we are here to help you reach your academic goals!

Please see the website for more information.

Peer Tutoring

Peer tutoring is available through the Student Achievement and Strategic Success (SASS) department in the following formats:

- Individual tutoring
- Small group tutoring
- Large group tutoring
- Anatomy

Student Success Events

Students are encouraged to attend our events throughout the year. Events include Board Exam prep and planning, study plan and schedule building workshops, and peer-led panels and seminars. Please check the weekly Student Affairs Newsletter and Student Events Calendar for the most up-to-date information.

Medical Education Policies

Curriculum Accommodations

It is the policy of USC School of Medicine Greenville to provide reasonable accommodations for students with disabilities who have approved accommodations Please review the Curriculum Accommodation Policy for more detailed information.

Class Attendance

Please review the following policies for more detailed information:

- M1 and M2 Student Attendance Policy
- M3 and M4 Student Attendance Policy
- Integrated Practice of Medicine Attendance Policy
- Inclement Weather Policy
- Exam Tardiness and Unscheduled Absence Policy

Academic Workload and Duty Hours

The faculty of the medical school ensure that the medical curriculum allow medical students to develop the skills of lifelong learning. This policy describes the amount of time medical students spend in required activities in the medical education curriculum. Please review the Academic Workload and Duty Hour Policy for detailed information.

Alternative Clinical Site

Medical students have the opportunity to request an alternative clinical site. Please review the policies Request an Alternative Clinical Site policy for more detailed information.

Medical Student Supervision

A health professional with a faculty appointment is required to supervise medical students in clinical learning environments at a supervision level of “indirect supervision with direct supervision immediately available” or higher as described in the Medical Student Supervision Policy.

Grading System

Please review the following policies for more detailed information about the grading system at USC School of Medicine Greenville

- Grading System Policy
- Timeliness of Grade Reporting Policy

Formative Faculty Feedback on Student Performance

To ensure the success of our medical students in the learning process, USC School of Medicine Greenville faculty will deliver formal Formative Feedback early enough during each required course or clerkship to allow sufficient time for remediation. Please see the Formative Feedback Policy for details.

Narrative Feedback

In all modules/clerkships where teacher-learner interaction provides such opportunities, narrative assessment will be provided to students. Please see the Narrative Assessment Policy for details.

Student Feedback on Course Faculty/Resident Performance

Student feedback is essential for the continuous quality improvement of the medical education experience. Students are required to provide feedback in the form of faculty, resident, and course evaluations at the conclusion of each module, clerkship and elective. Please review the Course and Faculty/Resident Evaluation Completion Policy for details.

Leave of Absence (LOA) and Withdrawal

A Leave of Absence (LOA) is defined as more than four consecutive weeks away from scheduled learning activities (modules, clerkships, rotations). A student may decide to withdraw from the School of Medicine. Please see Leave of Absence and Withdrawal Policy for details & instructions on requesting a Leave or withdrawing from SOMG.

United States Medical Licensing Examination

Students at the USC School of Medicine Greenville are required to pass the United States Medical Licensing Examination (USMLE) Step 1, Step 2 Clinical Knowledge (CK), and USC School of Medicine Greenville CPX exams prior to graduation. For full details including the timing of exams, please review the United States Medical Licensing Examination and Clinical Practice Exam Policy.

Graduation, Promotion, and Remediation

The Student Evaluation, Remediation, Requirements for Promotion and Appeals Policy defines academic and professional standards defined by the faculty to qualify for promotion and graduation. The policy also outlines the student appeal procedures and elements of due process. The Student Evaluation and Promotion Committee (SEPC) is the faculty committee responsible for reviewing academic progress and professional conduct of each medical student, and has authority to make decisions regarding promotion, graduation, probation, suspension, dismissal, repeating a course, repeating an academic year, as well as remediation of unprofessional behavior and unsatisfactory academic performance.

The degree of Doctor of Medicine is conferred by the University of South Carolina upon persons who have complied with the degree requirements as determined by the faculty.

To graduate, all students, must meet all the following criteria to be awarded the Doctor of Medicine degree:

- Attained the school's educational objectives as evidenced by satisfactory completion of required pre-clerkship modules, clinical clerkships, required electives, post-clerkship courses, and acquisition of all required clinical skills;;
- Passed USMLE Step 1
- Passed USMLE Step 2-CK
- Passed Clinical Performance Exam (CPX); and
- Discharged of all financial obligations to the USC School of Medicine Greenville and to the University of South Carolina.

Expected Timing for Graduation

Students enrolled at the USC School of Medicine Greenville have six (6) years from the date of matriculation to complete their degree for Doctor of Medicine. If a student fails to make satisfactory academic progress (SAP) needed to complete their degree within the specified time, the student is dismissed by the Student Evaluation and Promotion Committee (SEPC). Any leave of absence from the M.D. program (except for academic enrichment) will be included in the maximum time frame calculation.

Students experiencing academic difficulty or professionalism concerns will be reviewed by SEPC. Please read the policy for more details.

Grade Appeal

This policy is in place to allow a medical student to review and to challenge their educational records. Please see the Review of Grade and Narrative Assessment Policy for more details.

Program Level Objectives

All students are evaluated using the program level objectives as defined by the USC School of Medicine Greenville Curriculum Committee. At the time of graduation, it is expected that every graduate will have demonstrated competency in each of the program level objectives listed below. Evidence of performance will be collected and documented throughout the educational program.

Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for health treatment, promotion of health, and prevention of chronic disease

- Demonstrate the ability to perform routine technical procedures.
- Gather relevant patient histories from multiple data sources, as necessary.
- Perform relevant physical examinations using appropriate techniques and tools.
- Organize and execute responsibilities to provide patient care that is effective and efficient.
- Propose hypothesis-driven diagnostic testing and interpret results.

- Make informed decisions about diagnostic and therapeutic interventions based on up-to-date scientific evidence and clinical judgment.
- Formulate and execute therapeutic management plans for commonly encountered clinical conditions.
- Integrate patient and caregiver context, needs, values, preferences, and experiences into care delivery through shared decision-making.
- Incorporate health promotion and disease prevention into patient care plans.
- Identify individual and structural factors that impact health and wellness.
- Identify patients in need of urgent or emergent care, seeks assistance, and recommends initial evaluation and management.
- Create and prioritize differential diagnoses.
- Use patient-centered language to describe common diagnostic and therapeutic interventions and plans.

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 basic, clinical, pathophysiologic, social, and health systems sciences, as well as humanities, needed for clinical practice.
- Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
- Demonstrate knowledge of research design, interpretation, and application to clinical questions.
- Access knowledge relevant to clinical problems using appropriate resources, including emerging technologies.
- Apply principles of epidemiological sciences to the identification of lifestyle-related and other health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of social drivers on health.

Practice-Based Learning and Improvement

Integrate feedback, evidence, and reflection to adapt behavior, foster improvement, and cultivate life-long learning

- Identify strengths and opportunities for growth in one's own performance through informed self-assessment and reflective practice.
- Seek and assimilate feedback and assessment data to develop learning and improvement goals.
- Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions.
- Develop skills for life-long learning by continually identifying, analyzing, and implementing new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes and develop skills.

Interpersonal and Interprofessional Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals in a manner that optimizes safe, effective patient and population- centered care

- Communicate and collaborate effectively with patients and caregivers across a broad range of socioeconomic and cultural backgrounds.
- Communicate and collaborate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies.
- Communicate clearly accurately and compassionately in verbal, nonverbal, written, and electronic formats.
- Maintain comprehensive, timely, and legible medical documentation.
- Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g. death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics).
- Develop and manage interpersonal interactions using insight and understanding of human responses to emotions.
- Lead and collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- Formulate and share feedback constructively with others.
- Demonstrate skills in educating patients, caregivers, peers, and team members.

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
- Use ethical principles and reasoning to guide behavior.
- Demonstrate respect for patient privacy, confidentiality, and autonomy.
- Adapt actions and communication according to the situation.
- Demonstrate humility and a willingness to learn from others with different backgrounds and experiences.
- Identify personal limits of knowledge, skills, and emotional resilience and seek help appropriately.
- Identify personal biases and strategies to mitigate their effects.
- Recognize and address personal well-being needs that may impact professional performance.
- Complete duties and tasks in a thorough, reliable, and timely manner.

Systems-based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

- Coordinate patient care within the health care system, particularly during transitions of care.
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
- Advocate for quality patient care and optimal patient care systems for all patients by applying knowledge of local population and community health needs and resources.
- Participate in identifying system errors, patient safety concerns, and opportunities for quality improvement.