



UNIVERSITY OF  
**SOUTH CAROLINA**  
School of Medicine

**Blueprint for Academic Excellence  
in the University of South Carolina  
School of Medicine (SOM)**

**2013-2014**

25 February 2013

## **Section I. Executive Summary**

### **School of Medicine Contributions to Meeting the Academic Dashboard Targets**

Since it only enrolls post-baccalaureate students, many of the University Academic Dashboard targets are inapplicable to the School of Medicine. The School of Medicine proposes to use the following items for its Dashboard (Appendix G).

- 1. MCAT score** – The School of Medicine median MCAT score for accepted applicants held steady at 29 compared to its peers (30) and its aspirants (33).
- 2. Percentage of Graduates Choosing Primary Care Specialties (Family Medicine, Internal Medicine, Pediatrics)** – While the percentage of School of Medicine graduates choosing primary care specialties (40%) is very close to its peers (43%), this percentage is higher than its aspirants (32%).
- 3. Percentage of Graduates Choosing Primary Care Specialties and Specialties Underrepresented in South Carolina (OB/GYN, Psychiatry, Emergency Medicine)** – The percentage of School of Medicine graduates choosing primary care specialties and specialties underrepresented in South Carolina (63%) is very close to its peers (66%) but is significantly higher than its aspirants (48%).
- 4. United States Medical Licensing Examination (USMLE) Step 2 First Time Percent Pass Rate** - School of Medicine graduates continue to exceed the national average on first time percent pass rate.
- 5. Research Expenditures** – School of Medicine extramural funding continued to increase to \$46.5 million with federal research funding (NIH, NSF, HHS) increasing to over \$24 million with half coming from NIH awards.

### **School of Medicine Contributions to Key Performance Parameters**

**Teaching Excellence** – The School of Medicine has collaborated with other health sciences schools to expand inter-professional education, has continued to maintain a global presence as a leader in ultrasound education, and increased support for minority scholarships.

**Research/scholarship reputation and productivity** - The School of Medicine has fostered research and promoted collaborations and interdisciplinary research which resulted in extramural funding increasing to \$46.5 million.

**Service to state, community, profession and university**- The School of Medicine established a stronger financial base and infrastructure through its implementation of its electronic health record and promotion of fiscally sound practices and departmental accountability.

**Sustainability** – The School of Medicine expects patient revenues to be consistent with revenues of the prior year, has achieved Stage I Meaningful Use for Internal Medicine, and expects to have resolution of clinical integration with Palmetto Health by summer of 2013.

## **Section II. Meeting the University's Academic Dashboard Targets**

### **School of Medicine Contributions to Meeting the Academic Dashboard Targets**

Since it only enrolls post-baccalaureate students, many of the University Academic Dashboard targets are inapplicable to the School of Medicine. The School of Medicine proposes to use the following items for its Dashboard (Appendix G).

Since this dashboard is in the early stages of development, the School of Medicine has not yet identified targets for the measures. Refinement of dashboard measures and identification of targets and strategies will be a focus in 2013-14.

**1. MCAT score** – The School of Medicine median MCAT score for accepted applicants held steady at 29 compared to its peers (30) and its aspirants (33).

**2013-14 Strategy** – Optimize student recruitment strategies. Increase SOM endowment to provide full tuition scholarships for academically gifted students.

**2. Percentage of Graduates Choosing Primary Care Specialties (Family Medicine, Internal Medicine, Pediatrics)** – While the percentage of School of Medicine graduates choosing primary care specialties (40%) is very close to its peers (43%), this percentage is higher than its aspirants (32%).

**2013-14 Strategy** – Maintain commitment to rural primary care training sites which provide students with first-hand experience in rural practice. Continue inclusion of Primary Care Week in curriculum. Encourage faculty participation in the Institute for Primary Care Education and Practice, an initiative from the South Carolina Area Health Education Consortium.

**3. Percentage of Graduates Choosing Primary Care Specialties and Specialties Underrepresented in South Carolina (OB/GYN, Psychiatry, Emergency Medicine)** – The percentage of School of Medicine graduates choosing primary care specialties and specialties underrepresented in South Carolina (63%) is very close to its peers (66%) but is significantly higher than its aspirants (48%).

**2013-14 Strategy** – Maintain commitment to rural primary care training sites which provide students with first-hand experience in rural practice. Continue inclusion of Primary Care Week in curriculum. Encourage faculty participation in the Institute for Primary Care Education and Practice, an initiative from the South Carolina Area Health Education Consortium. Investigate feasibility of expanding clinical education programs to Florence.

**4. United States Medical Licensing Examination (USMLE) Step 2 First Time Percent Pass Rate and Mean Score** – School of Medicine graduates continue to exceed the national average on first time percent pass rate.

**2013-14 Strategy** – Will continue to provide multiple opportunities for formative evaluation of clinical knowledge through the use of internal and end of clerkship subject exams plus the provision of a low teaching faculty-student ratio.

**5. Research Expenditures** – School of Medicine extramural funding continued to increase to \$46.5 million with federal research funding (NIH, NSF, HHS) increasing to over \$24 million with half coming from NIH awards.

**2013-14 Strategy** – Hire a new Associate Dean for Research and Graduate Education to promote translational research efforts at SOM. Renovate Building One research space. Promote research collaborations and enable additional VA eligibility for SOM faculty. Develop personal medicine research and education components.

### **Section III. School of Medicine Goals and their Contribution to the University's Key Performance Parameters**

#### **2013-2014 Academic Year Goals**

Goal 1. Establish a stronger financial base and infrastructure in the SOM.

Key Performance Parameters: Service to State, Community, Profession, and University; Sustainability

Progress: Moving forward with PH in clinical integration; addressing meaningful use in newly implemented electronic health record.

Plans for Upcoming Year: We continue to have discussions and meetings with various University and PH persons on clinical integration. Joint board meetings started February 8, 2013 and are expected to continue over the Spring, as well as, USC SOM Departmental meetings on the matter. We expect to have some resolution of this matter by the Summer of 2013.

All clinical operational departments within the USC School of Medicine Trust and Practice Plan have fully implemented the Cerner EMR/EHR/PM, excludes Ophthalmology and Neurosurgery. Stage I Meaningful Use has been achieved for Internal Medicine, and we expect most of the Other Departments to qualify that have adequate Medicare and or Medicaid populations. Federal funding for Stage I to be received in Calendar 2013. Although productivity and collections are impacted by implementation of new patient and electronic medical systems, we expect our total patient revenues to be consistent or near overall patient driven revenues of the prior year; this is significant as most hospitals and providers have 30-40% drops in revenues for one to two years during implementation of significant electronic patient systems. Stage II planning and work is underway for 2013-2014.

Goal 2. Continue to collaborate with other health science schools to expand inter-professional education.

Key Performance Parameters: Teaching Excellence

Progress: Inter-professional seminar was established between medical students and college of pharmacy students.

Plans for Upcoming Year: Expand existing inter-professional seminar to include nursing students.

Goal 3. Continue to maintain a global presence in medical education as a leader in ultrasound medical education.

Key Performance Parameters: Teaching Excellence; Services to State, Community, Profession, and University

Progress: Provided leadership, infrastructure, and web-based learning modules for Society of Ultrasound in Medical Education. Grant submitted to Fullerton Foundation for video production studio and Letter of Intent to AMA Accelerating Change in Medical Education. Five ultrasound-related patents in process.

Plans for Upcoming Year: Host Second World Congress on Ultrasound in Medical Education. Partner with American Institute of Ultrasound in Medicine on 2013: Year of Ultrasound campaign. Participate in AAMC's Global Health Learning Opportunities (GHLO) pilot program with focus on global ultrasound education. Establish memorandum of understanding with University of Santo Tomas in Philippines and the University of Sharjah in the United Arab Emirates.

Goal 4. Foster research and promote collaborations and interdisciplinary research.

Key Performance Indicators: Research/Scholarship Reputation and Productivity

Progress: SOM funded five innovative and exploratory grant applications or bridge funds totaling \$90,000. This included one proposal to support the USC COBRE Center for Colon Cancer Research. Last year's Research Development Fund funding of 5 investigators yielded five NIH grant applications.

Additional SOM faculty became VA-eligible and multiple VA Merit Award applications were submitted resulting in two funded VA Merit Awards. A joint VA Shared Equipment Evaluation Program (ShEEP) award requested large equipment to be housed in the IRF through joint efforts and underutilized VA laboratory space is becoming available to SOM faculty.

Plans for Upcoming Year: Hire a new Associate Dean for Research and Graduate Education to promote translational research efforts at SOM. Renovate Building One research space. Promote research collaborations and enable additional VA eligibility for SOM faculty. Develop personal medicine research and education components.

Goal 5. Increase the SOM endowment to provide full tuition scholarships for underrepresented minority and academically gifted students.

Key Performance Parameters: Service to state, community, profession and university; Sustainability

Plans for Upcoming Year: Work with Development Office to investigate funding streams and devise a fundraiser. Engage alumni and minority physicians, business and political leaders in strategy development.

## **Five-Year Goals**

Goal 1. Pursue new clinical opportunities that align service, education, and research.

Key Performance Parameters: Service to State, Community, Profession, and University; Sustainability

Form an integrated clinical practice with Palmetto Health. Actively pursue new practice opportunities centered on healthcare technology, telehealth, the Medical Home/Medical Neighborhood Concept, multidisciplinary teaching/learning experiences, and outcomes research.

Goal 2. Establish a Master's in Physician Assistant Program

Key Performance Parameters: Teaching Excellence; Service to State, Community, Profession, and University; Sustainability

Plan to establish a Master's in Physician Assistant program with a target date of summer 2017 for the first entering class.

Goal 3. Develop a progressive interdisciplinary research agenda as part of SOM Strategic Plan.

Key Performance Parameters: Research/Scholarship Reputation and Productivity; Service to State, Community, Profession, and University

SOM faculty will collaborate with researchers across the university, the state, the nation, and globally in targeted areas of strength, need, and funding promise such as inflammation, stroke, heart disease, regenerative medicine, neuropsychiatric diseases, technology in medicine, and health care delivery. Faculty will actively pursue funding opportunities such as COBRE and USAID.

Goal 4. Explore options for potential clinical campus in Florence.

Key Performance Parameters: Teaching Excellence; Service to State, Community, Profession, and University

The SOM will investigate the feasibility of expanding its clinical education programs to Florence.

Goal 5. Strengthen infrastructure for educational programs.

Key Performance Parameters: Teaching Excellence; Services to State, Community, Profession, and University; Sustainability

Initiate planning and fund raising for renovation of space for Objective Structured Clinical Examinations (OSCE), media production studio in Building 3 and technology-enabled smart classroom on second floor of Library.

**Section IV. Appendices**



**Appendix A. Resources Needed**

<b>Goal 1 - Foster research and promote collaborations and interdisciplinary research.</b>			
Type of Resource	Existing	Additional: State source	Strategy
Fiscal	E-funds	VP Research Provost	Provide researchers with bridge and seed funding to catalyze proposals and support new Associate Dean for Research & Graduate Education with needed resources
<b>Goal 2 - Increase SOM endowment to provide full tuition scholarships for underrepresented minority and academically gifted students.</b>			
Type of Resource	Existing	Additional: State source	Strategy
Fiscal	Endowment	Contributions to endowment	Devise a fundraiser to increase contributions to endowment
<b>Goal 3 – Establish a Master’s in Physician Assistant Program</b>			
Type of Resource	Existing	Additional: State source	Strategy
Personnel		Provost and grants	Work with Provost and pursue grant opportunities
<b>Goal 4 – Strengthen infrastructure for educational programs</b>			
Type of Resource	Existing	Additional: State source	Strategy
Fiscal	E-funds/ Philanthropy	Donors, grants, Provost	Pursue funding campaigns and naming opportunities, grants, and work with Provost on funding for media production studio and technology-enabled classroom

## **Appendix B. Benchmarking Information**

Top 10 Medical Schools (*Primary Care*) 2013 *US News & World Report*: University of Washington, University of North Carolina-Chapel Hill, Oregon Health and Science University, University of California-San Francisco, University of Colorado – Denver, University of Nebraska Medical Center, University of Massachusetts-Worcester, University of Michigan-Ann Arbor, University of Minnesota, University of California-Los Angeles

5 Peer Institutions (*Teague-Cranston Act Medical Schools*): East Carolina, East Tennessee State, Marshall, Texas A&M, Wright State

Traditionally, the School of Medicine has used the medical schools established through the Teague-Cranston Act as its peers. Given the growth in the School of Medicine and the University, the time has come to revisit this issue and consider other factors in choosing peer medical schools. This will be an area of focus during 2013-14.

## **Appendix C. School of Medicine's Top Strengths and Important Accomplishments**

### Strengths

- Strong, fully-accredited educational programs.
- Largest physician and provider practice in the Midlands.
- Faculty who are dedicated and committed to the educational programs.
- Very good facilities (classrooms, laboratory, instrumentation resource facility, research and clinical space).

### Important Accomplishments

- Recruited a Chair for Department of Surgery. Appointed a Vice Dean for Innovative Health Care Technologies and a Chief Medical Officer.
- Focused growth in research (neuroscience, inflammation, cardiovascular, healthcare delivery, and ultrasound). Extramural funding continued to increase from \$26M in 2005 to ~\$46.5 million in 2012, with federal research funding (NIH, NSF, HHS) increasing to over \$24 million in 2012 with half coming from NIH awards.
- Annual external funding per tenured/tenure-track faculty member is >\$155,000.
- Additional SOM faculty became VA-eligible and three SOM faculty are now VA-funded.
- COBRE Center for Dietary Supplements and Inflammation established with \$10 million NIH award.
- Department of Family and Preventive received grant for establishment of Disability Research and Dissemination Center which will funnel \$28 million in CDC funding to support disability research in the next five years.
- Department of Neuropsychiatry & Behavioral Science received \$2.7 million telehealth grant.
- Diversity efforts continue and three out of four newly hired tenure-track assistant professors were women, and 50% of matriculants in the Integrated Biomedical Sciences Graduate program were underrepresented minorities.
- Implemented Electronic Health Record/Electronic Medical Record/Practice Management Reporting System with Palmetto Health (PH).
- Increased support for minority scholarships through \$200,000 four year pledge from The Regional Medical Center of Orangeburg and Calhoun Counties for two minority scholarships. First year payment made in 2012.
- Established first NCQA recognized Patient Centered Medical Home practice in South Carolina.
- The Office of Continuous Professional Development and Strategic Affairs along with Palmetto Health received the 2012 Alliance for Continuing Medical Education award for Outstanding Educational Collaboration.
- Department of Neurology faculty were instrumental in helping Palmetto Health establish the first Joint Commission accredited Primary Stroke Center in the Midlands.
- Hosted highly successful First World Congress on Ultrasound in Medical Education in 2011.
- M.D. program received a full 8-year accreditation by the LCME in 2009, and Masters in Nurse Anesthesia program received a full 10-year accreditation and expanded to a second primary training site in Greenville, SC; the Masters in Rehabilitation Counseling program received full accreditation in 2012 by the Council on Rehabilitation Education.

## **Appendix D. School of Medicine's Weaknesses and How They are Being Addressed**

### Weaknesses

- Loss of substantive financial support from the state.
- Lack of minority faculty members and students
- Lack of scholarship monies to support medical education

### Plans to address weaknesses

- Develop an integrated clinical practice with PH, continue to pursue new revenue streams (i.e., corporate medicine, international medicine (Philippines, India, Brazil, United Arab Emirates), expand/develop revenue generating clinical practices, encourage entrepreneurial activity.
- Seeking additional endowments for minority scholarships and institutional support through donors, grateful patients, and health systems.

**Appendix E. Statistical Data for School of Medicine**

1. Number of entering freshman for Fall 2009, Fall 2010, Fall 2011 and Fall 2012 classes and their average SAT and ACT scores. **Not applicable to SOM**
2. Freshman retention rate for classes entering Fall 2009, Fall 2010, and Fall 2011. **Not applicable to SOM**
3. Sophomore retention rate for classes entering Fall 2008, Fall 2009, and Fall 2010. **Not applicable to SOM**
4. Number of majors enrolled in Fall 2009, Fall 2010, Fall 2011 and Fall 2012 by level: undergraduate, certificate, first professional, masters, or doctoral (headcount)

	Headcount			
	Fall 2009	Fall 2010	Fall 2011	Fall 2012
Certificate	13	33	55	51
First Professional	329	327	347	360
Masters	120	144	100	102
Doctoral	74	61	56	43
<b>Total</b>	<b>536</b>	<b>565</b>	<b>558</b>	<b>556</b>

5. Number of entering first professional and graduate students: Fall 2009, Fall 2010, Fall 2011, and Fall 2012 and their average GRE, MCAT, LSAT, etc.

	Fall 2009		Fall 2010		Fall 2011		Fall 2012	
	Number	MCAT	Number	MCAT	Number	MCAT	Number	MCAT
First Professional	79	28.1	90	27.4	92	28.3	94	28

	Fall 2009		Fall 2010		Fall 2011		Fall 2012	
	Number	GRE	Number	GRE	Number	GRE	Number	GRE
Doctoral	17	1205	15	1178	15	1153	16	1094

6. Number of graduates in Fall 2011, Spring 2012, summer 2012 by level (undergraduate, certificate, first professional, masters, doctoral)

	Fall 2011	Spring 2012	Summer 2012
Certificate	1	24	2
First Professional	1	72	0
Masters	8	42	7
Doctoral	3	1	2
<b>Total</b>	<b>13</b>	<b>139</b>	<b>11</b>

Placement	Fall 2011	Spring 2012	Summer 2012
Terminal Masters	7	40	7
Terminal Doctoral	3	1	1
<b>Total</b>	<b>10</b>	<b>41</b>	<b>8</b>

7. Four-, Five- and Six-Year Graduation rates for the three most recent applicable classes (undergraduate only). **Not applicable to SOM**
8. Total credit hours generated by your unit regardless of major for Fall 2011, Spring 2012 and Summer 2012.

	Fall 2011	Spring 2012	Summer 2012
Credit Hours	3,136	3,393	540

9. Percent of credit hours by undergraduate major taught by faculty with a highest terminal degree. **Not applicable to the SOM**
10. Percent of credit hours by undergraduate major taught by full-time faculty. **Not applicable to SOM**
11. Number of faculty by title (tenure-track by rank, non-tenure track (research or clinical) by rank) as Fall 2010, Fall 2011, and Fall 2012 (by department where applicable).

	Fall 2010	Fall 2011	Fall 2012
<b>Tenure-Track Faculty</b>			
Professor	27	28	26
Associate Professor	24	23	21
Assistant Professor	10	10	11
Librarian	7	7	7

	Fall 2010	Fall 2011	Fall 2012*
<b>Research Faculty</b>			
Professor	6	4 (26)	4 (1)
Associate Professor	4	5 (4)	5 (2)
Assistant Professor	5	22 (10)	15 (3)
Instructor	1	1 (1)	1 (1)

	Fall 2010	Fall 2011*	Fall 2012*
<b>Clinical Faculty</b>			
Professor	83	20 (149)	23 ( 103 )
Associate Professor	199	47 (158)	49 ( 136 )
Assistant Professor	658	83 (566)	83 ( 649 )
Instructor	48	11 (42)	13 ( 39 )
Librarian	1	1	1

\*Includes all salaried and (unsalaried) faculty. 2010 numbers reflect salaried faculty only.

**12. Current number and change in the number of tenure-track and tenured faculty from underrepresented minority groups from FY 2011.**

FY2011	Currently	Change
24	30	+6

**Appendix F. Statistical Research Data for School of Medicine**

1. **The total number and amount of external sponsored research proposal submissions by funding source for FY2012.**

	TOTAL	Federal	State	Foundation	Commercial	Other	Agency
Number of Applications Submitted	205	152	7	26	14	4	2
Amount (First Year)	\$60,376,312	\$54,085,623	\$1,472,146	\$1,736,807	\$1,800,134	\$598,822	\$682,780

2. **Summary of external sponsored research awards by funding source for FY2012. Total extramural funding processed through Sponsored Awards Management (SAM) in FY2012, and Federal extramural funding processed through SAM in FY2012. (Available <http://sam.research.sc.edu/awards.html>.) Amount of sponsored research funding per faculty member in FY2012 (by rank, type of funding; e.g., federal, state, etc., and by department if applicable).**

Total Extramural Funding	Commercial	Federal	Local	Other	Private (PHI)	State
\$46,488,723	\$740,045	\$24,121,140	\$250,000	\$60,000	\$19,755,701	\$1,561,836

Total Extramural Funding	Total Federal Extramural Funding	Total NIH Funding
FY 2012	FY 2012	FY 2012
\$46,488,723	\$24,121,140	\$12,150,016

\*\* Includes funding from PHR



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Question 2C. Amount of sponsored research funding per faculty member in 2012 (by rank, type of funding, and by department if applicable).

**ASSISTANT PROFESSOR:**

BY DEPT	TOTAL FUNDED		Total Funding	FEDERAL	STATE	LOCAL	PHI	COMM	OTHER	TOTAL check	TOTAL	% FACULTY	MOUNT FUNDED
	IN RANK	RANK									# FACULTY IN RANK*	IN RANK WITH N RESEARCH	DEPARTMENT PER RANK
CBA	3	Assistant	1,160,560	941,560	65,000	-	154,000	-	-	1,160,560	7	43%	386,853
PMI	4	Assistant	621,750	566,500	-	-	55,250	-	-	621,750	10	40%	155,438
FAMILY MED	1	Assistant	15,000	15,000	-	-	-	-	-	15,000	12	8%	15,000
INTERNAL MED	2	Assistant	775,117	525,117	-	250,000	-	-	-	775,117	16	13%	387,559
NEUROLOGY	2	Assistant	9,340	-	-	-	-	9,340	-	9,340	3	67%	4,670
NEUROPSYCHIATRY	2	Assistant	172,778	150,000	19,200	-	-	3,578	-	172,778	12	17%	86,389
OB/GYN	1	Assistant	178,785	178,785	-	-	-	-	-	178,785	5	20%	178,785
PEDIATRICS	4	Assistant	573,882	528,019	-	-	35,080	10,783	-	573,882	22	18%	143,471
<b>Total</b>	<b>19</b>		<b>3,507,212</b>	<b>2,904,981</b>	<b>84,200</b>	<b>250,000</b>	<b>244,330</b>	<b>23,701</b>	<b>-</b>	<b>3,507,212</b>	<b>109</b>	<b>17%</b>	<b>184,590</b>

\*\* NOTE: PPN Assistant Professor Norma Frizzell's grants are still listed under Exercise Science in USC database (start date 8-2011)

\*Of the 109 Assistant Professors, 9 are on tenure-track. Spreadsheet has been collapsed to only show those funded.

**ASSOCIATE PROFESSOR:**

BY DEPT	TOTAL FUNDED		Total Funding	FED NIH	STATE	LOCAL	PHI	COMM	OTHER	TOTAL check	TOTAL	% FACULTY	AMOUNT FUNDED IN DEPARTMENT
	IN RANK	RANK									# FACULTY IN RANK*	IN RANK WITH RESEARCH	PER RANK
CBA	5	Associate	1,065,777	1,065,777	-	-	-	-	-	1,065,777	10	50%	213,155
PMI	2	Associate	201,687	201,687	-	-	-	-	-	201,687	4	50%	100,844
PPN	4	Associate	833,806	686,306	2,500	-	-	145,000	-	833,806	10	40%	208,452
INTERNAL MED	6	Associate	838,332	392,693	-	-	445,039	600	-	838,332	13	46%	139,722
NEUROPSYCHIATRY	1	Associate	3,134	-	-	-	-	3,134	-	3,134	4	25%	3,134
OPHTHALMOLOGY	1	Associate	597,222	-	-	-	594,001	3,221	-	597,222	1	100%	597,222
PEDIATRICS	3	Associate	4,553,216	3,703,537	805,200	-	44,479	-	-	4,553,216	16	19%	1,517,739
RADIOLOGY	1	Associate	751,848.00	751,848.00	-	-	-	-	0	751,848	1	100%	751,848
SURGERY	1	Associate	433,184	373,184	-	-	-	-	60,000	433,184	1	100%	433,184
SPECIAL PROJECTS	1	Associate	7,500	-	-	-	7,500	-	-	7,500	1	100%	7,500
<b>Total</b>	<b>25</b>		<b>9,285,706</b>	<b>7,175,032</b>	<b>807,700</b>	<b>-</b>	<b>1,091,019</b>	<b>151,955</b>	<b>60,000</b>	<b>9,285,706</b>	<b>81</b>	<b>31%</b>	<b>371,428</b>

\*Of the 81 Associate Professors, 21 are on tenure-track or tenured. Spreadsheet has been collapsed to only show those funded.

**PROFESSOR:**

BY DEPT	TOTAL FUNDED		Total Funding	FED NIH	STATE	LOCAL	PHI	COMM	OTHER	TOTAL check	TOTAL	% FACULTY	MOUNT FUNDED
	IN RANK	RANK									# FACULTY IN RANK*	IN RANK WITH N RESEARCH	DEPARTMENT PER RANK
CBA	4	Professor	2,496,144	2,230,946	-	-	-	265,198	-	2,496,144	7	57%	624,036
PMI	5	Professor	8,605,308	4,640,782	639,526	-	3,325,000	-	-	8,605,308	6	83%	1,721,062
PPN	2	Professor	745,558	745,558	-	-	-	-	-	745,558	3	67%	372,779
FAMILY MED	3	Professor	2,156,288	730,287	30,410	-	1,395,591	-	-	2,156,288	4	75%	718,763
INTERNAL MED	7	Professor	10,234,364	4,953,379	-	-	5,029,260	251,725	-	10,234,364	9	78%	1,462,052
NEUROLOGY	1	Professor	204,197	130,904	-	-	52,595	20,698	-	204,197	2	50%	204,197
NEUROPSYCHIATRY	2	Professor	1,491,770	501,427	-	-	963,575	26,768	-	1,491,770	8	25%	745,885
OB/GYN	1	Professor	1,331,679	-	-	-	1,331,679	-	-	1,331,679	1	100%	1,331,679
ORTHOPAEDICS	1	Professor	980,153	-	-	-	980,153	-	-	980,153	2	50%	980,153
PEDIATRICS	2	Professor	954,641	39,612	-	-	915,029	-	-	954,641	6	33%	477,321
SURGERY	1	Professor	1,083,880	-	-	-	1,083,880	-	-	1,083,880	4	25%	1,083,880
DEAN'S OFFICE	1	Professor	3,343,591	-	-	-	3,343,591	-	-	3,343,591	1	100%	3,343,591
<b>Total</b>	<b>30</b>		<b>33,627,573</b>	<b>13,972,895</b>	<b>669,936</b>	<b>-</b>	<b>18,420,353</b>	<b>564,389</b>	<b>-</b>	<b>33,627,573</b>	<b>56</b>	<b>54%</b>	<b>11,209,919</b>

\*Of the 56 Professors, 24 are on tenure-track or tenured. Spreadsheet has been collapsed to only show those funded.

**LIBRARIAN**

BY DEPT	IN RANK	RANK	Total Funding	FED NIH	STATE	LOCAL	FDTN	COMM	OTHER	TOTAL check	# FACULTY IN RANK*	% FACULTY IN RANK WITH N RESEARCH	MOUNT FUNDED PER RANK
LIBRARY	1	Librarian	8,227	8,227	-	-	-	-	-	8,227	7	14%	8,227
<b>Total</b>	<b>1</b>		<b>8,227</b>	<b>8,227</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,227</b>	<b>7</b>	<b>14%</b>	<b>8,227</b>

\*All Librarians are on tenure-track or tenured.

**INSTRUCTORS**

DEPT	IN RANK	RANK	Total Funding	FED NIH	STATE	LOCAL	FDTN	COMM	OTHER	TOTAL check	# FACULTY IN RANK*	% FACULTY IN RANK WITH N RESEARCH	MOUNT FUNDED PER RANK
OB/GYN	0	Instructor	0	0	0	0	0	0	0	0	4	0	0
FAMILY MED	0	Instructor	0	0	0	0	0	0	0	0	3	0	0
PEDIATRICS	0	Instructor	0	0	0	0	0	0	0	0	2	0	0
INTERNAL MED	0	Instructor	0	0	0	0	0	0	0	0	2	0	0
NEUROPSYCHIATRY	0	Instructor	0	0	0	0	0	0	0	0	2	0	0
LIBRARY	0	Instructor	0	0	0	0	0	0	0	0	1	0	0
<b>Total</b>	<b>0</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>17</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>14</b>	<b>0%</b>	<b>-</b>

\*None are on tenure-track or tenured

<b>TOTAL SOM</b>	<b>75</b>	<b>ALL</b>	<b>\$ 46,428,718</b>	<b>\$ 24,061,135</b>	<b>\$ 1,561,836</b>	<b>\$ 250,000</b>	<b>\$ 19,755,702</b>	<b>\$ 740,045</b>	<b>\$ 60,000</b>	<b>\$ 46,428,718</b>	<b>267</b>	<b>28%</b>	<b>\$ 619,050</b>
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3. Total sponsored research expenditures per tenured/tenure-track faculty for FY 2012, by rank and by department, if applicable.

Funding FY 2012	Total Tenured/Tenure-Track Faculty FY 2012	Funding per Tenured/Tenure-Track Faculty FY 2012
\$9,508,929	61	\$155,884

Assistant Professors:

Department	Funding FY2012	Total Tenured/Tenure Track Faculty FY2012	Funding per Tenured/Tenure Track Faculty FY2012
Cell Biology & Anatomy	\$850,544	3	\$283,515
Pathology, Microbiology & Immunology	\$597,648	4	\$149,412
Pharmacology, Physiology & Neuroscience	\$99,567	2	\$49,784
<b>All Assistant Professors</b>	<b>\$1,547,759</b>	<b>9</b>	<b>\$171,973</b>

Associate Professors:

Department	Funding FY2012	Total Tenured/Tenure Track Faculty FY2012	Funding per Tenured/Tenure Track Faculty FY2012
Cell Biology & Anatomy	\$1,078,612	8	\$134,827
Family & Preventive Medicine	\$97,782	2	\$48,891
Pathology, Microbiology & Immunology	\$9,683	3	\$3,228
Pharmacology, Physiology & Neuroscience	\$1,114,568	8	\$139,321
<b>All Associate Professors</b>	<b>\$2,300,645</b>	<b>21</b>	<b>\$109,555</b>

Professors:

Department	Funding FY2012	Total Tenured/Tenure Track Faculty FY2012	Funding per Tenured/Tenure Track Faculty FY2012
Cell Biology & Anatomy	\$1,513,212	5	\$302,642
Family & Preventive Medicine	\$697,251	3	\$232,417
Genetics	\$0	1	\$0
Internal Medicine	\$0	2	\$0
Neurology	\$122,313	1	\$122,313
Neuropsychiatry & Behavioral Science	\$797,312	2	\$398,656
Ophthalmology	\$0	1	\$0
Pathology, Microbiology & Immunology	\$1,774,606	5	\$354,921
Pediatrics	\$0	1	\$0
Pharmacology, Physiology & Neuroscience	\$747,604	2	\$373,802
Surgery	\$0	1	\$0
<b>All Professors</b>	<b>\$5,652,298</b>	<b>24</b>	<b>\$235,512</b>

Librarians:

Department	Funding FY2012	Total Tenured/Tenure Track Faculty FY2012	Funding per Tenured/Tenure Track Faculty FY2012
Medical Library	\$8,227	7	\$1,175
<b>All Librarians</b>	<b>\$8,227</b>	<b>7</b>	<b>\$1,175</b>

4. Number of patents, disclosures, and licensing agreements in fiscal years 2010, 2011 and 2012.

Fiscal Year	Invention Disclosures	Provisional Patent Applications	Non-Provisional Patent Applications	Issued patents
2010	1	5	4	1
2011	5	4	3	4
2012	11	2	1	0

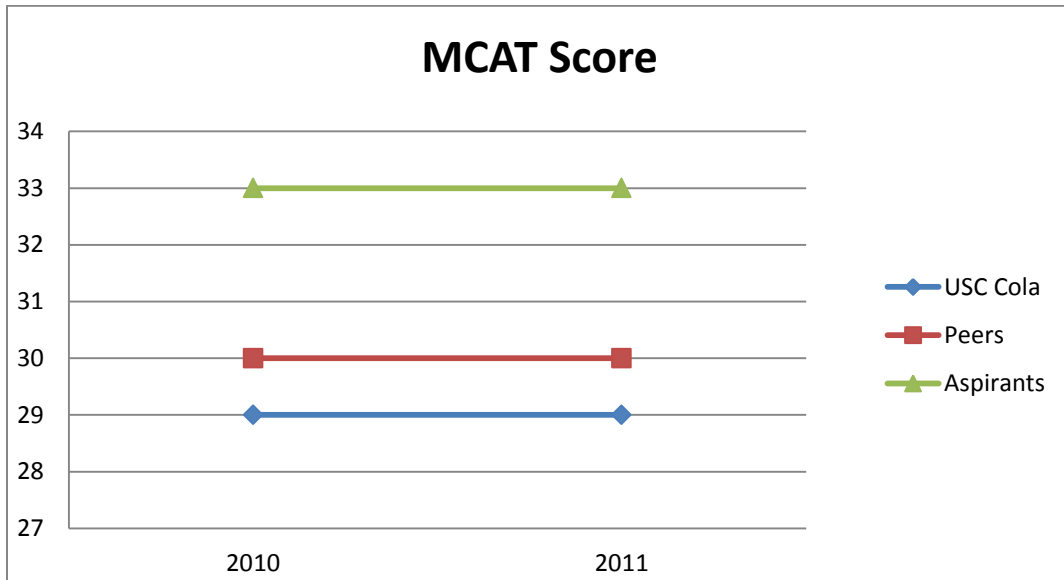
\*Non-provisional patent applications include only newly filed US Utility and PCT applications.

## **Appendix G. School of Medicine Academic Dashboard**

### **Academic Dashboard Measures for School of Medicine**

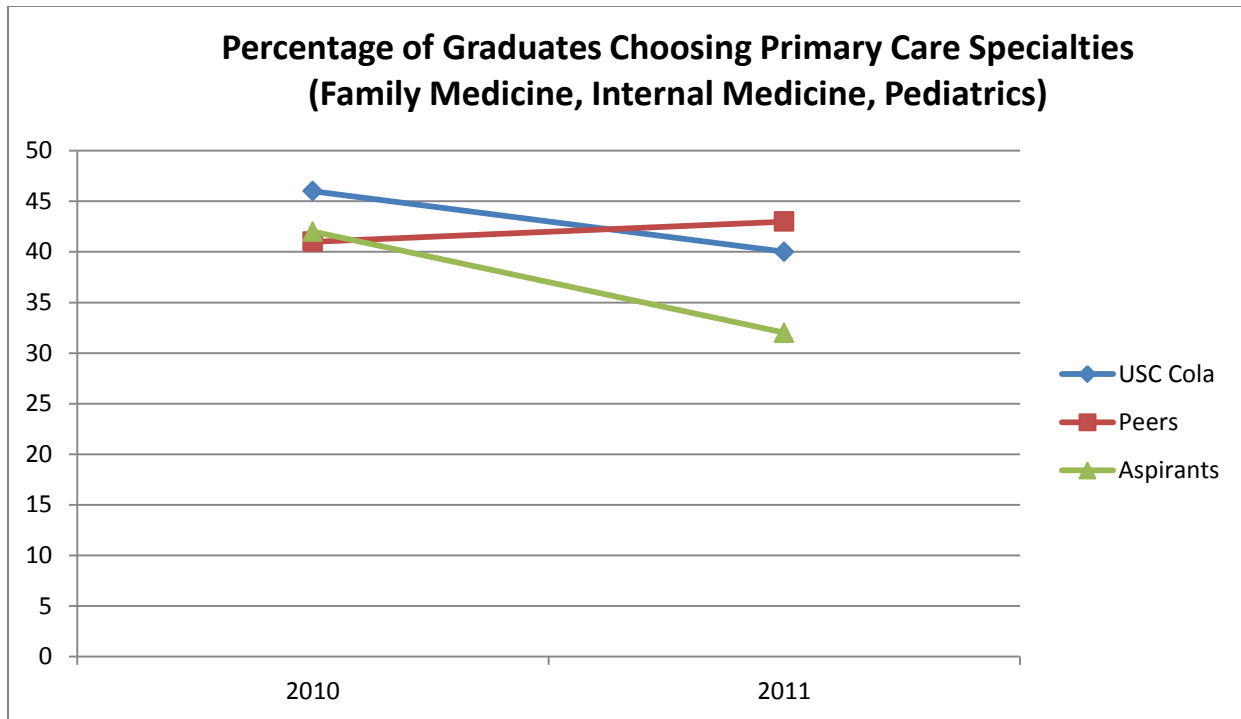
1. MCAT Score
2. Percentage of Graduates Choosing Primary Care Specialties (Family Medicine, Internal Medicine, Pediatrics)
3. Percentage of Graduates Choosing Primary Care Specialties and Specialties Underrepresented in South Carolina (Ob/Gyn, Psychiatry, Emergency Medicine)
4. United States Medical Licensing Examination (USMLE) Step 2 First Time Percent Pass Rate
5. Research Expenditures

**No. 1: MCAT Score**



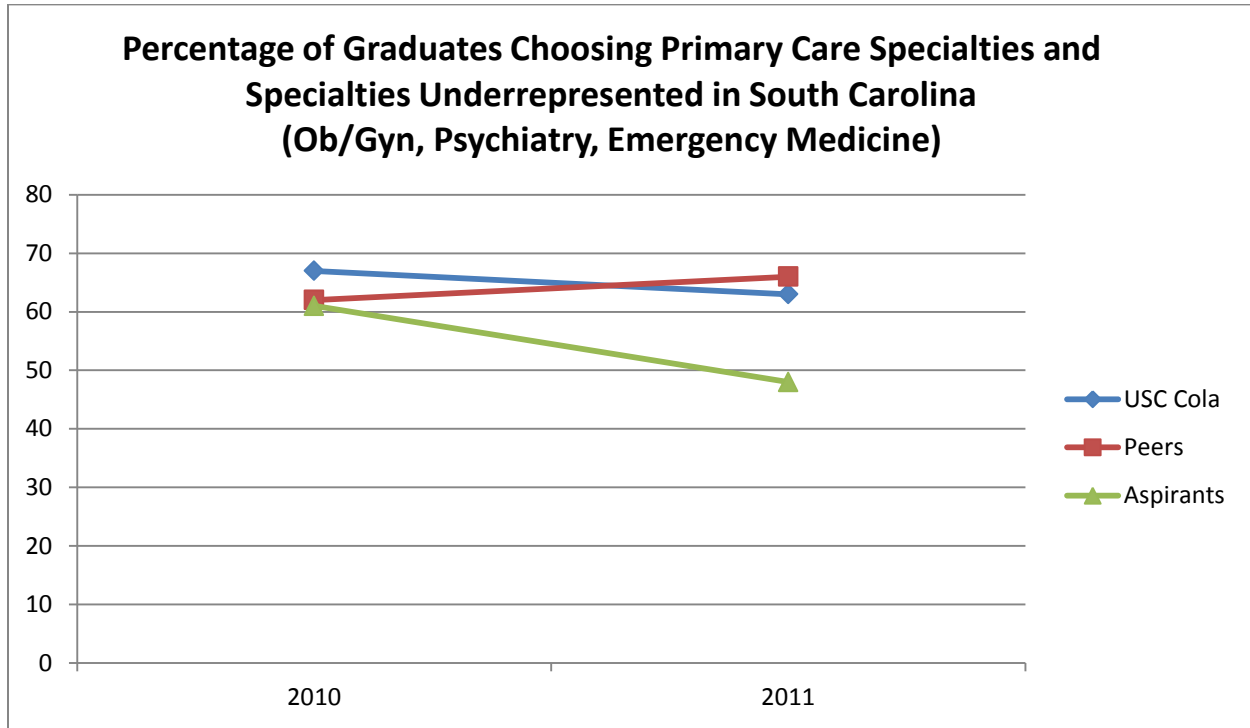
Source: Association of American Medical Colleges/Medical School Admission Requirements, 2013.

**No. 2: Percentage of Graduates Choosing Primary Care Specialties (Family Medicine, Internal Medicine, Pediatrics)**



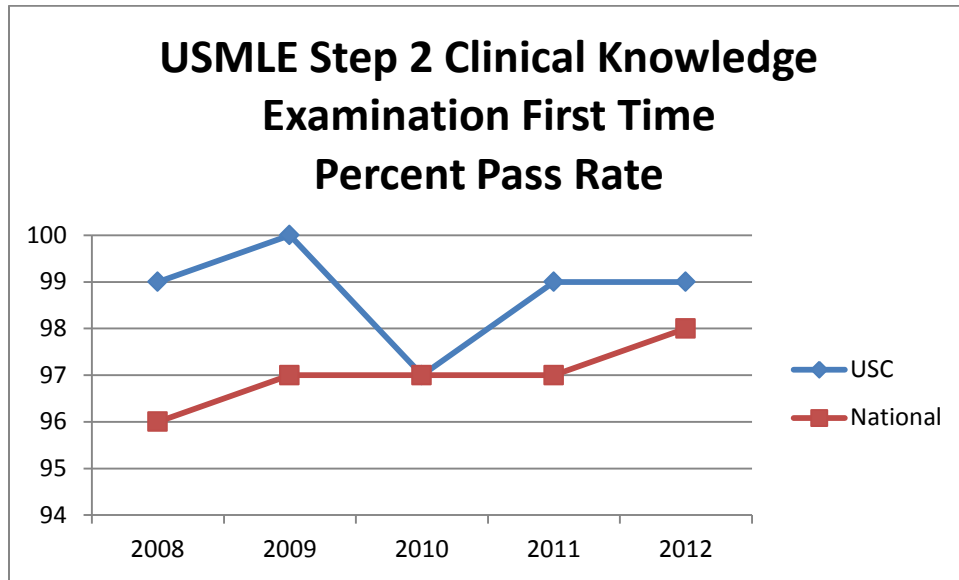
Source: Association of American Medical Colleges/Medical School Admission Requirements, 2013. National Graduate Medical Education Census.

**No. 3: Percentage of Graduates Choosing Primary Care Specialties and Specialties Underrepresented in South Carolina (Ob/Gyn, Psychiatry, Emergency Medicine)**



Source: Association of American Medical Colleges/Medical School Admission Requirements, 2013. National Graduate Medical Education Census.

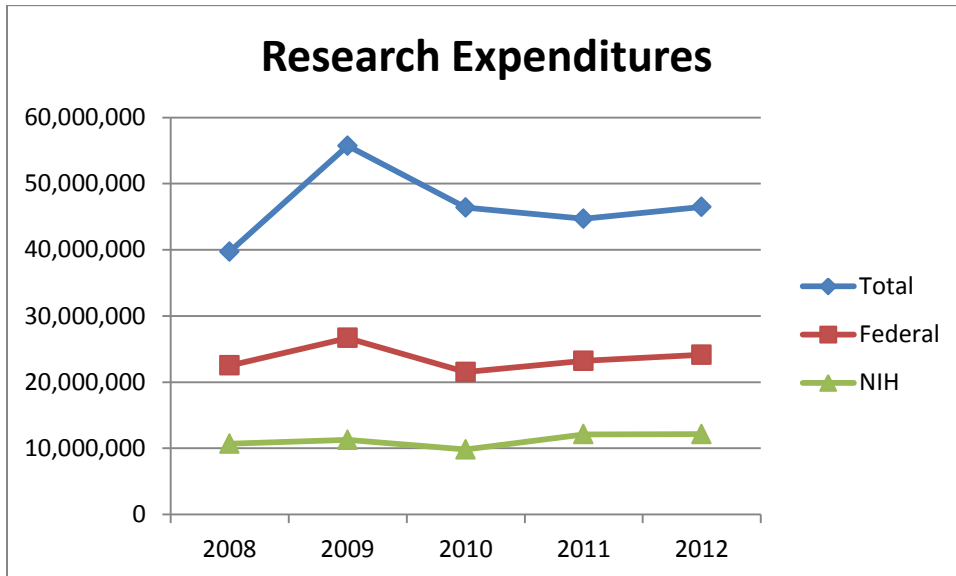
**No. 4: USMLE Step 2 Clinical Knowledge Examination First Time Percent Pass Rate**



Source: National Board of Medical Examiners. Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time, 2013.



## No. 5: Research Expenditures



Source: University of South Carolina Sponsored Awards Management Awards & Reports