

STANDARD 1: MISSION, PLANNING, ORGANIZATION AND INTEGRITY

1. Evaluate the utility and success of institutional planning efforts, and summarize how planning has contributed to the accomplishment of the medical school's missions and achievement of measurable outcomes. How effectively has the medical school monitored its ongoing compliance with accreditation standards?

The Emory University School of Medicine has committed itself to multiple linked strategic planning efforts to ensure that our mission objectives are being accomplished. Strategic plans have been developed for all three of our missions: Research, Education and Clinical Care, as well as an overall Strategic Plan for Emory Medicine. Specific to Medical Education, the School completed a comprehensive strategic planning process in FY14 to create a three year strategic plan for the entire continuum of medical education, including undergraduate medical education (UME), graduate medical education (GME) and continuing medical education (CME). The plan also integrated the academic health programs, including Physical Therapy, Physician's Assistant, Anesthesiology Assistant, Genetic Counseling, and Medical Imaging, into the three-year plan. Eight overall goals and detailed annual implementation plans were developed for each goal. The goals are 1) Reduce the financial burden on our students and residents. 2) Enhance collaboration between Emory School of Medicine and the health systems in which we teach, train, and provide patient care. 3) Integrate patient safety and quality improvement education across the medical education continuum. 4) Facilitate system-wide cultural changes to maximize the success and well-being of our patients, learners, and teachers. 5) Create a medical education space plan that maximizes utilization and encourages an inter-professional learning community. 6) Support professional and academic development across the medical education continuum. 7) Enhance inter-professional education across the medical education continuum especially in the areas of Nursing and Allied Health. 8) Assess and maximize opportunities for a shared services model across the medical educational program. Each of the strategic planning initiatives is linked to our mission and tracked on an ongoing basis by our Strategic Initiatives Department and the Executive Associate Dean for Medical Education and Student Affairs. Each of the strategic initiatives has a measurable outcome that is used to track progress. The Strategic Initiatives Department also ensures synergy and cohesiveness amongst the various plans.

The current Medical Education plan was integrated into a strategic planning process that kicked off in November 2014 to develop the 2016-2018 Emory Medicine Strategic Plans. Emory Medicine is the combination of The Emory University School of Medicine and Emory Healthcare. To maximize our strategic impact, the two organizations decided to initiate a joint strategic planning process to align our resources and goals. Several joint planning retreats and meetings were held throughout 2015 with both organizations to develop common strategic proposition and goals that will direct our annual operating plans for FY16 through FY18.

Since the last LCME accreditation cycle, we have worked to improve and comply with all the standards and in particular those of which the institution was noted to be deficient. Processes were put in place to continuously monitor areas of concern. Ongoing compliance monitoring of the accreditation standards is being accomplished through several means. Since the last LCME visit, our Executive Curriculum Committee (ECC) has been restructured with multiple subcommittees assigned to specific areas of medical school administration. LCME Standards and Student Physician Activities (trustworthy professional activities) are considered by the subcommittees and the ECC in its role as the Oversight Committee. A new software system (Oasis) is used by the Office of Medical Education to track compliance with standards including grade submission, curriculum management, direct observation, feedback and more. More recently, the Office of Medical Education has implemented a Continuous Quality Improvement program based on the Baldrige framework. We currently have 20 high priority items that are mapped to Baldrige Excellence Framework Criteria for Education and linked to LCME standards, strategic initiatives, and our Student Physician Activities. In addition, we are developing several dashboards to track key outcome metrics.

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- 2. Note if there are appropriate structures, policies, and other safeguards in place to prevent or identify conflicts of interest at the level of the governing board, the medical school administration and faculty, and others with responsibility for the medical education program. Evaluate the adequacy of these policies and the extent to which they are being followed.**

Emory University Policy 4.112 (Conflict of Interest – Trustees, Principal Officers and Key Employees) provides a framework for identifying and addressing conflicts of interest (COIs) for the Emory University Board of Trustees who is the School of Medicine's governing board (Statement of Trustees and Roles and Responsibilities 3.2.3). Consistent with this policy, governing board members are required to disclose actual or potential COI's and to annually certify that they have done so. The University's COI Committee reviews these disclosures and determines appropriate means for addressing potential and actual COI's. We believe these policies and processes enable an appropriate level of transparency and necessary compliance in order to ensure that potential COI's are prevented or managed appropriately. In addition to the annual certification, Board of Trustees members who represent the governing body of the institution, voting members of any committee thereof, principal officers, and all employees are required to disclose potential or actual COI as soon as becoming aware, prior to voting; or discharging his or her duty (i.e., faculty) on a matter involving the COI.

The School of Medicine has a robust set of COI policies governing non-voluntary faculty, administrators and other staff, students and trainees (Compendium of University and School Policies on Industry and Other External Professional Relationships). The University also has a policy governing intellectual property-related COI's. These policies set overarching principles and expectations and provide guidelines addressing specific types of COI's. Covered persons must submit proposed external activities and relationships through an online process (eCOI) related to industry relations for review by supervisors, the medical school and, annually and when appropriate they become aware of any new potential COI, to the University's Research COI Office. Faculty and administrators are also required to annually follow this disclosure process for external financial interests COI and similar relationships. Such annual disclosures and activity reports are reviewed and reconciled. Information is also checked against data reported on industry websites and to CMS (Centers for Medicare and Medicaid Services at www.cms.gov/openpayments.) Based on the volume and variety of disclosures and the results of the reconciliation process, general compliance with these requirements appears to be high. Faculty are required generally to disclose their personal financial relationships with industry to medical students and trainees. However, we recommend that current policies be enhanced to explicitly require disclosure during faculty lectures (similar to the "second slide" policy for CME) and in a similar, relevant and clear disclosure during all informal educational interactions with students and trainees. Conflict of Interest policies are in the Medical Student handbook which they are required to read, review and sign. In addition, Medical students are educated about avoiding potential COIs that could arise during their external clinical rotations and are encouraged to report potential conflicts to senior faculty. Additional information is contained on the student website. We recommend that the school implement a program of education for external, voluntary preceptors on issues pertaining to industry-related or personal conflicts of interest consistent with the existing Emory policies for our full-time faculty.

- 3. Evaluate the effectiveness of mechanisms for direct faculty involvement in decision-making related to the medical education program, include participation in relevant committees. Are there sufficient opportunities outside committees for faculty to learn about and comment on medical school policies and procedures? Do members of the faculty consider that they have sufficient opportunities to make themselves heard?**

The School of Medicine faculty were directly and actively involved in the committees that revised the medical school curriculum. They participate directly in decisions related to the current medical education program, including by serving on the Admissions Committee, Curriculum Committee, and Progress and Promotions Committee. The Faculty Advisory Committee to the Dean is elected by the faculty at large and provides input and feedback for the Dean on important issues. In addition, there are indirect ways in which faculty are involved in decisions, such as by serving on the Faculty Committee on Appointments and Promotions and the Graduate Medical Education Committee. These are mainly appointed committees, raising questions about the inclusivity and diversity of the members and

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concerns about faculty members' access to committee service. Efforts are made however to seriously consider a range of characteristics when selecting committee members to ensure diversity. There are opportunities for faculty to learn about and comment on the School of Medicine's policies and procedures, such as Town Hall meetings at different sites and departmental and School of Medicine wide meetings with the Dean. However, historically these meetings have focused primarily on giving faculty information and have not left adequate time for seeking input from faculty. Some recent improvements have been noted in this regard (e.g., Quarterly Dean Town Hall Meetings at Grady). The administration was receptive to the faculty's view that faculty who primarily teach and engage in clinical service should have more opportunities for promotion and in 2011 the Medical Educator and Service Track (MEST) was formed. The MEST track is indicative of the value placed on education. Finally, to optimally address the question whether there are sufficient opportunities for involvement and representation, this should be posed to faculty via quantitative (e.g., surveys) and qualitative (e.g., focus groups) methods and these data should be reviewed and summarized. This information then should be used to guide future efforts to ensure maximal faculty engagement, as well as decision-making vis-à-vis medical school policies, procedures, and educational endeavors.

- 4. Does the medical school have up-to-date affiliation agreements with the clinical partners that are used regularly for required inpatient clinical experiences? Evaluate whether agreements contain the language specified in the element and serve to ensure that the educational program for medical students remains under the control of the medical school's faculty.**

The Emory University School of Medicine has up-to-date affiliation agreements with all of its clinical partners used regularly for required inpatient clinical experience. Our review of those agreements indicates that there is specific language to indicate that medical students are always under the control of the School of Medicine's faculty. Please see the DCI for updated documents— there are 10 Affiliation Agreements (with 10 entities). In the Supporting Documentation folder there are 11 documents – 1 for each of the 10 entities, and an amendment to the agreement with Children's Healthcare of Atlanta.

- 5. Are the bylaws in force for the medical school sufficiently clear and comprehensive in describing the responsibilities and privileges of members of the medical school administration and faculty and the roles and responsibilities of committees? Do the bylaws support an effective governance structure for the medical school?**

The School of Medicine historically has functioned without bylaws. The current bylaws were approved by the Dean of the School of Medicine on June 1, 2015, following review and feedback from the Dean's Faculty Advisory Committee and recommendation by the Council of Chairs. The bylaws describe the organizational structure of the school, including the responsibilities of the Dean and Department Chairs, the authority of the faculty, and the governance committees of the school including their duties, authority and membership. We believe the newly adopted bylaws provide a clear, comprehensive and accurate description of the School of Medicine's governance structure and will assess the bylaws' adequacy as we acquire experience with them.

- 6. Evaluate whether the medical school has met and maintained the eligibility requirements for initial and continuing LCME accreditation, as specified in the Rules of Procedure.**

Emory University School of Medicine is accredited by the Southern Association of Colleges and Schools (SACS) to offer the MD degree in Georgia. The most recent accreditation was in 2014 with the next accreditation scheduled for 2024. The institution fared extremely well in the 2014 SACS accreditation site visit.