

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

- 1. Evaluate the effectiveness of the medical school's system for early and ongoing identification of students in academic difficulty and of the counseling and remediation processes in place for all students. Comment on the level of academic difficulty and student attrition in relation to the school's academic advising and support programs. (11.1 plus Overview section)**

In all phases of the curriculum effective measures are in place to identify and remediate students having academic difficulty. In the preclinical years module directors and the Assistant Dean for Medical Education and Student Affairs monitor student grades from as early as the fourth week of medical school. In the clinical phases clerkship directors and clinical faculty can identify students having difficulty. In all phases of the curriculum, academic difficulty can be identified by small group advisors if students express concern about their academic progress, or if the advisor has reason to believe they may be struggling. The overall progress of students in all phases of the curriculum is carefully monitored by the Progress and Promotions committees who can recommend intervention by the Executive Associate Dean for Medical Education and Student Affairs to determine the appropriate academic support in individual cases. There are effective methods for counseling and remediation in place at all phases of the curriculum. Upon entry to Emory University School of Medicine, all students receive a short monograph entitled, "A Guide to Academic Success at Emory". The guide contains advice on reading, study methods, test taking and wellness. These topics are also reviewed during two meetings with the Director of the Foundations Phase during the first year. Students who fail any module in the pre-clinical phase must successfully complete a tailored remediation in that subject as arranged by the module director. Any students who require remediation in more than one module will be asked to meet the Assistant Dean. If learning issues are suspected, students may be referred to the Ben Franklin Academy or to other resources such as the Office for Access, Disability Services, and Resources (<http://www.ods.emory.edu>) for appropriate intervention.

During the Application and Translation (clinical) phases, students having academic problems or concerns in the areas of professionalism are assessed and counseled by the clerkship directors and when indicated meet with the Associate Dean for Clinical Education or the Executive Associate Dean for Medical Education and Student Affairs who will offer appropriate support. Students who fail a clerkship must remediate that clerkship (as determined by the clerkship director) or repeat it successfully.

Throughout all four years, students also seek academic advice and counseling from small group advisors, faculty encountered during their clinical rotations, and the Deans for Admissions and for Multicultural Student Affairs. These faculty offer candid feedback to students about their performance and demonstrated attitude, and help students improve their performance.

When personal issues impact academic performance, students can be referred to The Emory University Counseling and Psychological Services.

There is a rigorous level of academic difficulty at Emory. Despite this, Emory's attrition rate is less than one percent over 5 years in part because of its exceptional academic advising and support for the student facing academic difficulty.

- 2. Comment on the effectiveness of systems for career advising, residency preparation, electives counseling, and preparation and release of the Medical Student Performance Evaluation in the context of data on student satisfaction and residency placement. Note the extent that appropriate required and optional experiences are in place to assist students in selecting a specialty and a residency. (11.2, 11.4 plus Overview section)**

The AAMC GQ data support that 89.83% of students were satisfied/very satisfied with academic advising/counseling in 2013-14, above the national percentage of 74.82. The percentage of students who initially matched in the NRMP is high (99%) in 2013-14.

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Career Advising and Residency Preparation

For career advising, the GQ percentage of students who are satisfied/very satisfied with career planning services is less than the nationally reported percentage, although information about specialties is equal to the national percentage. By curriculum year, the Applications Year could improve the most. Students may consult with their small group advisors; however, as they progress through the curriculum they need more specific specialty advice. There is opportunity to improve the support and flexibility in the curriculum for students who remain undecided about their career choice.

There are two required class meetings in the last half of the Applications Year to discuss preparation for residency. After the first meeting, students are expected to identify a clinical faculty advisor and meet with one of the deans to discuss their career choice and residency application. There is opportunity for more structure around the process of choosing a clinical faculty advisor. There is not an organized referral system for students to identify specialists who can advise them. Students must seek out discipline-specific faculty and may/may not be successful or satisfied with the advisor. In particular, obstetrics and gynecology, orthopaedics, otolaryngology, dermatology, family medicine, and internal medicine had less than optimal opportunities for learning experiences and/or mentorship outside of clerkship duties.

Electives

During the course of Medical School the students have the opportunity to take a variety of electives. Throughout all phases, effective measures are in place to provide students with feedback and guidance on electives selection. In the Foundations Phase, students are required to select one elective. Students are presented with a one-hour informational session and the options are available online. In addition, students may design their own elective in consultation with a faculty member.

In the Translations Phase, students are required to take at least three electives with an additional two free months in which more electives may be taken. Students review elective choices and receive guidance about their senior schedule with their clinical faculty advisor. Students are also encouraged to meet with the program directors and chair of their specialty choice for additional advice. A faculty member from each department who is familiar with the entire medical school curriculum would be ideal to assist in this process, but does not currently exist in all departments. Students may choose clinical or research electives at Emory, other US medical schools, accredited schools throughout the world, or at the NIH or CDC. Students unsure of their specialty choice may use their elective time to explore various fields.

MSPE

Students have indicated concerns over the MSPE process in the Independent Student Analysis. The students are required to meet with one of the deans at least once during the Applications Phase as well as again before the MSPE is written. After the MSPE is completed but prior to submission, students are encouraged to review it for verification of factual information. In the event that corrections must be made, there is room to improve the process by which students can verify the corrections. Currently there is room for improvements to be made to this as there is not an effective process for consistent student verification of corrections made for the MSPE.

3. **Evaluate the effectiveness of procedures for the oversight of extramural electives, including prospective screening of potential electives, appropriate preparation of students, and assurance that assessment and evaluation data are collected. (11.3)**

Elective Screening

There are currently effective procedures used in the oversight of extramural electives. All students are required to submit an elective plan to their clinical advisor for approval prior to final submission and approval by the Dean's office. Electives are evaluated based on the following: student interest, learning objectives, benefit to the student's education and career plans, and location of institution and elective supervisor.

Students who choose electives outside of VSAS are required to complete an Electives Approval Form and submit it to the Dean's office. Students who request an elective in high risk areas are required to discuss the elective with the

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Dean. The Dean evaluates the elective request based on the availability of emergency care; the possibility of natural disasters, political instability, and exposure to disease; the need for additional preparation prior to, support during, and follow-up after the elective; the level and quality of supervision; and potential challenges to the code of medical ethics adopted by the elective institution. Students on international electives are encouraged, and may be required, to register with Emory International SOS (ISOS).

Preparation of Students

Preparation for electives is tailored to the type of elective and the location. For example, students traveling to Haiti for a one month surgery elective receive four days of didactic lectures and informational sessions led by experts from the Centers for Disease and Control and Prevention (CDC) and the State Department, reviewing Haiti culture, economy, and healthcare. In addition, communication policies during the trip and emergency procedures are reviewed in detail.

Assessment and Evaluation Data Collection

Prior to March 2015, medical students who participated in extramural electives were responsible for having their elective supervisors complete the Emory University School of Medicine clinical student assessment form which was then manually uploaded into OASIS. Starting in March 2015, elective supervisors evaluate their medical students by completing an electives evaluation form online through OASIS.

As of March 2015, Emory medical students evaluate extramural electives in OASIS. Data on all electives is collected and reviewed.

4. Comment on the adequacy of policies and processes to protect the confidentiality of student records and to provide students with access to their records in a timely manner. Are there fair and effective mechanisms for students to challenge information in their records? (11.5, 11.6)

There are adequate policies and processes to protect the confidentiality of student records and to provide students with access to their records in a timely manner. Student records are securely kept in a locked file room with locked file cabinets in the OMESA suite. Only authorized administrators of the School (Assistant, Associate, and Executive Associate Deans for Medical Education and Student Affairs and their respective support staff) have access to student records in the locked files. To view their record, students must submit a written request to the Executive Associate Dean or their designee. Record release will be done as expeditiously as possible, but may take several weeks. Records may not be removed from OMESA and can only be reviewed under staff observation.

Student assessments and grades are also stored electronically in a password-protected online assessment and evaluation system, OASIS.

There are fair and effective mechanisms for students to challenge information in their records. Students who find inaccuracies in their record may bring this to the attention of the Executive Associate Dean or their designee. There is a process for reviewing and appealing clerkship, module, and elective grades by students that is outlined in the Medical School Handbook. Students also have the opportunity to review their Medical Student Performance Evaluation (MSPE) before completion. Any student revisions are penned onto the document, which is then returned to the Associate Dean for a final draft.