STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

1. Does each medical student have the opportunity to complete at least one required clinical experience in a setting where he/she interacts with residents? (3.1)

Each medical student has the opportunity to complete at least one required clinical experience in a setting where he/she interacts with residents. Medical students are exposed to residents in each of the core clerkships: Internal Medicine, OB-Gyn, Pediatrics, Psychiatry and Surgery. Residents are involved in the medical student education, whether it is formal teaching or direct interaction at Emory University Hospital, Emory University Hospital - Midtown, Grady, Atlanta VA, CHOA- Hughes Spalding, and CHOA-Egleston.

2. Evaluate whether the medical school provides a scholarly environment for faculty and students. Is there appropriate support and encouragement for medical students to participate in research? (3.2)

The clearest evidence that the medical school provides a scholarly environment for students is the Discovery phase of the curriculum in year three. During this required phase, each student has five months of clinical, translational, basic, or community research. Financial support for these research activities is provided by the supervising faculty. In the cases where international travel is required, projects receive funding from the SOM for airfare and housing. Students pursuing an additional advanced degree gain research experience through their respective programs, such as MPH, MSCR, or PhD. As well, multiple programs within the SOM support faculty scholarly activity (3.2c). The success of these programs is reflected by the school's outstanding NIH funding record (17 Emory departments in the top 25 for NIH research funding in 2014).

3. Evaluate the medical school's efforts to promote diversity, including the clarity of diversity definitions and policies, the linkage of recruitment and retention efforts to the school's defined diversity categories, and the sufficiency of resources to support diversity efforts. Has the school demonstrated sufficient effort and been successful in achieving its desired diversity? Have pipeline programs for medical students contributed to the diversity of the medical school and to the national applicant pool? (3.3)

The Emory SOM has a robust array of programs designed to promote diversity among its students, faculty, and staff, and it devotes sufficient resources and personnel to support its diversity programs. The diversity categories are adequately defined, and while recruitment into these categories is assessed, the goals and metrics that would permit assessment of the performance of these programs are not explicitly defined. These programs have contributed to the diversity of the medical school, and as a result, to the diversity of the broader national applicant pool.

4. Is a formally-approved anti-discrimination policy in use? Evaluate whether the medical education program sufficiently and appropriately includes education and assessment related to the professional behaviors that its students are expected to acquire. Are there adequate mechanisms in place to evaluate the learning environment and do the school's clinical affiliates share the responsibility for this evaluation? (3.4, 3.5) *1.4

A formally-approved anti-discrimination policy is in use and is published in the student and faculty handbooks. House staff and faculty are made aware of the policy during hospital orientation onboarding sessions. Students are made aware of the policy during orientation and are required to sign a pledge stating that they are informed of the policy.

The medical education program sufficiently and appropriately includes education and assessment related to the professional behaviors that its students are expected to acquire. The medical education program includes several mechanisms to provide education and assessment related to the development of professionalism in its students. The "Becoming A Doctor" course, a longitudinal curriculum spanning the first through third years, includes sessions on professionalism which define for students the expectations of behaviors befitting their profession. Each student's professionalism is evaluated: a) by other students (see SPA forms), b) on two occasions during OSCE examinations involving simulated clinical interactions with standardized patients, c) periodically by their small group advisor, and d) by their supervising residents and attending faculty during clinical rotations. (3.5-1)

There are adequate mechanisms in place to evaluate the learning environment. After each required clerkship, students complete a questionnaire evaluating the learning environment. In an effort to continually improve this process, the Curriculum Committee in 2015 approved a new learning environment evaluation form to be used going forward; this shortened form measures both positive and negative elements of the learning environment (supporting documentation 3.6a). As defined in their affiliation agreements, the school shares the responsibility for evaluating and maintaining the learning environment with its clinical affiliates (1.4).

5. Evaluate the effectiveness of the school's policies and procedures related to preventing and responding to incidents of inappropriate behavior, such as student mistreatment. Are students familiar with the school's code of professional conduct and are they familiar and comfortable with the mechanisms to report violations? (3.6)

The data on this topic are conflicting. The GQ data demonstrate that the procedures related to preventing and responding to incidents of inappropriate behavior are effective and that the incidence of mistreatment compares favorably to other institutions. However, the ISA data suggest that student awareness of the procedures of reporting mistreatment is suboptimal. For example, the "ISA areas for improvement" concluded that:

> "Communication regarding mistreatment and sexual assault does not adequately prepare all students to understand the mechanisms and processes for handling incidents that occur after a report has been made. Despite the heterogeneity of events, students report concerns about process transparency and confidentiality, which are crucial elements for effective policies."

Several initiatives have been implemented to actively enhance student awareness of these procedures. For example, Small Group leaders meet regularly with students to discuss topics that include student mistreatment. During the first year "Week on Wards" experience, student-observed "lapses in professionalism" can be discussed in these small group forums, though this is not currently standardized across groups. Further, a Quarterly Medical Education newsletter has been initiated as a new strategy to improve student awareness of policies and policy changes.