

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

- 1. Does the central committee responsible for the curriculum have appropriate responsibility and authority for overseeing and approving the design, management, and evaluation of the curriculum to ensure that it is coherent, coordinated and integrated horizontally and vertically? Is this authority codified in institutional bylaws and/or policy? Is there evidence that this authority is being appropriately exercised? (8.1 plus Overview section)**

Yes, the Executive Curriculum Committee (ECC), as codified in the ECC bylaws, Article III, Section 1A and 2A, is the final decision making body of the Curriculum Committee. The ECC may consider, take positions and determine policy on any matter concerning the undergraduate medical education program. The ECC agenda and meeting minutes are published to the Emory School of Medicine website to ensure the transparency of actions taken by the committee.

- 2. Evaluate whether the educational program objectives are being used to guide curriculum planning, select and apportion curriculum content among instructional units, review and revise the curriculum, and evaluate curricular outcomes. As a means to determine the sufficiency and placement of content and to guide program evaluation, have the course and clerkship objectives been linked to the educational program objectives. (8.2)**

Emory University School of Medicine has developed 28 discrete Student Physician Activities (SPAs) that serve as the School's educational program objectives. These SPAs (described in detail in the DCI 8.2a), formalized in 2013, have been mapped to the curricular units' goals and objectives as seen in document 8.2: SD-1 for each of the instructional units. The successful achievement of each SPA within a course/unit is less formally assessed. The curriculum committee, responsible for program evaluation, considers the SPAs as it reviews segments of the curriculum, in particular as the SPAs continue to be integrated by course directors. It is not clear to what extent the SPAs are being used to inform specific revisions to the curriculum; this may be due to their recent activation within the curriculum in the academic year 2014/2015. In fact, the most recent overarching curriculum revision was implemented in 2007 – prior to the creation and implementation of the SPAs. As mentioned above, course and clerkship objectives have been linked to the program objectives/SPAs for each unit; the map linking objectives to SPAs for the Genetics course and Critical Care Medicine clerkship are submitted as a representative example in documents 8.2: SD-1.

- 3. Is there appropriate faculty participation in curriculum design, implementation, and evaluation? Are the units of the curriculum (i.e., courses and clerkships), the segments of the curriculum (i.e., years or phases) and the curriculum as a whole being reviewed according to a predetermined schedule? Are there tools, such as a curriculum database, available to support these reviews and to allow a determination of the adequacy and placement of curriculum content? Are the results of these evaluations used by the curriculum committee, the course leadership, and the departments to inform needed change? (8.3 plus Overview section)**

Course and clerkship directors, with the assistance of departmental education committees and national Clerkship Director organizations, participate extensively in curriculum design, implementation, and evaluation. Educational objectives developed for courses/clerkships are further reviewed and approved by the Curriculum Committee and subcommittees. The Foundations subcommittee conducts curriculum reviews every 18 months, while Required Clerkship/Discovery and Elective & Capstone subcommittees conduct curriculum reviews at undetermined intervals (though the Capstone course is reviewed yearly). The OASIS database is used to support curriculum and faculty evaluation, and these evaluations are reviewed regularly by course directors, faculty and the Curriculum Committee to drive necessary educational changes.

- 4. Evaluate the adequacy of the system of program evaluation for making a judgment of whether educational program objectives are being met and desired program outcomes are being achieved. Are appropriate data being collected from students and graduates to allow such judgments to be made and are these data being appropriately used? (8.4 plus Overview section)**

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The ECC is committed to improving the system of program evaluation. The system used prior to ECC reorganization had been inadequate but we are optimistic that changes enacted will improve data collection and use to achieve program outcomes. We define student assessment as the most important component of program evaluation. The ECC and School have recently developed explicit program objectives (Student Professional Activities, or “SPAs”) and can verify completion of these objectives by the students. The ECC is actively developing a systematic evaluation tool to track how meeting these objectives achieves the program outcomes which includes multiple inputs such as expanding requirements for direct observation. Data from students and graduates is collected yearly through survey data both at end of matriculation for students and a survey to graduates 1 year post-graduation. An opportunity exists to improve response rates from our graduates and examine areas of opportunities within the curriculum based on these assessments (refer to EUSOM Graduate Survey, class of 2013).

- 5. Evaluate the adequacy of the system to collect student feedback on courses and clerkships and on faculty, residents, and others who teach, supervise, and assess medical students. Does the system provide valid and reliable data, for example, through adequate response rates to questionnaires? How are the data used for program review and improvement? (8.5 plus Overview section)**

A robust system is in place to collect student evaluations and obtain feedback on courses, faculty, and others that teach and supervise medical students. Response rates by students are extremely high, even achieving 100% in many instances. Exit interviews and other mechanisms are in place to support evaluations. Thus, the overall evaluation system is one of the school’s strengths and has led to continual refinement of the curriculum in response to student feedback.

- 6. Evaluate the adequacy of the processes for monitoring medical student clinical encounters at the department level and centrally. Do the processes used for monitoring ensure that required clinical experiences or identified alternatives are completed? (8.6)**

Emory University School of Medicine has strong and adequate processes in place to monitor students’ clinical encounters. On the departmental level, clerkship directors conduct a required mid-clerkship meeting with individual students to ensure students are satisfying the skills requirements as well as encountering patients. This meeting is documented electronically, and if the clerkship director notes the student is at risk for failing or minimally passing an automatic notification email is sent to the Assistant Dean of Medical Education, the Chair of the Progress and Promotions Committee, and Executive Associate Dean of Medical Education and Student Affairs. Students also complete an electronic survey at the clerkship mid-way point; this survey asks if the student has received feedback, if they have had required skills observed by a faculty member, and if they are on-track to successfully complete requirements to pass the clerkship. An answer of “no” triggers an automated email to both the clerkship director AND the Assistant Dean of Medical Education to provide local and central follow-up. Rather than depend on student recollection of their experiences, the clerkship director (along with the coordinator) use student logs of cases – entered into an online tool – to ensure students meet the required clinical encounters.

These mechanisms ensure that each student is able to personally note any perceived or anticipated limitations in their clinical experiences, as well as provide the opportunity for both the local clerkship director as well as central Assistant Dean of Medical Education’s office to step in halfway through the experience. This midway assessment provides an opportunity to seek out skills and encounters prior to the conclusion of the clerkship; similarly, this process may serve as a trigger to utilize simulation or other alternatives to clinical encounters for disease processes that may be seasonal or rarely seen.

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- 7. Are there processes in place to ensure comparability of education and assessment across individual courses and clerkships. Evaluate whether there is effective monitoring at the department and medical school levels to identify and correct any inconsistencies across sites. (8.7)**

The curriculum committee and clerkship directors committee ensure comparability of education and assessment across individual courses and clerkships. During the Foundations and Capstone phases of the curriculum, the curriculum is concurrent for all students. During clerkships, students provide feedback through the learning environment survey providing feedback to Clerkship Directors in order to identify inconsistencies across sites; these inconsistencies have been remedied in many cases through the use of simulated patient encounters while removal of clerkship sites has been used in some cases. Clerkship Directors share the results of these surveys with faculty across sites for benchmarking purposes. Clerkship Directors have corrected inconsistencies between sites based upon these evaluations.

- 8. Does the medical school have policies for the time that medical students spend in required activities and are these policies understood by students. Is the time medical students spend in required activities monitored? Comment on the presence and effectiveness of mechanisms for medical students to report violations of these policies and the willingness of students to utilize these mechanisms. (8.8)**

The medical school has policies that define required activities (small group sessions, preceptorships, patient presentations, and clinical rotations). Students are aware of these activities through the Emory University School of Medicine (EUSOM) student handbook (refer to ISA page 16). Clerkship Directors and Coordinators are the entity most responsible for collecting and monitoring student participation and attendance in required clinical activities. For clinical rotations, EUSOM models the duty hour restrictions adopted by the ACGME guidelines and these guidelines are reinforced to students in multiple modalities (refer to DCI 8.8b). The students can report violations of clinical duty hours via multiple mechanisms (refer to DCI 8.8d). Currently, the policy regarding duty hours (i.e. the ACGME guidelines) appears to be effective as the data and review of clerkships does not indicate there is any violation of the policy in any of the clerkships.