Emory University School of Medicine
Self-Study Summary Report
for the
Liaison Committee on Medical Education
Site Visit
March 6-9, 2016

Table of Contents:

Introduction

Overview of the Emory University School of Medicine

The Emory University School of Medicine (EUSOM), which was originally founded as the Atlanta Medical College in 1854, was incorporated Emory University in 1915 and into the Robert W. Woodruff Health Sciences Center (WHSC) in 1966. Along with EUSOM, WHSC includes the Nell Hodgson Woodruff School of Nursing, Rollins School of Public Health, Yerkes National Primate Research Center, Winship Cancer Institute, and Emory Healthcare, which is the largest, most comprehensive health system in Georgia. Named for the legendary leader of the Coca-Cola Company, WHSC was founded to serve humanity by improving health through integration of education, discovery, and health care.

The WHSC has $3.5 billion in yearly operating expenditures, 23,400 employees (including 2,894 faculty members, 1,282-affiliated faculty members, 5,246 students and trainees), and a $6.8 billion economic impact on metro Atlanta. Emory students and residents train, under Emory faculty supervision, at the publicly owned Grady Health System and at a number of other facilities, including Emory University Hospital, Emory University Hospital Midtown, Children's Healthcare of Atlanta, Wesley Woods Hospital, and the Atlanta Veterans Affairs (VA) Medical Center.

The EUSOM has 2,440 full- and part-time faculty members plus 679 volunteer faculty. The school has 560 students in the Medical Doctor (MD) program and trains 1,209 residents and fellows in 98 accredited programs. The school has 88 MD/PhD students in one of 40 National Institutes of Health (NIH) sponsored Medical Scientist Training Programs nationwide. The medical school also offers other dual-degree programs, such as the MD/Master of Science in Clinical Research (MSCR), the MD/Master of Public Health (MPH), and the MD/Master of Arts (MA) in Bioethics. MD dual degree programs with law (Juris Master) and business (Master of Business Administration) are also available. Some 258 of the medical school faculty train predoctoral bioscience researchers in one or more of nine programs in the Graduate Division of Biological and Biomedical Sciences within the Laney Graduate School. Faculties in five allied health programs of the School of Medicine train 522 students.

Medical school faculty received $362.9 million in sponsored research funding in fiscal year 2015, plus another $72.1 million in funds received by medical faculty at other units in the health sciences center and at the Atlanta VA Medical Center. Ranked 18th nationally among medical schools in NIH dollars received, EUSOM is widely known for its research and treatment in infectious disease, neuroscience, heart disease, cancer, transplantation, orthopedics, pediatrics, renal disease, ophthalmology, and geriatrics, among others.

Physician faculty in Emory's hospitals, affiliate teaching hospitals, and outpatient venues were responsible for 4.6 million patient service visits in 2014. About 25% of the physicians in Georgia have trained at Emory.

Overview of the Emory MD Program

EUSOM's most recent curricular revision was implemented in 2007, a few months before its last Liaison Committee for Medical Education (LCME) site visit. The Emory MD curriculum is divided into four phases:

1. **Foundations of Medicine**. This stage consists of 2 phases and provides students with the core knowledge of basic and clinical sciences. The Foundations courses are topically integrated rather than discipline-based and sessions are often co-taught by basic scientists and clinicians. Prior to beginning the Foundations of Medicine phases, students complete a "Week on the Wards" experience. This experience provides students an opportunity to both "try on" their new role as a physician, and for the last time, observe the patient-physician interactions from "outside" the system of healthcare.
    a. Healthy Human – [labeled as "Phase 1" in the Data Collection Instrument (DCI)]. Foundations begins with a four month phase on the "Healthy Human", designed around the human life cycle and emphasizing normal, healthy human activities such as neural function, exercise, and nutrition. Basic science topics including cell biology, genetics, biochemistry, physiology, embryology, histology, reproduction, and human development are covered during the Healthy Human phase. By beginning with the "Healthy Human" approach, the curriculum emphasizes: 1) the important role that behavior plays in health and disease; 2) that the approach to the patient must include consideration of the community, environment, family, and the "whole" of the person; and 3) the importance of healthy human activities as foundational to well-being. During this phase,
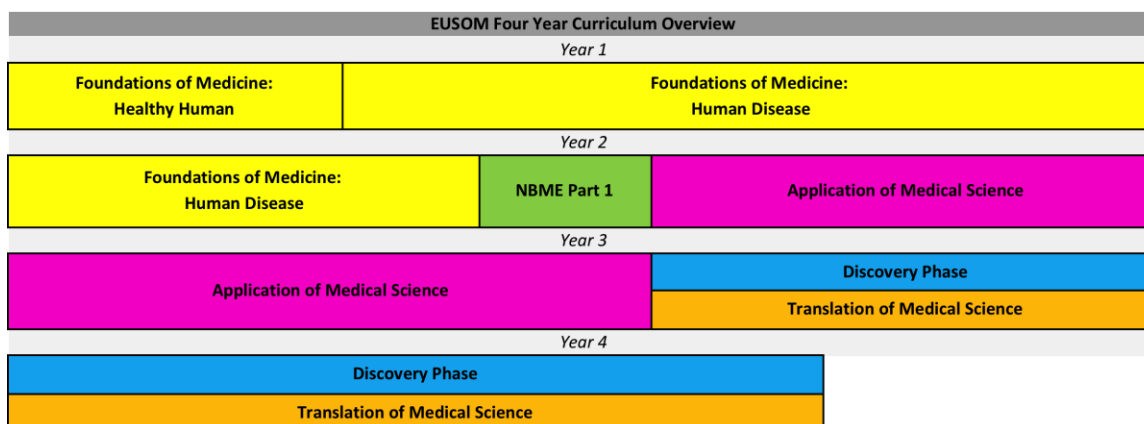
approximately 3 months into medical school, students begin a longitudinal preceptorship in a primary care clinic. The students spend an afternoon every other week in their assigned primary care clinic for the next 12 months, under the guidance of a primary care physician. Healthy Human is culminated by Prologue II, a course designed to prepare students for the upcoming Human Disease phase. Prologue II introduces the principles of microbiology, pathology, immunology, and pharmacology.

    b.   Human Disease – [labeled as "Phase 2" in the DCI]. The Human Disease phase consists of a series of organ systems-based courses. Human Anatomy, including cadaveric dissection, is integrated into relevant organ-system courses during the first five months of this phase. Normal human function is revisited and amplified during the Human Disease section as applicable. Clinical cases drive the week's learning objectives, including social topics such as cultural competency, addiction, and homelessness. After the Human Disease courses, students have approximately two months to prepare for Step 1 of the United States Medical Licensing Examination (USMLE). The Foundations phases and USMLE Step 1 are all completed within 19 months of matriculation, allowing students to begin required clerkships in the middle of their second year of the curriculum.

2. **Application of Medical Sciences** – [labeled as "Phase 3" in the DCI]. This phase consists of required clerkships that provide students with core knowledge and skills of the basic clinical medical specialties. The phase includes Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, Radiology, and Surgery, as well as an outpatient block in adult and pediatric primary care settings.

3. **Discovery** – [along with Translation of Medical Sciences comprises "Phase 4" in the DCI]. Discovery is a structured time for students to concentrate on research in a specific area of interest, such as basic or clinical research, public health, community development, medical ethics, or other areas. This five-month experience may be completed in any field, but must be related to medicine, closely mentored, and result in a scholarly product approved by a chosen mentor. The time period of this phase may be extended for up to 7 months by using elective months available during the Translation phase. Students may select to spend an additional year in Discovery without additional tuition charges.

4. **Translation of Medical Sciences**. This component of Phase 4 prepares the student for the transition to resident physician. Required rotations include a sub-internship, advanced clinical work in an Intensive Care Unit, the Emergency Department, and a final course called Capstone. The Capstone course occurs during the final month before graduation and includes team training, instruction in the art of clinical teaching for "soon-to-be" residents, and other important topics relevant to medical-legal, ethical, and communication issues.

An essential aspect of the EUSOM curriculum is the Society system, which assigns students to 1 of 4 Society groups for the duration of their MD education. Each cohort of students within each Society is divided into 4 "small groups" for a total of 16 small groups per medical school class. These small groups are led by practicing physicians who have dedicated time to be clinical teachers and advisors. Small group advisors teach clinical skills, serve as small group facilitators, and are the student's primary link with the School of Medicine and Emory University resources. Throughout the curriculum, history taking, physical examination, communication skills, medical professionalism, ethics, principles of public health and biostatistics are taught through the small groups and the Society system.

A schematic of the MD Curriculum is outlined below:

EUSOM Four Year Curriculum Overview		
Year 1		
Foundations of Medicine: Healthy Human	Foundations of Medicine: Human Disease	
Year 2		
Foundations of Medicine: Human Disease	NBME Part 1	Application of Medical Science
Year 3		
Application of Medical Science	Discovery Phase	
	Translation of Medical Science	
Year 4		
Discovery Phase		
Translation of Medical Science		

Progress Since the 2008 LCME Site Visit

Since the last LCME accreditation site visit, the EUSOM has worked diligently to improve and comply with all of the LCME standards and specifically those for which the institution was noted to be deficient in the 2008 letter from the LCME. Ongoing compliance monitoring of the standards has been accomplished through a restructured Curriculum Committee and logistical assistance from the Office of Medical Education and Student Affairs (OMESA). Online Access to Student Information and Scheduling (OASIS) is now used by OMESA to track compliance with LCME standards, including those noted in the 2008 report: timeliness of grade submission, curriculum management, direct observation of students, and provision of feedback to students. More recently, OMESA has implemented a Continuous Quality Improvement program based on the Baldrige framework[1]. There are currently 20 high priority items that are mapped to the Baldrige Excellence Framework Criteria for Education and linked to LCME standards, strategic initiatives, and course objectives.

The 2008 LCME letter of full accreditation for eight years identified four areas of "partial or substantial noncompliance" with accreditation standards and five areas "in transition" whose outcome could affect the school's ongoing compliance with accreditation standards. The following is a summary of the school's actions to address these areas since 2008. (The abbreviated citations are outlined in the order they were presented in the original letter).

Partial or substantial noncompliance:

1. Students' clinical experiences in the outpatient setting:
At the time of the 2008 site visit, EUSOM's curriculum revision had not been implemented through all 4 years of the program. After fully implementing the new curriculum in 2011, the number of weeks during the required clerkship phase that were dedicated to ambulatory training was more than doubled from 13 to 28 weeks. As part of the new curriculum, first-year students are assigned to a primary care physician's ambulatory practice one afternoon, every other week, for 12 consecutive months during the Foundations phases. The Application phase now includes a 12 week Ambulatory Care Block consisting of adult and pediatric primary care. During this ambulatory experience, students perform the initial evaluation and/or continuity management of patients with common acute or chronic ambulatory complaints, conditions, or diseases, as well as conduct screenings and/or counseling of patients. As a result of these changes, students spend the equivalent of five weeks during the Foundations phases and twenty-three weeks in the Application phase in ambulatory settings.

2. Direct observation of students' core clinical skills, behaviors, and attitudes during clinical clerkships:
Direct observation of students' clinical skills has dramatically increased during the clinical clerkships due to multiple processes that were implemented after the 2008 site visit (details are outlined in the DCI). As reported in the Association of American Medical Colleges (AAMC) Graduation Questionnaire (GQ) results, Emory students now exceed the national average for having been observed taking the relevant portions of the patient history and doing a physical or mental status exam in all required clerkships.

Table 1: Student was observed taking the relevant portions of the patient history and performing the relevant portions of the physical or mental status exam.						
	Emory 2014		**Emory 2015**		**All Schools**	
Clerkship	**History**	**Exam**	**History**	**Exam**	**History**	**Exam**
Family Medicine	96.0%	93.9%	95.7%	94.8%	87.3%	89.3%
Internal Medicine	100.0%	100.0%	99.2%	98.4%	91.5%	92.9%
Neurology	97.0%	100.0%	97.5%	97.5%	78.7%	87.7%
Obstetrics and Gynecology	95.1%	96.1%	94.4%	97.6%	78.9%	88.8%
Pediatrics	98.1%	98.0%	98.4%	96.0%	90.0%	91.9%
Psychiatry	100.0%	99.0%	97.6%	96.8%	90.4%	89.1%
Surgery	93.1%	93.1%	88.7%	91.3%	68.7%	76.6%

Source: Medical School Graduation Questionnaire, 2015 Emory School Report

In addition to direct observation during the clinical clerkships, all students are observed by faculty during performance of a complete history and physical exam on a standardized patient in an Objective Structured Clinical Examination (OSCE) at the end of the Foundations phases. Students must achieve a passing score on history taking, comprehensive physical exam, patient communication, and clinical protocol in order to be promoted to the Application phase of the curriculum.

At the end of the Application phase, a multi-station OSCE is used to assess students' overall clinical skills, clinical reasoning, patient communication, and professional behavior. This OSCE is scored by direct observation of student performance by faculty. All students are required to pass this OSCE in order to progress to the next phase of the curriculum.

3. Provision of formative feedback during clerkships and prompt notification of students' clerkship grades:
With multiple processes implemented after the 2008 site visit (outlined in the DCI) and monitoring by an assistant dean, the time in which grades are returned to students has consistently been within a four-week time frame. As a result of the new processes and monitoring, there have been no instances of students receiving their final grades beyond the 6-week requirement.

A related issue regarding students receiving mid-clerkship formative feedback about their performance in each core clinical clerkship was also addressed. Using similar systematic processes that were implemented in 2008 for central oversight of the direct observation of students' clinical skills, a marked improvement in the number of students who reported receiving mid-clerkship feedback during the core clinical clerkships occurred. The data from the 2015 GQ shows that mid-clerkship feedback is being provided on the clinical rotations.

Table 2: Students provided with mid-clerkship feedback.			
Clerkship	**Emory 2014**	**Emory 2015**	**All Schools**
Family Medicine	95.9%	96.5%	94.0%
Internal Medicine	99.0%	100.0%	97.2%
Neurology	97.0%	98.3%	85.4%
Obstetrics and Gynecology	97.1%	96.0%	92.3%
Pediatrics	100.0%	100.0%	95.2%
Psychiatry	100.0%	99.2%	91.9%
Surgery	99.0%	94.4%	89.3%

Source: Medical School Graduation Questionnaire, 2015 Emory School Report

4. Students' awareness of school policies on mistreatment:
At the time of the 2008 LCME site visit, the most recent GQ data (2007) revealed that 28.6% of Emory graduating students were aware that the school "has policies regarding the mistreatment of medical students". Multiple strategies to address student awareness of School policies for the appropriate response to an incident of perceived mistreatment (outlined in the DCI) resulted in full compliance with the LCME standard in 2010. Currently, 91.0% (2015 GQ) of students report being aware the school has policies regarding the mistreatment of medical students.

Areas in transition:

1. Curriculum management and integration:
The 2008 LCME site visit resulted in a letter requesting Emory to describe mechanisms and tools (e.g., databases) being used by the Executive Curriculum Committee (ECC) to manage the curriculum. In 2013, the EUSOM rewrote the MD program objectives into an outcomes framework that would facilitate assessment of students and to provide a blueprint for curriculum organization and evaluation. The student learning outcomes are expressed in behavioral, assessable terms and are organized as the activities and competencies that are expected of in-coming residents. These outcomes are known as the Student Physician Activities (SPAs). Concurrently, a curriculum content framework was developed to catalog the topics and outcomes of the four-year MD program. This framework is unique to Emory and provides a system that allows the School to aggregate data related to curriculum content not only using the MedBiquitous standardized instructional and

assessment methods and educational resources, but also EUSOM competencies, organ systems, United States Medical Licensing Examination (USMLE) principles and topics, topics of importance locally, and patient conditions.

Emory invested in OASIS software for its curriculum management tool in 2013. OASIS allows EUSOM to customize its curriculum inventory database and at the same time upload its objectives at the event, course/clerkship, and program level to the AAMC Curriculum Inventory portal.

Shortly after the revision of school objectives, the creation of the curriculum content framework, and the implementation of OASIS, the school restructured its Curriculum Committee. The new committee structure is comprised of 11 subcommittees, with 50 faculty members and 11 students involved. This change has been a transformation in curricular management at Emory. Of the Curriculum Committee's 11 subcommittees, 7 are charged with tasks that encompass integration across multiple levels of the curriculum. The other 4 subcommittees are defined by curricular phases and therefore emphasize horizontal integration across the courses or clerkships within each of those phases. The ECC, which is comprised of the other 10 subcommittee chairs, is the final decision making body for curriculum revisions.

With the newly structured Curriculum Committee, the curriculum inventory, redefined school objectives, and implementation of OASIS, EUSOM has a robust, data-driven curricular management system with broad input from all stakeholders and that engages students and faculty in providing central oversight and decision-making.

2. Implementing the new curriculum:
At the time of the last LCME site visit, the new curriculum was being introduced beginning with the entering class in the summer of 2007 (the Class of 2011). The new curriculum was executed at each phase as this class progressed. Because of timing overlaps with students who were completing the previous curriculum structure, the Class of 2012 was the first class to participate in all four phases of the new curriculum exactly as designed.

The initial goals for implementing the new curriculum have been met. This can be seen in the overall satisfaction of Emory medical students as measured by the AAMC GQ survey. Satisfaction continues to be higher than the national average with more than 90% of EUSOM students agreeing or strongly agreeing that they are satisfied with their medical education (see Table 3). Students also feel they have obtained the necessary clinical skills to be successful in residency (shown in Table 4) and continue to perform well on standardized national assessments (see Table 5).

The deployment of the new curriculum has gone smoothly for the faculty as well. The Curriculum Committee continues to monitor and evaluate the curriculum, the phases, and the individual components. Refinement of the curriculum is an on-going process with many changes made in the years since 2008.

Table 3: Students satisfied with the quality of their medical education.		
School	**Year**	**Agree/Strongly Agree**
Emory	2011	84.1%
Emory	2012	95.7%
Emory	2013	93.4%
Emory	2014	96.5%
Emory	2015	96.8%
All Schools	2015	90.9%

Source: Medical School Graduation Questionnaire, 2015 Emory School Report

Table 4: I am confident that I have acquired the clinical skills required to begin a residency program.		
School	**Year**	**Agree/Strongly Agree**
Emory	2011	84.1%
Emory	2012	93.5%
Emory	2013	95.9%
Emory	2014	97.0%
Emory	2015	92.1%
All Schools	2015	89.2%

Source: Medical School Graduation Questionnaire, 2015 Emory School Report

Table 5: % pass rate of USMLE Step 1, Step 2 CK, and Step 2 CS for first time takers.				
School	**Year**	**Step 1**	**Step 2 CK**	**Step 2 CS**
Emory	2011-2012	99%	100%	100%
Emory	2012-2013	99%	99%	99%
Emory	2013-2014	98%	100%	99%

Source: USMLE

3. Grady Health System finances:

The 100th anniversary of Grady's partnership with EUSOM was celebrated in 2015. The finances of Grady Health System have dramatically improved since the last LCME site visit in March 2008, due to changes in the governance and management, enhanced hospital operations and substantial philanthropy from the Atlanta community. On March 17, 2008 the new Grady Memorial Hospital Corporation entered into a Lease and Transfer Agreement with the Fulton DeKalb Hospital Authority and assumed oversight of Grady Memorial Hospital on June 1, 2008. The Hospital Board formed in 2008 included influential and experienced members of the Atlanta business community as well as the Dean of Emory's School of Medicine and the President of Morehouse Medical College. In 2011, John M. Haupert came to Grady as president and Chief Executive Officer (CEO) from Parkland Health and Hospital System in Dallas. Mr. Haupert is a fellow in the American College of Healthcare Executives and recipient of its Regent's Leadership Award. His primary goal is stated in the Grady vision statement: "Grady Health System will become the leading public academic healthcare system in the United States."

Also in the time since the last LCME site visit, Grady Hospital has been honored as one of Atlanta's Top Ten Hospitals by U.S. News & World Report. In 2012 Grady was named one of the nation's "Most Wired" hospitals by Hospitals & Health Networks. The Marcus Stroke and Neuroscience Center was opened in 2010 and was designated as an Advanced Comprehensive Stroke Center in 2013. The same year, Grady secured $76 million dollars to renovate the Emergency Department and the Grady Burn Center received the prestigious American Burn Association verification. In 2014 the Cancer Center was acknowledged with an Outstanding Achievement Award by the American College of Surgeons' Commission on Cancer. In 2015 Grady received Georgia's Partnership for Health and Accountability Quality and Patient Safety Award.

Over the last several years, the Grady-Emory partnership has flourished. A new "Emory at Grady" strategic plan has been created and implemented with full support of the two institution's leaders. Grady's debt to Emory has decreased from $64M in 2008 to $0 in 2015. Since 2012, Grady has been showing a net profit on their consolidated operations including a positive balance in 2014.

Grady provides Emory medical students an opportunity to work with an underserved population in a premier public hospital. Emory medical students regularly identify their rotations at Grady as being among the most influential aspects of their education. Emory students have been higher than the national norm when asked if they plan to care for an underserved population and are more likely than the average graduate to work in an underserved area of the United States

(GQ and Missions Management Tool data). Clearly, caring for the underserved patients at Grady is both an educational experience for our students and contributes to their recognition of the importance of this service in future career choices. Dean Christian P. Larsen has embodied the commitment of the EUSOM to Grady by regularly attending the Grady faculty meetings and supporting the promotion of Grady faculty.

4.   Role of the Faculty Advisory Council:

As a result of its 2008 LCME Self-Study exercise, the EUSOM created the Faculty Advisory Council to the Dean. This council, consisting of elected junior and senior faculty, was a response to faculty members' desire to have a greater voice in School of Medicine issues and the Dean's desire to have more direct access to faculty views. Over the past 7 years, the Council, renamed the Faculty Advisory Committee (FAC), has regularly met with the Dean and other administrative leaders. Examples of the effectiveness of the FAC include the recommendation that teaching be emphasized as an important element in promotion of faculty members which resulted in the approval of a new academic track for clinician educators, the Medical Educator and Service Track (MEST). MEST recognizes, rewards, and promotes excellent teachers who have a strong local and regional reputation but who might not have a national reputation due to their emphasis on teaching. Other recommendations by the FAC have related to shared services, information technology, conflict of interest policies, bridge funding for primary investigators between grants, and faculty recognition.

In the spirit of continuous quality improvement, the FAC evaluated its impact and role in 2013, as part of a larger effort regarding shared governance across Emory University. Simultaneous to this effort, the President of the FAC at the time focused her Executive Leadership in Academic Medicine (ELAM) project on the topic of shared governance in the medical school.

The FAC does not play a direct role in curriculum governance; however, as a "voice of the faculty" the FAC can influence the role of education and educators in the school. The FAC meets periodically with the Executive Associate Dean for Medical Education and Student Affairs to discuss issues related to education, but curriculum governance resides with the Curriculum Committee. With the restructure of the Curriculum Committee in January 2014, the direct faculty input into decisions regarding the EUSOM MD student program dramatically increased. Although officially appointed by the Dean, members of the Curriculum Committee were selected by a cohort of faculty members from an open email call for faculty volunteers. The email call generated a list of close to 100 interested faculty members, from which members were officially appointed by the Dean after considering diversity of faculty, academic levels, departmental representation, and experience in medical education. Today, more than 50 faculty members are official members of the Curriculum Committee, and many more serve on ad hoc task forces, increasing and ensuring faculty involvement in the overall governance of the EUSOM medical student curriculum.

5.   Student career counseling:

Providing students with opportunities for career advisement throughout the curriculum is an important goal of the EUSOM. Since the 2008 LCME site visit, the EUSOM has added more formal activities to provide career information to students beginning in the M1 year. Activities such as Career in Medicine lectures, small group exercises, panel discussions on specialty choice and lifestyle, as well as a renewed emphasis on Residency Day and class meetings have been focused on enhancing the career counseling efforts. In 2010, the LCME determined that this "area in transition had been fully resolved".

Despite full resolution of this area in transition, student satisfaction of career planning services has not consistently remained above the national average. In the past three years, EUSOM students' overall satisfaction with career counseling has been less than desired, as the GQ numbers in Table 6 demonstrate.

Table 6: Students' overall satisfaction with career planning services.		
Year	Emory Satisfied/Very Satisfied	All Schools Satisfied/Very Satisfied
2007	17.9%	21.4%
2008	42.7%	20.1%
2009	Question not asked on GQ	Question not asked on GQ
2010	63.1%	59.9%
2011	56.6%	59.4%
2012	68.9%	62.1%
2013	51.9%	62.6%
2014	60.8%	65.1%
2015	50.0%	64.1%

Source: Medical School Graduation Questionnaire, 2011-2015 Emory School Report

As a result of the above data and exit interviews, new efforts have been made to improve career counseling. The most significant step to strengthen and solidify the medical school's commitment to career planning was the appointment of a Director of Career Counseling, Mary Dolan, MD, MPH, to provide stimulus, coherence, vision, and oversight to the career advising system at Emory in 2015. Dr. Dolan has participated in the faculty development sessions offered by AAMC, and has been tasked with developing a comprehensive and coordinated four-year career-advising system. Dr. Dolan has met with the small group advisors, the ECC, the education deans, students, and others to shape a proposal for a four-year program. "Emory DOCS" (Emory University School of Medicine: Development of Careers and Specialty Choices) has been proposed and is in the implementation phase. Part of Emory DOCS includes designated departmental faculty to serve as career advisors, regular conversations between these faculty members and EUSOM leadership regarding data on specialty matches, and a new website to support career counseling efforts. The program will be fully implemented in 2016.

Overview of the Self-Study Process

In the summer of 2014, Emory University School of Medicine Dean Christian P. Larsen, MD, PhD, commenced the LCME reaccreditation process for 2016 by appointing Erica D. Brownfield, MD, Professor of Medicine and Assistant Dean for Medical Education, as the Faculty Accreditation Lead and Emily Hulkower, MPA, as the Staff Visit Coordinator to direct the Self-Study process. Prior to their official appointments, the Faculty Lead and Staff Visit Coordinator had already begun training and working with the Accreditation Standards Self-Evaluation Tool (ASSET) software that would populate the DCI.

After appointing the LCME accreditation leaders, 12 Self-Study subcommittees were formed; one subcommittee for each of the 12 LCME Standards. Each subcommittee was charged to evaluate the designated LCME Self-Study questions for that standard and to compose responses to those questions grounded in information from the DCI. Committee members were selected from across the School of Medicine based on their desire to be involved in the education program, their overall knowledge of the program, and their expertise in domains related to the standards. Faculty, staff, residents and students participated on the 12 subcommittees, providing multiple perspectives on the evaluations and a balanced voice to the committee reports. Each subcommittee was chaired by a respected faculty member with experience in educational leadership and supported by a staff member who was participating in the Emory Clinic Operations Development Program. At the same time (Fall of 2014), a diverse group of medical students was recruited to conduct an independent student analysis (ISA) under the leadership of the Chair of the Student Curriculum Committee. The ISA included a comprehensive online survey as the primary means of data gathering. The final ISA report was completed in January 2015.

After kicking off the official start to Emory's LCME Self-Study process in October 2014, subcommittees met monthly starting in January 2015 in order to finalize subcommittee reports in July 2015. Using the LCME Guide to the Self-Study, committees worked together analyzing data about the school as applicable to LCME Standards, while writing critical

reports stating their findings and conclusions. During the course of the 18 months of developing the Self-Study Report, over 140 faculty, staff, students, and residents participated in the accreditation Self-Study process.

A Self-Study Task Force was charged to review subcommittee reports and consolidate them into the school's final Self-Study Report. In addition, an Advisory Committee was convened to review and edit the Self-Study Report. The Self-Study Task Force, which commenced with an organizational meeting in March 2015, met monthly from July through November 2015 to analyze subcommittee reports and create the institutional Self-Study Report. The final report was written by the Task Force Chair, William McDonald, MD, Professor of Psychiatry, J.B. Fuqua Chair for Late-Life Depression, and Vice Chair of Education for the Department of Psychiatry and Behavioral Sciences. It was edited by the LCME Faculty Lead. The Advisory Committee met twice between September and November 2015.

Self-Study Responses

Standard 1: Mission, Planning, Organization, and Integrity

Strategic Planning

With the assistance of the Strategic Initiatives team, the EUSOM developed an overall strategic plan as well as strategic plans for all three of its missions: Research, Education and Clinical Care. Specific to medical education, the School completed a comprehensive three-year strategic planning process in FY14 for the entire continuum of medical education, including undergraduate medical education (UME), graduate medical education (GME) and continuing medical education (CME). The education strategic plan also integrated the allied health programs of the EUSOM into the three-year plan. Eight overall goals were agreed upon and detailed annual implementation plans were developed for each goal.

Each of the educational strategic plan goals is linked to EUSOM's overall mission and is tracked on an ongoing basis by the Strategic Initiatives team along with the Executive Associate Dean for Medical Education and Student Affairs. Each of the strategic goals has specific initiatives and measurable outcomes that are used to track progress. The Strategic Initiatives team facilitates cohesiveness and congruence amongst the various plans.

Continuous Quality Improvement

Since its last LCME visit, the School of Medicine has effectively monitored its ongoing compliance with accreditation standards through the Curriculum Committee and the Dean's Office. While effective in overall monitoring and making progress, the EUSOM has sought new rigor in documenting its actions, processes, and policies. In 2014, the School adopted the Baldrige Education Criteria for Performance Excellence as a systematic framework for conducting continuous quality improvement (CQI) in the MD program. The Baldrige Criteria framework has allowed education leaders to categorize and prioritize opportunities for improvement based on LCME standards, Baldrige Criteria categories, and strategic initiatives. The Baldrige Criteria have proven useful for organizing and managing projects, systematizing processes and collecting and analyzing metrics on performance. The CQI process also includes an infrastructure to improve documentation of processes within the medical education program.

Conflict of Interest (COI) Policies

There are appropriate and effective EUSOM policies in place to prevent and appropriately manage conflicts of interest at the level of the governing board, the medical school administration and faculty, or others with responsibility for the medical education program. These policies and processes enable an appropriate level of transparency and necessary compliance. Based on the volume and variety of disclosures and the results of the reconciliation process, general compliance with these requirements is high.

Mechanisms for Faculty Participation

Faculty participate directly in decisions related to the medical education program by serving on the Admissions Committee, Curriculum Committee, or one of the two Progress and Promotions Committees. Additional faculty members are elected or appointed to serve on other School of Medicine committees or task forces to provide input on medical school policies and procedures, such as faculty promotion and tenure. In particular, the Faculty Advisory Committee to the Dean is elected by the faculty at large and provides recommendations to the Dean regarding important issues to the school.

Although on several committees membership is officially by appointment from the Dean, the process used by the Dean in making those appointments helps ensure that faculty voice is represented. Because the Dean relies heavily on peer recommendations and self-nominations to fill committee positions, all faculty members have the opportunity to be considered.

Other opportunities for faculty members to learn about and comment on the School of Medicine's policies and procedures include Town Hall meetings at different sites, departmental meetings with the Dean, and the annual State of the School address. In order to allow for input from all faculty members, the Dean has arranged for forums such as the Quarterly Dean's Town Hall Meetings at Grady Hospital and he has included the Executive Associate Dean for Medical Education and Student Affairs at these meetings to discuss the Medical School Education Strategic Plan and other relevant issues.

Affiliation Agreements

EUSOM has up-to-date affiliation agreements with all of its clinical partners. The affiliation agreements contain the language outlined in Element 1.4 and conform to the LCME White Paper recommendations for such agreements.

Bylaws

The current Self-Study process identified a need for written bylaws. The current EUSOM bylaws were approved by the Dean on June 1, 2015, following review and feedback from the Dean's Faculty Advisory Committee and the Council of Chairs. The bylaws describe the organizational structure of the school, including the responsibilities of the Dean and the Department Chairs, the authority of the faculty, and the governance committees of the school including their duties, authority and membership. The newly adopted bylaws provide a clear, comprehensive and accurate description of the School of Medicine's governance structure.

Eligibility Requirements

EUSOM is accredited by the Southern Association of Colleges and Schools (SACS) to offer the MD degree in Georgia. The institution performed well in its recent 2014 SACS accreditation site visit and is scheduled for its next visit in 2024.

Standard 2: Leadership and Administration

Administrative Officer and Faculty Appointments

The Emory University Board of Trustees, or its Executive Committee, approves continuous (tenure track) faculty appointments as proposed by the Dean, the Executive Vice President for Health Affairs (EVPHA), and the Provost/Executive Vice President for Academic Affairs based on recommendation of the President. Limited (non-tenure track) appointments are made by the Dean and are reported to the EVPHA. Authority for appointment of medical school administrators has been delegated by the Board of Trustees to the Dean of the Medical School.

Dean's Qualifications

Dean Christian P. Larsen is an internationally recognized leader in transplant surgery and immunology. He is the founding director of the Emory Transplant Center (ETC), one of the foremost research and clinical transplantation programs in the world. Dean Larsen is an active clinician who has also had extensive experience with the operational aspects of running large clinical care services. He has served in numerous leadership positions such as Surgeon-in-Chief for Emory University Hospital and as a member of the Board for Emory Healthcare.

As former Chair of the Department of Surgery, Dean Larsen led a robust undergraduate medical education program featuring a medical student clerkship, a popular surgical sub-internship, and an innovative surgical anatomy course for fourth year students. He established a state-of-the-art learning center for the General Surgical Residency Program and has supervised 19 students and residents and 45 post-doctoral fellows in his laboratory since beginning his faculty appointment.

Dean Larsen has been funded continuously by the NIH since 1996 and has played a pivotal role in developing a new class of immunosuppressive drugs, the co-stimulation blockers. Dr. Larsen has published over 200 articles in peer-reviewed literature. He is the recipient of both national and international research awards. In 2014, the Institute of Medicine elected

Dr. Larsen to its new class of 70 leading health scientists and 10 foreign associates. He has had extensive success as a clinician, as a researcher, as an educator, and as a leader and is exceptionally well qualified to be a medical school dean.

Access and Authority of the Dean

The Dean of the Medical School reports directly to the EVPHA. He is a member of the EVPHA weekly WHSC Leadership meetings, which gives him direct access to Emory Healthcare leadership, WHSC Vice President for Research, and the Chief Financial Officer of WHSC. In addition, the Dean has weekly one-on-one meetings with the EVPHA. The Dean also reports to the Emory University Provost/Executive Vice President for Academic Affairs and has scheduled quarterly meetings with University leadership including the President, the Provost and the Executive Vice President for Finance. Ad hoc meetings of this same group take place as needed. This level of access to both the University and healthcare leadership is appropriate and adequate for the School of Medicine's needs.

The Dean has authority and responsibility for the medical education program by providing direct oversight of the Executive Associate Dean (EAD) for Medical Education and Student Affairs. Based on recommendations from the EAD for Medical Education and Student Affairs, the Dean appoints all voting members of the School of Medicine Curriculum Committee, Admissions Committee and Progress and Promotions Committees. Fulfilling his oversight of the educational mission, Dean Larsen hosts a monthly Education Leadership Meeting, which includes the EAD for Medical Education and Student Affairs, the EAD and Chief Operating Officer, the Associate Dean for Finance, the Associate Dean for Education, and the Assistant Dean for Strategic Initiatives. The EAD for Medical Education and Student Affairs also reports to Dean Larsen on a monthly basis with the key points from his weekly meetings with the Associate and Assistant Deans of Education. The Dean's involvement and leadership in education is clearly defined and well executed.

Sufficiency and Accessibility of Administrative Staff

The School of Medicine administration is fully staffed and has a high degree of stability overall. The distribution of those with institutional knowledge, paired with those bringing new ideas from an external venue/role, creates a vibrant and balanced administrative team. Currently, only one Dean's Office leadership position is under active recruitment, the Assistant Dean for GME.

In addition to the Dean's Office central administrators, EUSOM has a Chair for each of the 28 clinical and fundamental science departments. With an average tenure of just over seven years, Chairs are a mix of individuals with extensive institutional knowledge of Emory and those recruited from other preeminent academic medical centers. There are four Chair positions currently in recruitment: Hematology and Medical Oncology, Biomedical Informatics, Biochemistry, and Pediatrics. Three of these positions opened within the past year when the incumbents left EUSOM for highly regarded career opportunities elsewhere. Open Chair positions are filled on an interim basis by a capable faculty member to minimize disruption during the recruitment period. The group of Department Chairs exhibits a desirable balance between stability and innovation.

Emory takes both educational and administrative commitments seriously and strives to be accessible and responsive to student needs. Feedback from the AAMC Graduation Questionnaire places the Associate Dean of Students 10+ points above the national averages in all three attributes of accessibility, awareness and responsiveness. Similarly, the Office of Student Affairs/Medical Education is 12+ points above the national averages in all attributes. Responses to the ISA survey indicate that on average across all years, over 91% of EUSOM students are satisfied/very satisfied with both the Associate Dean of Students and the Office of Student Affairs/Medical Education.

Geographically Distributed Campus

EUSOM does not have geographically distributed locations for medical students and all units in the school are functionally integrated under a single administrative structure.

Standard 3: Academic and Learning Environments

Resident Participation in Medical Student Education

Medical students have the opportunity to work closely with residents in each of the core clerkships. Residents are involved in medical student education at Emory University Hospital, Emory University Hospital-Midtown, Grady Health System, Atlanta VA Medical Center, Children's Hospital of Atlanta (CHOA)-Hughes Spalding, and CHOA-Egleston.

Community of Scholars/Research Opportunities

The clearest example of the scholarly environment that the medical school provides for students is the Discovery phase of the curriculum in year three. During this required phase, each student spends five months completing original clinical, translational, basic, or community research under the instruction of a faculty mentor. 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 EUSOM for airfare and housing. Students pursuing an additional advanced degree also gain research experience through their respective dual-degree programs, such as MPH, MSCR, or PhD. In the ISA, 95% of EUSOM students reported satisfaction with the opportunities to participate in research. Virtually all M4s (99%) reported satisfaction with research opportunities.

Diversity/Pipeline Programs and Partnerships

The EUSOM 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. These programs have contributed to both the diversity of the medical school and to the diversity of the broader national applicant pool. Statistical data show that EUSOM is a national leader for racial, ethnic, and gender diversity (AAMC Missions Management Tool). Even though EUSOM fares well on national outcome measures of diversity, the School has chosen to expand its role in promoting diversity.

EUSOM's effort and achievements at enrolling a diverse student body in the MD program are effective in both recruitment of and support for medical students; however, as stated above, the school continues to push for broader, even more impactful programs that will advance the diversity mission.

In the summer of 2015, the EUSOM Diversity and Community Committee was restructured and charged to refine the definition of diversity to be consistent with the EUSOM mission, to develop action plans to accomplish the School's diversity goals, and to measure the effectiveness of its efforts. This committee is also reviewing the ongoing support provided to students, faculty, and staff as part of a holistic approach to creating and maintaining a thriving diverse community.

Emory's commitment to promoting diversity in the national applicant pool for healthcare professions includes the application for and receipt in 2015 of a $1.8 million Health Resources and Services Administration (HRSA) grant to prepare high school students from disadvantaged backgrounds for entry into health professions. This program is a collaborative partnership between EUSOM, Emory College of Arts and Sciences, Atlanta Public Schools, and Southeastern Primary Care Consortium, Inc. Atlanta Area Health Education Center (SPCC Atlanta AHEC). This new initiative compliments several long-standing EUSOM pipeline programs.

Anti-Discrimination Policy

A formally approved anti-discrimination policy is published online and in student, housestaff, and faculty handbooks. Housestaff and faculty are instructed on the policy during hospital orientation onboarding sessions. Students are given a description of the policy during orientation and are required to sign a pledge stating that they have been informed of the policy.

Learning Environment/Professionalism/Shared Responsibility

The medical education program sufficiently and appropriately includes education and assessment related to the professional behaviors that students are expected to follow. Students must meet both professionalism and academic standards to pass a course or clerkship and are assessed using a universal rating form. Faculty members who have

concerns about a student's professional behavior are required to document such concerns and these are brought to the Progress and Promotions Committee for discussion and appropriate sanctions including: academic warning, probation or dismissal.

There are adequate mechanisms in place to evaluate the learning environments that students experience. Student reported data about the learning environments are collected after each clerkship rotation through OASIS and analyzed every six months by the medical education deans. Feedback about the learning environment in each clerkship is given to the clerkship director and their respective chair on an annual basis. Any immediate concerns of the learning environment are handled in a timely manner by the EAD for Medical Education and Student Affairs.

As outlined in affiliation agreements, the school shares the responsibility for evaluating and maintaining the learning environment with its clinical affiliates. Student reports of mistreatment or discrimination on the GQ are uncommon and are even with or better than the national statistics. Monitoring of the learning environment through anonymous surveys has been effective and the reported issues have been addressed by the Dean's Office.

Student Mistreatment

The GQ data demonstrate that Emory students are aware of mistreatment policies. Starting in 2012, a new question about the process of reporting mistreatment was added to the GQ. Both the GQ and the ISA data indicate that student awareness of the procedures for reporting mistreatment is low. Student responses on the GQ demonstrate that the procedures related to preventing and responding to incidents of inappropriate behavior have been effective and that the incidence of mistreatment is comparable to other medical schools.

Several initiatives have been implemented since 2008 to actively enhance student awareness of mistreatment policies and procedures for reporting instances of mistreatment. These include: renaming an earlier form of the policy to the "student mistreatment" policy, small group discussions with students and faculty members, presentations at orientation meetings preceding the Foundations and Application phases, and a quarterly Medical Education Newsletter. There have also been University-wide efforts to educate the Emory community on student mistreatment, specifically sexual misconduct and discriminatory harassment. As the data have shown, these have been partially successful.

Since the last LCME site visit, Emory University has made significant and regular revisions of its sexual misconduct and equal opportunity and discriminatory harassment policies. Among such revisions the University instituted a centralized reporting and adjudication process for sexual misconduct in 2013. With the continued need to clarify for students the multiple and changing Emory University policies related to mistreatment, EUSOM has greatly simplified the student procedures for reporting instances of mistreatment in 2015. Small group advisors are now students' primary point of contact for reporting perceived student mistreatment. The School has trained all small group advisors on University and EUSOM policies related to mistreatment. The School continues its extensive education effort on student mistreatment policies and procedures to inform all students, residents, and faculty members. Planned efforts include one-on-one refresher sessions with the small group advisors; communication to students, residents, and faculty in email messages, handbooks, online postings, and meetings; continued communication to students during orientation sessions, adding information at all clerkship orientation meetings; and enhanced messaging in the Medical Education Newsletter.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

Sufficiency of Faculty

A demonstrable contribution to teaching is expected of all EUSOM faculty, except those appointed to the research track. Courses required for medical students are taught by faculty from the basic and clinical science departments. The 2,257 full time basic science and clinical faculty, provide a ratio of approximately four faculty members per student. Including the 948 part time and volunteer faculty, most of whom fulfill a clinical preceptor role, the ratio is six faculty to each medical student. Faculty members who are educational leaders and/or substantially involved in the program are provided "protected time", ranging from 0.05 FTE to 0.4 FTE depending on their role. Such roles include Society leaders, Curriculum Committee chair, clerkship directors, small group advisors and preclerkship course directors.

A doctoral degree is required for faculty appointment with only limited exception. EUSOM policy states that clinical faculty must be, minimally, board-eligible in their specialty upon appointment and board-certified for continuation. There

is a healthy mix of experienced and younger faculty members that ensures a balance of time-tested wisdom and new ideas. The basic science faculty is evenly split between senior (Full/Associate professors) and junior (Assistant) professors, whereas a third of the clinical faculty hold full or associate professor ranks. EUSOM faculty demographics are consistent with that of the student population with regards to gender and ethnicity. The faculty rank higher in the number of female faculty as well as minority faculty when benchmarked against other medical schools.

The expected faculty attrition rate for the next three years is 11%, which will be offset by new hiring activities. If one extrapolates this data, it would take 6.8 years for 25% attrition to occur and 13.6 years for 50% attrition, which is a longer average time than the mean for US Medical Schools (4.6 years for 25% attrition and 9.4 years for 50% attrition) per AAMC data. The basic science departments expect five to six new faculty hires in the next three years. All but the departments of Otolaryngology, Neurosurgery and Urology also foresee new faculty hiring.

These data indicate that EUSOM has no difficulty hiring and retaining faculty as needed and providing them with time and resources to teach medical students.

Scholarly Productivity

The level of scholarly productivity of the faculty is outstanding by all metrics. Participation in scholarship is expected of all faculty members, but to a different extent depending on faculty focus and track. Scholarly impact is judged in part by quantitative measures including the h-index of individual faculty, senior authorship on high impact papers, and reputation among the leaders of their respective fields. Tenure track faculty members are those that participate in the full range of academic activities including scholarship, teaching, and professional service. Tenure track faculty members are expected to show a continuous record of publication of original research, as well as to contribute important reviews and book chapters. Most have achieved and maintained a national and international reputation for their scholarship. They must maintain a strong record of extramural funding and give presentations at national and international meetings. Similar expectations for scholarship hold for faculty on the research track, but teaching and service are not required. Members of the faculty on the Clinical Track and the Medical Educator and Service Track must also contribute original scholarly publications as well as book chapters and reviews. As a group, the faculty is extremely successful in securing extramural research funding.

Faculty Appointment Policies and Procedures

The policies and procedures for faculty appointment, promotion, granting of tenure (if applicable), and dismissal appear to be adequately understood by the faculty, and are followed. Moreover, faculty members get regular and sufficient information related to their responsibilities, benefits, and remuneration. New faculty members are informed initially in their offer letters about terms and conditions of employment, proposed academic rank, salary, clinical compensation plans, description of responsibilities, benefits information, clinical credentialing and licensing information (if applicable). Upon hire, the chair or division chief proposes one of four tracks for each faculty member, to which the faculty member agrees. The responsibilities and expectations for each track differ, but all are available online in The School of Medicine Guidelines for Appointments, Promotion and Tenure, and the Statement of Principles Governing Faculty Relationships (also called the "The Gray Book"). Thereafter, new faculty members meet formally with their division chief/chairs to review their responsibilities, performance, and career goals in accordance with EUSOM Faculty Development policies. These meetings are captured using the Career Development Conference Report (CDCR) online reporting tool, which can be accessed by the faculty member, the chair and the Dean. Moreover, EUSOM holds a mandatory annual orientation for new faculty to present information on faculty policies, conflict of interest, promotion and wellness, along with other academic topics of interest.

Renewal of limited (clinical, research and medical educator and service tracks) appointments is decided by chairs on an annual basis based on faculty performance and departmental needs. In the absence of a letter of non-renewal, a limited appointment is considered renewed. In the case of tenure track faculty who do not achieve tenure in the requisite period the chair may recommend to the Dean that the faculty member be reassigned to Clinical or Research tracks. Alternatively, the faculty member may receive a letter of non-renewal, which should be issued on or before May 30th for a termination date of August 31st of the following year. Policies outlined in The Gray Book describe criteria for termination of employment of tenured faculty.

Feedback to Faculty

There are adequate policies and procedures for provision of feedback to faculty regarding their academic performance and progress toward promotion and tenure (if relevant). The chair or chair's designee in each department of EUSOM is expected to conduct a periodic professional development review with each regular, full-time faculty member who holds primary appointment in the department. These reviews are documented by using the online career development conference report tool.

The Associate Dean for Faculty Affairs and Professional Development oversees the CDCR, provides information to chairs about faculty who are due for review, and tracks completion of the required career conferences for the Dean. The total CDCR Completion Rate for 2013 was 77% and for 2014 was 74%. These rates are adequate, but will be improved in the next year. Starting in 2016, under the new EUSOM faculty compensation plan, merit increases in salary will be tied to completion of the CDCR. Furthermore, the Dean will incorporate CDCR completion rate into Chair evaluations. Both initiatives are expected to increase the CDCR completion rate.

Faculty Professional Development

Opportunities for faculty members to participate in professional development to enhance their teaching, research skills, and knowledge within their discipline or career advancement are abundant. These opportunities for faculty development are accessible and available to faculty at all sites and many are recorded for asynchronous delivery. Faculty participation is encouraged by department leadership. The Office of Faculty Development is responsible for creating and coordinating programs to assist faculty with all aspects of career development. Programming needs are identified via the EUSOM Faculty Development Advisory Committee, which consists of faculty representatives in both basic and clinical science departments.

Faculty development in research skills is fostered through individual department resources, ranging from mentoring programs to grant or manuscript review committees to department seminars on publishing, as well as through EUSOM sponsored programming such as "Clinical Research Bootcamp 101," "K Club," and access to a grant-writing specialist who offers a 3-session grant writing tutorial for a new grant. The Emory University Office of Research Compliance also offers a monthly series of lectures on topics related to research compliance, monitoring and ethics. The success of such development programs is reflected by the school's outstanding NIH funding record (17 Emory departments in the top 25 for NIH research funding in 2014).

EUSOM offers a series of programs to enhance the teaching, evaluation and assessment skills of the faculty. In addition to school-wide programs such as "Learning To Be Better Teachers", there are numerous departmental efforts aimed at preparing faculty for their teaching role. Furthermore, faculty may obtain one-on-one sessions through the "Teaching Consultation Program," and/or consult with the Assistant Dean for Medical Education Research and a faculty member in Graduate Medical Education Research, both of whom are PhD trained educators. Individual faculty members are able to benefit from a host of school and department sponsored programs to develop their educational skills. A more comprehensive and cohesive program that accounts for faculty developmental progression is one of the goals in the EUSOM Medical Education Strategic Plan.

Each department manages discipline-specific professional development and professional development funding. Faculty members participate in teaching workshops or conferences through national meetings of their professional societies. Most departments distribute a set amount each year for each faculty member and allot discretionary funds from clinical revenues and/or protected time to attend professional development events.

Faculty development programming is communicated through the all-faculty listserv and posted on the website. The Faculty Development Lecture Series is held on main campus and broadcast in real-time via Adobe Connect. Seminars are also taped and archived for later viewing. All EUSOM faculty development events are free to attend and supported by the departments.

Faculty/Dean Responsibility for Educational Program Policies

There are three different leadership groups that collaborate with the Dean to help shape institutional policies regarding education. The Council of Chairs (COC) meets twice monthly and is comprised of the Chairs of the School's 28 academic departments. Non-voting ex-officio members of the COC include the Dean, Executive Associate Deans and selected

Associate Deans. The ECC focuses on educational program policies specific to the MD program and includes the EAD for Medical Education and Student Affairs as well as associate and assistant deans for education as ex-officio members. Finally, the Faculty Advisory Committee (FAC) was established in 2008 and its 10 members, elected by their peers from the clinical and basic science departments, serve as a conduit for feedback from the School of Medicine faculty to the Dean regarding education and issues relevant to faculty.

Standard 5: Educational Resources and Infrastructure

Adequacy of Financial Resources

The various sources of financial support for the medical school are adequate and sustainable. Total revenue has increased each year except for the slowed growth in fiscal years 2012-2014. Debt and debt services are stable. Revenue is growing at a rate greater than expenses and transfers. Reserves are available to cover negative operating margins and are allowed to grow through retained interest. Total grants and contracts are expected to grow by $15M in FY 2015 – 2017, therefore increasing indirect recovery. Revenue mix has not appreciably changed. The overall picture strongly suggests revenue growing more quickly than expenses and stable reserves, and there appears to be no foreseeable financial constraints on the medical education program.

Dean's Authority/Resources for Curriculum Management

The Dean, as the chief academic officer, has sufficient financial and personnel resources available and retains appropriate authority over those resources for planning, implementing, and evaluating the medical education program. The EAD for Medical Education and Student Affairs works with each education unit to review and plan their annual budgets and to ensure sufficient funds are allocated for medical education.

Departmental Chairs report to the Dean with regards to all three missions (clinical, research, education) and to the EAD for Medical Education and Student Affairs for UME, GME, and CME issues. The Dean appoints assistant and associate deans who manage the planning, implementation and evaluation of the medical education program.

Pressures for Self-Financing

At the time of his appointment as Dean, Dr. Larsen was appointed to additional leadership roles in both the University and the clinical operation (Emory Healthcare) in part to assure that pressure for clinical revenue would not compromise the medical education mission. While the pressure to generate revenue from tuition, patient care, and research could impact the ability of the faculty to effectively conduct the medical education program, there are several safeguards in place to ensure that there is no substantial negative impact. For example, salary support for those faculty particularly committed to the educational enterprise (e.g. Society advisors, clerkship directors, module directors) guarantees that this time is compensated. With regard to research, the EUSOM has established a bridge funding mechanism ($750,000 annually) that supports faculty between grants, which also mitigates the financial conflict between research and teaching.

Finances of the EUSOM are strong and no increase in class size is planned. The faculty to student ratio remains highly favorable, which assures the availability of teachers and mentors across the entire spectrum of medical education.

Sufficiency of Facilities

The EUSOM complex has state of the art teaching and research facilities that support well the education of medical students, provide an engaging learning experience, and support the research mission of the medical school. Since the opening of the new medical school building in 2007, students have expressed a high degree of satisfaction with the educational facilities at all EUSOM venues. The facilities in the medical school building, including the clinical skills center and the simulation center, are in high demand across the education continuum; however the MD program retains priority for building scheduling and use. Teaching space is sufficient to deliver the curriculum and to innovate or modify the curriculum as necessary.

Resources for Clinical Instruction

The resources for the clinical instruction of medical students are noteworthy. EUSOM medical students are afforded clinical instruction at a constellation of primary teaching sites for patient care experiences beginning as early as the M1 year. Rotating through a variety of clinical sites offers Emory students the opportunity to encounter a large number and a

great diversity of patients to meet the school objectives for clinical education. The clinical experience is a highlight of Emory's education and prepares students to care for patients of all types from all different backgrounds.

Inpatient clinical care teams are structured to accommodate two to three students on average on medical and surgical inpatient services, balancing supervised instruction with graduated responsibility. Though never exceeding the Accreditation Council for Graduate Medical Education (ACGME) 16-hour intern work limits, medical students do have overnight patient care assignments that include shifts on labor and delivery, limited trauma call, and the emergency department. Students have full access to sleep rooms and study space at each clinical site. Assignments are made to specifically balance the number of undergraduate learners with the availability of supervising faculty, resident physicians, work and call rooms, case mixes, and patients at each given site. In the ambulatory settings, with a few exceptions, teaching experiences focus on one student per location during a given time. A few ambulatory sites with more faculty and higher patient volumes may have up to three medical student learners during a rotation. All inpatient and most outpatient sites utilize electronic medical records and have high-speed Internet access available to medical students.

Security Systems

Emory University strives to provide a safe and secure environment for students though systems in place at the main campus and clinical teaching facilities. Students, in the ISA, reported 98% to 99% satisfaction with their personal safety and security at all medical school sites.

Emory University maintains its own police department that manages law enforcement, fire safety and emergency medical services for the Emory main campus and Emory Midtown campus. The School of Medicine building provides a 24-hour study space for medical students with a security guard on duty after regular building hours. The School of Medicine building is card-access only after hours and limited to registered School of Medicine students.

The Emory University affiliated hospitals (Emory University Hospital and Emory University Midtown Hospital) have public safety departments with officers on duty twenty-four hours each day. Students are encouraged to notify the public safety department concerning any activity that may compromise the safety of students, physicians, hospital employees, patients, and visitors.

Grady Hospital maintains a Public Safety Department that employs in-house uniform and plain-clothes security personnel to provide on-site security services. The Public Safety Department has a designated officer to patrol the Emory Faculty Office Building, Glenn Building, Steiner Building, and the Woodruff Extension Building, the four buildings Emory students, faculty, housestaff, and employees occupy. Students and others are encouraged to notify the public safety department concerning any activity that may compromise the safety of students, physicians, hospital employees, patients, and visitors.

The Atlanta VA Medical Campus is under the patrol of the VA police as well as the local police. Over 100 security cameras monitor the inside and outside of the facility. These cameras are monitored 24/7/365 by a police dispatcher and are digitally recorded. VA police provide escorts to vehicles after hours and there are 20 emergency call boxes located throughout the campus and parking decks that are monitored by the police dispatcher.

Emory University's commitment to safety is reflected in the emergency response and emergency notification system. Upon notice of an emergency situation, an Emory police officer will be dispatched to the scene to assess the situation. In the event of a confirmed emergency or dangerous situation, Emory will, without delay, activate various components of the University emergency notification system including email, text-messaging, Rich Site Summary (RSS) feed to Emory webpages, television banners on Emory operated cable TV, an outdoor siren/loudspeaker system, and social media sites.

Emory University has in place an Emergency Operations Plan in association with the Office of Critical Event Preparedness and Response (CEPAR). The Emergency Operations Plan is designed to effectively coordinate resources to protect life and campus facilities following a major incident, including severe weather, fire and explosions, hazardous material, extended power outages and law enforcement emergencies. The emergency plan clearly defines the emergency management command structure as well as responsibilities for each position within the structures.

Library and Information Technology Resources/Staff

The library and information technology services (LITS) and staff support are substantial at EUSOM. The Woodruff Health Sciences Center Library plays an important role in medical education, providing expert instruction and support to students, faculty, and staff.

The School of Medicine IT resources and staff at all EUSOM-related facilities are adequate to meet the needs of students, faculty, and others in the medical education community. The IT department is committed to the education mission of the School. Expertise is abundant, and oversight of education IT resources is shared with the Assistant Dean for Information Technology and the Executive Associate Dean for Medical Education and Student Affairs. The Medical Education IT Liaison Committee, made up of representatives from UME, GME, CME, and Allied Health, regularly reviews IT priorities and makes recommendations to these two deans for resource allocation. IT has been very receptive to ideas and feedback. Over the last four years, additional IT support staff and expertise have been added to address varied technical challenges in medical education ranging from wireless access and mobile device access to new applications supporting medical education.

All indicators show that IT and library resources at EUSOM are sufficient for all School activities. When surveyed on the GQ, the student satisfaction rating with the library and services was over 95%, compared to the national average of just over 85%. As well, 97% of students expressed satisfaction on the ISA with the accessibility of computer support.

Resources Used By Transfer/Visiting Students

EUSOM has policies in place to assure that educational resources for Emory medical students are not compromised to accommodate visiting medical students. The permissible number of visiting students is set by each department for each specific clinical rotation based on the constraints of: facilities, number of faculty, and number of Emory medical students at that time and place. Emory medical students have priority over visiting students in the assignment to electives, performance of clinical procedures and in utilizing educational space. The requests for clinical teaching assignments from other MD programs, allied health programs, and the School of Nursing have steadily increased in all of our training sites. In response, a goal of the EUSOM strategic plan includes creating administrative structures between the school and our healthcare partners that facilitate communication with our partners and centrally coordinates placement of all visiting students.

Given the EUSOM "non-traditional" sequence of courses and clinical clerkships and policies that actively deter transfers, transfer students are extremely rare. Thus, there are no issues regarding transfer students compromising Emory medical student education.

Study/Lounge/Storage Space/Call Rooms

The James B. Williams School of Medicine building was designed with extensive space dedicated for student study and relaxation. In addition to dedicated teaching areas in the building, there is a large atrium, multiple spaces for individual or small group study as well as relaxation areas/lounges to encourage informal interaction among students. Students have 24-hour access to the School of Medicine building.

At clinical sites, students have full access to resident work areas, secure storage space for their personal belongings, study space and sleep/call rooms. In the ISA, 90% of students expressed satisfaction with the relaxation spaces and 81% were satisfied with study spaces. Overall, 85% of students were satisfied with storage facilities at the School of Medicine and at clinical sites. However, there was a discrepancy between preclerkship and clerkship students, with 99% of M1s and 95% of M2s satisfied with the availability of space to store their belongings, but only 66% of M3s and 78% of M4s felt they had sufficient storage space for personal belongings. Further investigation revealed that students were unaware of and therefore not using available secure storage space. The medical school has required all clinical clerkships to include information regarding available secure storage space in their individual orientation sessions. On-going evaluation of student perceptions is planned.

Required Notifications to the LCME

Since the last LCME site visit, there have been no significant changes made to the program that would require notification to LCME.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

<u>Format/Dissemination of Medical Education Program Objectives and Learning Objectives</u>

Along with the substantial change to its curriculum in 2007, the EUSOM program objectives were also updated to align with the six ACGME general competencies. To be consistent with contemporary educational thinking, the EUSOM converted its program objectives into a locally designed outcomes framework, known as the Student Physician Activities (SPAs). The SPAs are appropriately mapped to the AAMC's Physician Competency Reference Set (PCRS). In congruence with national standards, EUSOM student outcomes are expressed in a language similar, but not identical, to that of Entrustable Professional Activities (EPAs), used in GME. The EUSOM ECC is responsible for approving any modifications to the SPAs and for ensuring utilization of the SPAs throughout the entire curriculum.

The SPAs have served as a basis for the assessment of medical students' achievement. Our goal is for the SPAs to become a unifying framework to coordinate all student assessments and to move towards an "outcomes based" approach to teaching, learning, and assessment. The task of connecting the SPAs to various assessment measures has been assigned to the Student Assessment Subcommittee of the Curriculum Committee. The goal of tracking student progress via their achievement of the SPAs, rather than just completion of courses and clerkships is underway.

The SPAs and objectives of the programs, courses and clerkships are disseminated to the faculty, staff, and students alike via several channels. The SPAs are available publically on the EUSOM website and in the Doctor of Medicine Student Handbook. Because the SPAs are expected to be the cornerstone for all educational activities, discussion of SPAs is a significant part of all committee deliberations and educational decisions, including course and clerkship directors defining their learning outcomes within the context of SPAs.

For students, the SPAs are reviewed at orientation to medical school and made available within the Doctor of Medicine Student Handbook and on Blackboard. Learning objectives for courses and clerkships are posted at the beginning of individual courses and clerkships and are reviewed in-person by course and clerkship directors.

In the Foundations phases, course directors disseminate learning objectives to faculty who teach and/or assess medical students via in-person meetings and email communication. Learning objectives are posted on our electronic content management system (Blackboard) and are further reviewed with the faculty at the beginning of each course. In the Application and Translation phases, clerkship directors disseminate learning objectives to faculty and residents via email communication. Learning objectives are posted on Blackboard. Additionally, several of the clerkship directors hold in-person meetings with faculty, chief residents and residents on at least an annual basis to discuss the clerkship, learning objectives, required clinical encounters, assessment and grading.

<u>Required Clinical Experiences</u>

At the EUSOM, patient types and clinical conditions that all medical school students are required to encounter are defined for each required clinical rotation. The patient encounters are influenced by the EUSOM SPAs, as well as national specialty guidelines, departmental committees, and by the specific populations served by the Emory clinical partners. Each clerkship defines the setting as well as the task or clinical condition as required for those patient encounters. The expected level of responsibility for all medical student patient care activities is "direct patient care with supervision" and clerkships are required to define acceptable alternatives to accomplishing learning objectives when direct patient care is not feasible to achieve any of the required encounters. Simulation is one example of an acceptable alternative that is used by several clerkships. While required patient encounters are evaluated and approved by the ECC, development of those lists historically has been done within the clerkships. The Required Clerkships subcommittee is currently developing a process to garner broader input on the required patient types and increase oversight from the ECC.

<u>Self-Directed Learning Experiences</u>

The curriculum is carefully designed and sequenced to build skills in self-directed learning. Substantial time, framework and resources to support these opportunities are provided in the Foundations phases, such as the required outpatient experience (OPEX), Problem Based Learning exercises, an evidence-based medicine curriculum to develop analytical skills, and the M2 elective.

During the preclerkship curriculum, the policy limiting scheduled time (in class, as well as time for required reading and class preparation) to no more than 32 hours per week allows sufficient time (at least 8 hours per week) for students to engage in self-directed learning opportunities. Students have structured class time averaging 26 hours per week (range 19-31 hours).

In the Application and Translation phases, self-directed learning is fundamental to all clerkships and the Discovery project. Based upon feedback from clerkship directors, the instruction and experience in self-directed learning provided by the Foundations phases leave students well equipped with the skills required for the more intensive self-directed learning of their clinical years.

Inpatient/Outpatient Experiences

Emory medical students have access to robust inpatient and outpatient experiences to allow the objectives of the educational program and individual clerkships to be met.

Based on previous LCME feedback to EUSOM and the planning documents for the new curriculum that was implemented in 2007, the Curriculum Committee recommended increasing the amount of ambulatory experiences for medical students. With the addition of OPEX in the first year and the 3-month Ambulatory Care Block in the Application phase, the amount of ambulatory and inpatient experiences for students meets the overall objectives for clinical education. Under the current curriculum structure, the training is approximately one-third ambulatory or outpatient experiences and two-third inpatient experiences. This balance is appropriate for the types of students that EUSOM enrolls and to prepare them for the careers that they will choose to pursue.

The Curriculum Committee continues to oversee the mixture of time students spend in outpatient and inpatient settings. Through the Required Clerkships Subcommittee and its regular review of clerkships, the balance between clinical settings and the overall clerkship objectives is evaluated on a regular basis.

As a result of regular reviews, the Curriculum Committee has made changes in the Ambulatory Care Block. Although the curriculum requires students to spend more time in ambulatory settings, the Ambulatory Care Block receives the lowest student ratings of all required clinical clerkships. Through student evaluations, exit interviews, and other feedback mechanisms, the Curriculum Committee learned that dissatisfaction with the Ambulatory Care Block primarily stemmed from two main issues: 1) the travel and logistics of this complex rotation and 2) the abbreviated exposure to surgical subspecialties and the limiting of student experience in the surgical subspecialties to that within solely outpatient settings. Over the past few years, the Ambulatory Care Block has been restructured to limit travel time between sites. In addition, new Block leadership has been appointed.

Despite these changes, the student ratings did not improve. In 2014, the Required Clerkships Subcommittee of the Curriculum Committee was charged with designing an ambulatory care block that provides students with sufficient exposure to primary care and is organized to maximize learning opportunities. From the subcommittee's work, the entire Ambulatory Care Block has been restructured for the 2016-2017 Application phase. The new structure addresses the student travel and surgical subspecialty concerns. Starting in March 2016, students will have a separate Adult Primary Care clerkship, the pediatric primary care experience will be incorporated into a lengthened Pediatrics clerkship, and the surgical subspecialty experience will be incorporated into a lengthened Surgery clerkship. Existing experiences in Ophthalmology, Dermatology, and Palliative Care Medicine within the Ambulatory Care Block will lengthen and become new independent one-week clerkships.

Elective Opportunities

With 20 clinical departments and five teaching hospitals, EUSOM ensures that students have vast elective opportunities and have adequate time and schedule flexibility for electives, mostly during the Translation phase. Specifically, the curriculum requires that every student complete two weeks of elective time during the Foundations Human Disease phase plus 12 required weeks (with four additional weeks available at student's option) of elective rotations during the Translation phase.

Service-Learning/Community Service Activities

Because of its mission and its location in Atlanta, EUSOM provides abundant opportunities and encouragement for students to participate in community service. Every student is given the opportunity to participate in community service through his or her EUSOM Society membership. A wide variety of opportunities for medical student participation in community service is offered throughout the four-year curriculum; many are student-initiated and reflect Emory's legacy of commitment to service and volunteer work. In the ISA, 96% of students were satisfied with the opportunity to participate in community service.

Currently, all first year medical students participate in service-learning through the Emory Senior Mentoring Program. This program, facilitated by the geriatrics faculty, pairs students from different health profession training programs with a senior mentor in the community with whom they meet monthly. The program also includes interdisciplinary team group sessions and qualitative personal reflections.

In 2015, Dr. Mary Jo Lechowicz took over the leadership of the small group advisors in the Society system. One of the goals of the Society system is to develop a four-year service-learning curriculum as a cornerstone of Emory's MD program and as codified in the EUSOM SPAs. Starting in July 2016, the Class of 2020 will have an additional service-learning curricular requirement that includes 6-8 hours of service-learning instruction and 10 hours of required service during each of the Foundations phases. Funds have been dedicated to develop service-learning projects and the Assistant Director of Medical Education Programs Management has been assigned to help coordinate such projects with Dr. Lechowicz.

Academic Environments

EUSOM is situated in a large, active academic health center which provides an environment full of opportunities for medical students to interact with residents, practicing physicians, graduate students, and students of other health professions. In the ISA, students noted this as a strength of EUSOM.

Medical students interact regularly and meaningfully with residents and practicing physicians in the course of patient care and mutual learning activities. Medical students participate in several structured events with health professions students from other WHSC programs. These team training events are designed to teach the skills of interprofessional practice. In addition, medical students participate on patient care teams with healthcare providers from other professions including: physician assistants, nurses, advanced practice nurses, and physical therapists. As stated in the EUSOM Strategic Plan, and given the school's context, an expansion of structured interprofessional learning experiences is being operationalized.

Education Program Duration

The medical education program consists of 160 weeks of scheduled instruction.

Standard 7: Curricular Content

Biomedical, Behavioral, Social Sciences, and Medical Ethics

The EUSOM curriculum content is broad and comprehensive with sufficient representation of all the necessary biomedical, behavioral and social sciences and medical ethics in the curriculum. The integrated structure of the curriculum allows the basic sciences to be incorporated into a number of different modules and reinforced throughout the four years of the curriculum. Allocation of curricular time to topics is monitored using data from the EUSOM curriculum inventory that is constructed to classify topics by organ system, general principle, special topic, and patient condition.

Student feedback (both from the GQ and ISA) is that integrated topics in preclerkship education including anatomy, biochemistry, immunology, microbiology, and pharmacology need increased attention and coordination. Several changes have been made over the years as a result of student feedback (e.g. hiring of a new course director, revisions to student assessment, and enhanced feedback to individual faculty lecturers). Despite these changes, students rate these five topics below the national average on how well they prepared them for clinical clerkships. In 2015, an extensive evaluation included faculty evaluations, student assessment data on EUSOM exams, NBME customized exams, and USMLE Step 1, and a separate survey of the five topics to current second-year students. Data from this extensive evaluation confirms that Emory students perform above the national mean on these topics on USMLE Step 1. Data suggests that students desire

more review sessions and a "roadmap" clarifying where the five topics are taught in the curriculum. These preliminary recommendations are currently being considered by the ECC.

Furthermore, the ECC charged a task force to specifically evaluate these five topics and make recommendations regarding the pedagogical structure, content delivery, student assessment methods and performance standards in order to resolve the identified issues. The task force is also charged with recommending a communication strategy for informing students, faculty, administration, staff, and accrediting bodies about the curriculum for these five topics. Final recommendations from this task force are expected in February 2016.

Levels of Care and the Life Cycle

The Healthy Human phase of the Foundations curriculum is based on the human life cycle and includes important material regarding reproduction, development, aging and death. The Application and Translation phases of the curriculum include content and experiences related to each organ system, each phase of the life cycle (newborn, child, adolescent, adult, geriatric), and in various levels of care (continuity, preventive, acute, chronic, rehabilitative, end-of-life, and primary). The organ-based organization of the preclerkship curriculum, coupled with small group sessions, prepares students for addressing health-related issues involving all organ systems. An asset of the education in the clinical curriculum is the variety of clinical sites, which include a county hospital, tertiary referral hospitals for adults as well as children, a VA hospital, a geriatric care center, community hospitals, health centers, and private practices. Such variety exposes students to acute and chronic care as well as patients at all stages within the life cycle. Importantly, Emory medical students participate in the care of patients from a wide variety of socio-economic and cultural backgrounds. Coverage of these topics is verified by the EUSOM curriculum inventory, which identifies life cycle stages in the special topics category.

Scientific Method/Clinical/Translational Research

There is thorough representation of the scientific method and the basic principles of clinical and translational research in the EUSOM curriculum. Students learn to apply the scientific method and the basic principles of clinical and translational research during the 5-month Discovery phase of the curriculum. This period includes a formal course (Short Course on Clinical Research and Translational Experiences in Science - SoCRATES) that incorporates various teaching methods. Ethical research principles for research are taught in SoCRATES and in the mandatory Collaborative Institutional Review Board (IRB) Training Initiative Program. The Discovery phase also includes a student-selected, hypothesis-driven, research project supervised by a mentor. All students are required to demonstrate their proficiency by composing a scientific manuscript, and also presenting an oral abstract or poster at the Medical Student Research Day or other scientific meetings.

Medical Problem-Solving and Evidence-Based Clinical Judgment

Instruction in evidence-based clinical judgment and medical problem solving is integrated throughout the four-year curriculum. A strength of the curriculum is the introduction of the learning theory behind critical thinking and the application of this theory in a structured environment during Foundations and a return to these subjects again during the Application phase. During Foundations, evidence-based medicine (EBM) is taught through lectures and small groups. There is a specific module that focuses on the learning theory behind clinical decision-making and includes four problem-based learning cases in concert with the disease module that the students are studying at the time.

In the Application phase, these skills are reinforced during several of the clerkships through didactic and small group exercises, and by working with a medical librarian to analyze clinical questions. Students spend the majority of their time during the Application phase caring for patients and participating in real time medical problem solving supported by evidence-based medicine and the experience of their teams. These skills are reinforced as students take on more responsibility and autonomy during their required sub-internships in the Translation phase. Finally, students participate in an EBM workshop lead by an institutional EBM expert in the Capstone course.

The EBM curriculum is taught longitudinally so that content is appropriate for each phase of the curriculum. While expectations for students to employ these skills expand at each curricular phase, implementation of the SPAs will require greater attention to assessment and necessary remediation of such skills.

Societal Problems

Throughout the four-year curriculum common societal problems are taught, assessed, and reinforced. Relevant societal problems are marked as special topics in the EUSOM curriculum inventory so teaching and assessment of them can be measured and monitored. In addition to formal didactics, small group exercises, and reflection assignments throughout the curriculum, students rotate through a variety of hospitals with patient populations from diverse socioeconomic backgrounds that encompass common societal problems. Through the core clerkships, students observe first-hand how various social determinants of health can impact a patient's health, disease presentation and outcome by directly participating in their care. Students are directly observed counseling patients with common societal problems. Grady Hospital is a highlight of students' education and preparation of their ability to recognize and address societal problems of patients.

Communication/Cultural Competence/Health Care Disparities/Personal Bias

There is sufficient evidence that medical students are being prepared to communicate with patients and others and to understand and work effectively with and identify their own biases related to patients from a variety of backgrounds. Not only are there coordinated, longitudinal efforts to teach communication, cultural competency, health disparities, and personal bias throughout the curriculum, there are multiple assessment methods to ensure Emory medical students are competent in these critical skills. Data from the end of Foundations and end of Application Clinical Skills Examinations, student assessments on the clinical clerkships, and USLMLE Step 2 CS provide objective data that Emory students are meeting these objectives. Likewise, the GQ and ISA data support Emory's emphasis in teaching and assessing such skills. Finally, the GQ, and the AAMC Missions Management Tool place Emory above the national mean in instruction in culturally appropriate care for diverse populations and of graduates who practice in underserved areas, respectively.

Interprofessional Collaborative Skills

Concepts of interprofessional education (IPE) and team based care are taught at multiple times during the four-year curriculum. There is a logical progression of skills from awareness of various professionals and communication during the preclerkship years, to conflict resolution and leadership of interprofessional teams during the clinical years. Emory has preclerkship, clerkship, and capstone exposure that includes both case-based discussions, observation of team based care, and direct participation in interprofessional teams. Learning objectives specific to IPE are included throughout the four-year curriculum. Emory student interprofessional opportunities are well above the national average as reported by students on the GQ.

The EUSOM Medical Education Strategic Plan lists IPE as one of eight strategic initiatives. The goals of the initiative include cataloging existing interprofessional care sites within our care systems and then creating a plan to promote IPE among students, residents, and faculty.

Standard 8: Curricular Management, Evaluation, and Enhancement

Curricular Management

The ECC, as codified in the EUSOM bylaws, 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 summaries are published to the EUSOM website to ensure the transparency of actions taken by the committee. The ECC has substantial autonomy for curricular decisions of the MD program.

The organizational structure of the ECC and the Curriculum Subcommittees covers all aspects of the educational program. A full explanation of the structure has been presented in the medical education literature (Stoddard, Hugh A., Erica D. Brownfield, Gordon Churchward, and J. William Eley. (2015) *Interweaving Curriculum Committees: A New Structure to Facilitate Oversight and Sustain Innovation.* Academic Medicine [online ahead of print]). All of the key tools and policies are in place for effective curriculum management. These tools include: the Curriculum Committee structure and bylaws, a framework and database for content inventory, a list of student outcomes (SPAs), and a developing system for evaluation of the program and its components. These tools have augmented administration of the EUSOM MD program over the past 3 years and the ECC regularly reviews the effectiveness of these tools in curriculum management.

Use of Medical Educational Program Objectives

EUSOM has developed 28 discrete Student Physician Activities that serve as the School's educational program objectives. These SPAs, formalized in 2013, have been mapped to each of the curricular units' content and student assessments. The SPAs were written in the format of student outcomes using the conceptual framework of Entrustable Professional Activities (EPAs). As such, the SPAs serve as content guides, assessment criteria, and program evaluation principles. The SPAs are being incorporated into the procedures of the school in a deliberate manner by the ECC.

The EUSOM curriculum inventory (CI), which is recorded in OASIS, organizes the mapping of course/clerkship objectives to program outcomes and to the AAMC Physician Competency Reference Set (PCRS). The unique EUSOM CI categories allow for detailed, customized reporting on the content taught and the relationship of instructional content to student learning (i.e. relevant SPAs). Curriculum inventory data also map content to instructional methods, assessment methods, and educational resources used, as codified by MedBiquitous. These data are used by the Curriculum Committee in considering time allocation, content scope and sequence, and alignment of student assessment with instruction.

Curricular Design, Review, Revision/Content Monitoring, Database

At the program level, the ECC is solely responsible for the design and evaluation of the curriculum. Content monitoring, curriculum design, and required revisions are determined using data from multiple sources including: the EUSOM curriculum inventory, school personnel, student performance results, and student evaluations. The structure of the Curriculum Committee distributes this workload across many people to prevent it from becoming too burdensome and to include the input of a maximal number of faculty.

Each component of the curriculum, such as courses, clerkships, phases, or other required activities has a director who is primarily responsible for delivering the curriculum congruent with the ECC plans, assessing student performance, and communicating with the ECC. Course and clerkship directors, with the direct input from departmental education committees and/or national clerkship director organizations, are the leaders of educational event design, implementation, and evaluation.

The components of the curriculum have been regularly reviewed according to a predetermined schedule. The Foundations modules and required clerkships have been reviewed every 18 to 24 months, while Discovery and Elective and Capstone courses have been reviewed every year. Currently, the Curriculum Committee reviews the overall program yearly as part of its annual full committee meeting. There have been regular reviews of all components of the curriculum and the Curriculum Committee continues to implement a more rigorous and systematic process for curriculum reviews.

Program Evaluation

The ECC is committed to improving the system of program evaluation. The ECC is actively developing a process of tracking student outcomes (i.e. the SPAs) and using those results to inform evaluation of the educational activities that are used to teach the SPAs. Data from students and graduates is collected yearly through survey data both at end of matriculation for students and a survey to residency program directors and graduates one year post-graduation. USMLE Step 3 scores are also reviewed. It is anticipated that the ACGME milestone data on graduates will bolster our efforts to determine the success of our graduate physicians.

Use of Student Evaluation Data in Program Improvement

A robust system is in place to collect student evaluations and obtain feedback on courses, faculty, and others who teach and supervise medical students. Response rates by students are extremely high, often achieving 100%. Student evaluations are used to further develop resident and faculty teaching skills and to refine the curriculum. Exit interviews with graduating students and other mechanisms are also in place to support evaluations. Annually, data is collected from graduates regarding their preparation for residency and from program directors regarding graduates' overall competency to practice medicine. The overall evaluation system is strong and has led to continual refinement of the curriculum in response to student feedback. The tools and processes by which graduate data is collected are being re-examined in an attempt to gain even more insight as to how our students perform after they leave Emory. Furthermore, the forms used by students to evaluate curricula and faculty members have recently undergone redesign to ease the burden on students and enhance the actionable conclusions from those data.

Monitoring Of Completion of Required Clinical Experiences

EUSOM has sufficient processes in place to monitor students' clinical encounters, including mid-clerkship feedback to ensure that all requirements can be met. Through department (i.e. clerkship director) and central (i.e. Curriculum Committee) oversight using the OASIS system, student compliance is easily reviewed and can be promptly remedied, if needed.

Comparability of Education/Assessment

The Curriculum Committee and Clerkship Directors Committee ensure comparability of education and assessment across individual courses and clerkships. During the Foundations phases and the Capstone course, instruction and assessment are identical for all students. During the Application and Translation phases, students provide feedback through sessions with the clerkship directors and the learning environment survey in order to identify inconsistencies across sites. Clerkship directors share the results of these surveys with faculty across sites for benchmarking purposes. Assessment of all students in all phases of the curriculum is the same regardless of education site. In each of the clerkships and in the Discovery phase, grades for all students are overseen by one director who is responsible for ensuring equity and fairness of grading. Students report being satisfied with grading expectations and patterns across courses and clerkships, but are concerned about low inter-rater reliability between attending faculty on clinical rotations. This issue is being addressed with a redesign of the assessment form and a plan for expanded training of attendings and residents.

Monitoring Student Workload

The medical school has policies that define required activities (small group sessions, preceptorships, patient presentations, and clinical rotations). Students are aware of these policies through the EUSOM Doctor of Medicine Student Handbook. Clerkship directors are responsible for collecting and monitoring student participation and attendance in required clinical activities, and for ensuring that they do not exceed the stated work hour policy. Centrally, the Required Clerkships Subcommittee and the Dean's Office establish and provide oversight of student hours in required clerkships. For clinical rotations, EUSOM models the duty hour restrictions for interns adopted by the ACGME and these guidelines are reinforced to students in multiple modalities. Students can report violations of clinical duty hours via multiple mechanisms. Currently, the policy regarding duty hours 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. This is further supported by the ISA, in which 92% and 98% of students reported satisfaction with the M3 and M4 workload, respectively.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

Preparation of Resident and Non-Faculty Instructors

Residents and other non-faculty instructors involved in the medical education program receive clerkship-specific student learning objectives from clerkship directors via multiple mechanisms including in-person meetings, Blackboard, email and/or written documents. These efforts are appropriate to prepare residents and non-faculty instructors by establishing expectations of their own responsibilities and that of medical students whom they supervise.

Prior to 2014, the EUSOM GME Office required all incoming residents to complete three modules on the University of Kansas School Of Medicine's "Strategies in Clinical Teaching" website on "Precepting Medical Students". Residency program directors monitored rates of completion of these trainings. After 2014, the University of Kansas program was no longer available. This resulted in departments having to assume responsibility for preparing residents as teachers. Many departments, particularly the larger ones, created their own curriculum to develop residents as teachers. Others took advantage of "Medical Educator Workshops" provided by the GME Education Committee. Although many residents received adequate training on the basics of teaching even after the cessation of the web modules, central oversight of the coverage and effectiveness of such programs did not exist for the past two years.

With the restructuring of the EUSOM Curriculum Committee in 2014, the new Educational Development Subcommittee assumed oversight of educational development for all involved in the undergraduate medical education program, including housestaff. With the coordinated efforts of the Curriculum Committee, the GME Education Committee, and the School of Medicine MD Program leadership, the School has developed a new "Resident as Teacher" curriculum to be made available to all Emory residents on Blackboard. All EUSOM residents will be enrolled in this course in January 2016. Having the course housed in Blackboard allows UME and GME leaders to ensure satisfactory completion of these

modules by all residents. The impact of developing a uniform "Resident as Teacher" curriculum for the School of Medicine is multi-fold. Most importantly, our own curriculum will allow us to share our longstanding commitment to medical student education with all of our residents. It will also allow for the teaching curriculum to be presented in a consistent, instructionally sound manner that is in line with the outcomes of the MD program. The effectiveness of this program will be assessed after full implementation in early 2016.

Faculty Supervision

All inpatient and outpatient facilities in which medical students are present have written policies that mandate faculty supervision of students during all clerkship experiences. Medical students are assigned to teams led by one or more attending physicians who are School of Medicine faculty members. This stipulation is included in the affiliation agreements with all clinical sites.

The School of Medicine administration reviews data from student completed clerkship evaluations and the separate Learning Environment Survey (LES) at the completion of each clerkship experience to monitor student supervision in the clinical environment. These surveys enable students to express satisfaction and concerns about levels of adequacy and availability of direct faculty observation and supervision. Data from these sources verify that students consistently have appropriate clinical supervision.

Variety of Measures of Student Achievement / Direct Observation of Core Clinical Skills

Student achievement is assessed by a variety of methods. In addition to institution and national exams, students are assessed using oral and lab practical examinations, and direct observation by faculty and housestaff. Further assessment methods include review of students' research papers, quality improvement projects, reflection papers, problem sets, case logs, and discussion group participation. These assessment methods provide a wide array of methods to evaluate students and ensure students attain the knowledge, skills, and attitudes desired of Emory graduates. Evidence supports that students' core clinical skills are being observed throughout the curriculum. Data from the curriculum inventory indicate that each SPA is being measured with multiple assessment methods. As EUSOM expands the use of SPAs for student assessment, the process for finding and resolving gaps in measures of student achievement will continue to improve.

Students are mostly satisfied (78% on the ISA survey) with the assessment methods. The School has revised the student assessment form used in the clinical clerkships three times over the last 8 years to improve reliability and validity of such assessments. However, students continued to express concerns with the student assessment form used by faculty and housestaff during clerkships. The students identified concerns regarding internal validity (individual variation with interpretation of the rating scale) and the number of encounters on which assessments are based, as areas in need of further attention. In response to student's concerns regarding the internal validity of different preceptor's assessment, and in a desire to further enhance and refine the assessment of students during clinical clerkships, a Curriculum Committee task force created a new clinical assessment form that will be implemented in March 2016.

Formative and Summative Feedback

The EUSOM MD program provides for significant student-faculty interaction, which includes high quality, timely formative feedback to students about their performance. Students receive detailed and useful formative and summative assessments throughout the preclerkship and clerkship phases of the curriculum. All assessments are designed and monitored to provide students with accurate and detailed information in a timely manner. Grades, with few exceptions, are reported within four weeks of course and clerkship completion. Prompt issuance of grades is monitored and compliance has been consistent without need for intervention from the Dean's Office.

During the preclerkship years, 83% of M1 and M2 students were somewhat or very satisfied with the formative feedback that they received, per the ISA. OPEX preceptors provide written comments that students found useful. Despite some variation in the quality of feedback received from their small group advisors (SGA), students appreciated that narrative assessments are included in many preclerkship courses. Since the Society system is integrated into Foundations courses, advisors are able to provide regular, meaningful feedback.

As demonstrated in the GQ, more than 94% of students agree or strongly agree that they received mid-clerkship feedback on all required clinical rotations. Furthermore, in the ISA, students reported high satisfaction with their clinical

performance feedback (86%) and professionalism feedback (87%). The amount and quality of formative feedback in the third year satisfied 89% of students. 92% of students also reported being satisfied with the clinical skills assessments.

Setting Standards of Achievement

Faculty members with appropriate knowledge and expertise set the standards of achievement in each required learning experience in the medical education program. Course and clerkship directors, in conjunction with the Curriculum Committee set standards of achievement for individual courses and clerkships. The Curriculum Committee sets standards of achievement for the medical education program at large. Furthermore, the Assistant Dean for Medical Education Research, who holds a PhD in Education and Administration, sits on several committees related to standards of achievement to ensure that module and clerkship directors create policies based on sound education theory and principles. It is then up to the module and clerkship directors to enforce such policies in their own courses/clerkships and to train individual faculty members. This process and these resources are consistent with standard practice in higher education.

Single Standard for Promotion/Graduation and Appeal Process

The policies and processes to ensure that a single standard for promotion and graduation is applied across all instructional sites are adequate and are applied universally to all EUSOM medical students. The policies and processes are detailed in the Doctor of Medicine Student Handbook. Progress and promotion of all students is monitored by the Foundations phase and clerkship phase Progress and Promotions Committees, who apply the same set of standards, procedures, and consequences to all students. The decision-making and appeal processes for student actions are clearly defined, well publicized, and fair to students.

In the case of an adverse academic action against a student, the situation will be reviewed by one of three committees: 1) Academic issues are adjudicated by the Progress and Promotions committees; 2) Honor Code violations are dealt with by the Honor Council whose members include a majority of students, elected by the student body; 3) Conduct violations are considered by a Conduct Committee. The Doctor of Medicine Student Handbook details a fair and formal process for the three adverse actions that may affect the status of a medical student. Recommendations from the Progress and Promotions Committees for probation, suspension or dismissal are reviewed by an additional panel of three faculty members who are appointed by the EAD for Medical Education and Student Affairs. This panel reviews all of the data, provides an independent re-evaluation of the substance and procedures, and makes a recommendation to the EAD on whether the administrative action is appropriate.

Standard 10: Medical Student Selection, Assignment, and Progress

Admission Criteria and Technical Standards

Emory presents potential applicants with a clear list of basic requirements to be considered for admission. All students who meet a minimum scholastic standard as determined by their grades, MCAT scores, and letters of recommendation are invited to submit a secondary application. The Chair of the Admissions Committee and the Associate Director for Admissions review all completed applications to determine which applicants should be interviewed. Letters of recommendation, service, motivation for medicine, extracurricular activities, academic success, personal experiences, socio-economic status, and cultural factors are some of the factors that are considered when determining which applicants will be offered interviews.

At least yearly with members of the Admissions Committee, and more frequently in dean's meetings, admission criteria, the process for the recruitment and screening of applicants and the selection of students, is reviewed by the Dean of Admissions. In light of Emory's ongoing strategic plan, the selection criteria will be further reviewed to ensure that any new definitions of diversity are included in admissions processes.

Criteria for admission and technical standards are posted on the EUSOM website and are available to any prospective student or advisor. Applicants who complete the online supplemental applications are required to acknowledge that they have read and understand the technical requirements. Applicants who are interviewed are given a paper copy of Emory's technical standards on their interview day.

Final Authority of Admissions Committee

The EUSOM Admissions Committee is responsible for all admitted students. No candidate can be approved by a member of the committee acting alone. The admissions committee is composed of 28 faculty and alumni members. Members of the Committee are appointed based on recommendation to the Dean by the EAD for Medical Education and Student Affairs. The Committee is responsible for the review and selection of applicants. In the event that an accepted applicant should fail to maintain their academic performance or should exhibit behavior that may be harmful to the integrity or reputation of the school prior to matriculation, an Ad Hoc Committee shall be convened. The Ad Hoc Committee shall review any evidence or documentation, and the deliberations and recommendations of such an Ad Hoc Committee will be presented to the Chair of the committee and to the Executive Associate Dean for Medical Education and Student Affairs for a final decision. The conflict of interest policy for the Admissions Committee is explicitly addressed in the bylaws and is discussed annually during committee member orientation. Interviewers are expected to recuse themselves if they identify conflicts of interest regarding a candidate.

Personal Attributes of Applicants

Personal attributes of applicants that are considered during the interview process are compassion, empathy, maturity, integrity, commitment to community, suitability for medicine, self-expression, warmth, positive outlook, and logical/critical thinking. Interviewers are provided with an evaluation form that facilitates assessment of these attributes by collecting scale responses and narrative comments.

Admissions members attend an orientation session prior to interview season that outlines written policies and procedures of the admissions process. At this meeting, the committee chair reviews the purpose of the interview, the evaluation forms and the roles of each member of the committee. Desired personal attributes of applicants and assessment of such attributes are reviewed. Additionally, each interviewer is provided with a written guidebook that provides information about the American Medical College Application Service (AMCAS) and federal regulations, guidelines for conducting interviews, and samples of the evaluation forms.

Content of Informational Materials

The information about the medical school, on the website and in the printed materials given to applicants, is extensive. The content is updated at least annually and is accurate. The material on the website is easily located and consistent with print materials and actual policies and procedures.

Transfer Student Qualifications

The EUSOM does not encourage applications for transfer from medical students enrolled in other medical schools because of the unique features of Emory's curriculum and class size constraints. As clearly outlined on the website, potential applicants for transfer from other accredited US or Canadian medical schools will only be considered at the request of the Dean or the Education Dean of the medical school in which the applicant is currently a student. This communication from the Dean of the potential applicant's medical school must be submitted in writing to the Dean of Admissions at EUSOM, and must include a detailed description of the reason for transfer. Decisions to accept a transfer student are primarily based on a students' compelling reason for transfer and ability to succeed in Emory's curriculum. Therefore potential transfer students must have comparable credentials to Emory medical students. Decisions to accept a transfer student are made ultimately by the Dean of Admissions, but only after a deliberation among the 10 assistant and associate deans of medical education and student affairs. Emory does not accept students who wish to transfer into the final year.

Emory accepts two students annually with advanced standing to the MD/Oral and Maxillo-Facial Surgery (OMFS) program, with application being submitted to the OMFS Department via the American Dental Education Association Postdoctoral Application Support Service.

Policies and Processes Related to Visiting Students

Applications from outside students to complete elective rotations at Emory are collected and managed by the Office of Clinical Education through the centralized tool - Visiting Students Application System (VSAS). A dedicated administrator manages the incoming applications and the available openings across clinical sites. Each department is allowed to create

its own acceptance criteria and define the maximum number of spots available to visiting students. Most departments have minimum academic criteria for acceptance of students; many departments screen all credentials of potential visiting students. Visiting students are accepted based upon space available, as determined by clinical departments, to ensure no reduction in resources available to Emory medical students. This policy accomplishes a delicate balance between ensuring a quality education for Emory students and allowing visiting students to explore opportunities for future positions in Emory residency programs.

The oversight of visiting students is effective and visitors do not detract from the resources available to Emory students. However, it is not clear how all departments determine qualifications of visiting students, space availability, or the number that can be supported. Furthermore, for some departments there is no recognized facilitator to oversee all of the visiting students and ensure appropriate use of educational resources. Similarly, within the Office of Medical Education and Student Affairs and the Office of Clinical Education, communication between the visiting student and the Emory student scheduling coordinators warrants improvement. As an outcome of the Self-Study process, education deans have reviewed and revised the visiting student processes. In addition, the Dean and EAD for Medical Education and Student Affairs are working with departmental leadership to ensure coordinated oversight for visiting students.

Student Assignment

Students are permitted to make requests for specific clinical sites but clerkship directors make final decisions regarding assignment of students to instructional sites. If the student is dissatisfied with the clerkship director's decision or there is a conflict, they are permitted to petition the Associate Dean for Clinical Education who, for extenuating reasons, may overrule the clerkship director. Policies regarding reasons and procedures for alternate assignments are outlined for students in the Doctor of Medicine Student Handbook and clerkship directors are required to inform the students that they have the right to make such a petition to the Associate Dean. This achieves a balance between fairness to students while allowing the clerkship director to make assignments as needed for efficient operation of the clerkship.

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

Academic Advising

In all phases of the curriculum, effective measures are in place for early identification and ongoing observation of students in academic difficulty. This includes academic assistance, counseling, and/or remediation for those students. The combination of the individual attention that students receive from small group advisors, plus the attentiveness of module and clerkship directors, clinical faculty, and the Dean's Office, and the careful monitoring by the Progress and Promotions committees, strengthens Emory's ability to identify students who are in need of more support during medical school.

Academic support is customized for individual students. If learning issues are suspected, students may be referred to the Ben Franklin Academy for cognitive diagnostics or to other resources such as the Office for Access, Disability Services, and Resources (ADSR) for consideration of accommodations and/or appropriate intervention. When personal issues impact academic performance, students can be referred to 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 five years in part because of its exceptional academic advising and support for the student facing academic difficulty. It should be noted that students who are required to remediate and/or repeat individual courses or clerkships or academic phases, are allowed to do so without any additional tuition costs.

Career Advising

Career advising at Emory occurs throughout all four years of the curriculum. The percentage of Emory students who initially match in the National Resident Matching Program (NRMP) is high and students successfully match into very competitive programs throughout the country.

Even though Emory students fare extremely well in the residency match, the EUSOM programs for career advising are not highly rated by students. For career advising, the percentage of students who are satisfied/very satisfied with career planning services is less than the nationally reported percentage. Students value the counsel they receive from their small group advisors; however the process by which the students receive career advice, specifically within their related field of choice varies considerably.

For the past two years, more resources and greater emphasis have been placed on addressing these issues. The education deans have created a "roadmap" for students that includes career guidance, important dates, and processes related to career choice and application for residency. Additionally, Mary Dolan, MD, MPH, was appointed as Director of Career Counseling in 2015. Dr. Dolan was charged with providing appropriate stimulus, coherence, vision, and oversight to the career advising system. Dr. Dolan has participated in the faculty development sessions offered by AAMC, and has served as one of the leaders of the Society system since its inception in 2007. Dr. Dolan has met with the small group advisors, the ECC, the education deans, students and others to shape a proposal for a four-year program. "Emory DOCS" (Emory University School of Medicine: Development of Careers and Specialty Choices) has been proposed and is in the implementation phase. Part of Emory DOCS includes designated departmental faculty to serve as career advisors, regular conversations between these faculty members and EUSOM leadership regarding data on specialty matches, and a new website to support career counseling efforts. The program will be fully implemented in 2016.

The Medical Student Performance Evaluation (MSPE)

Students expressed concerns with the MSPE process in the ISA. These concerns were mostly related to the right to a final review of the MSPE for accuracy. While students have been encouraged to review the first draft of their MSPE, students historically did not get a second chance to verify that any corrections to factual content had been included in the final version. The Self-Study process has further allowed the School to identify areas in need of improvement regarding the preparation of the MSPE. As a result, the School has identified processes to improve MSPE preparation and release for medical students. Processes include procedures to standardize the data included in the MSPE, more coordination between MSPE writers, greater transparency, and a second opportunity for students to review their MSPE before submission.

Oversight of Extramural Electives

Procedures and oversight of extramural electives are adequate and effective. In addition, there is a system in place to review potential difficulties and risks of electives so as to provide effective counseling, preparation, and safeguards for those students who decide to participate in such educational experiences. Evaluation of elective requests are based on a review of the proposed site including: 1) the availability of emergency care; 2) the possibility of natural disasters, political instability, and exposure to disease; 3) the need for additional preparation prior to, support during, and follow-up after the elective; 4) the level and quality of clinical supervision; and 5) potential challenges to the code of medical ethics adopted by the elective institution. Student location at all times during the elective is recorded in OASIS. Students on international electives are expected to register with Emory International SOS.

For electives both within and outside of Emory, the EUSOM ensures that student assessment and site evaluation data are collected. Site evaluation data are used to advise current and future students, as well as to assist with continuous quality improvement of Emory run electives.

Confidentiality of Medical Student Records and Mechanisms for Students to Challenge Record Information

In conjunction with Emory University, EUSOM has 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 paper records are securely kept in a locked file room with locked file cabinets in the OMESA suite. Only authorized administrators of the School have access to student records in the locked files. Student assessments and grades are also stored electronically in a password-protected online assessment and evaluation system (OASIS) and are only available to school personnel who have official authorization to review the student record.

To view their record, students must submit a written request to the EAD or his designee. Student access to their records occurs within a timely manner. Student records may not be removed from OMESA and can only be reviewed under staff observation.

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 EAD or his designee. There is a process for reviewing and appealing clerkship, module, and elective grades by students that is outlined in the Doctor of Medicine Student Handbook. Students also have the opportunity to review their MSPE before completion as outlined above.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

Trends in Tuition

The EUSOM has been diligent in keeping tuition increases to a minimum and has pledged to keep tuition flat for 2016, 2017, and 2018. Although tuition increases are flat, the cost of attending Emory is substantial, partially due to its 12-month curriculum that includes cost of living for the entire year for years 1-3. Despite this, the average medical school debt of Emory indebted graduates is lower than the national average. The level of grant and scholarship support without a service commitment to students is significant, with nearly half of the student body receiving a portion of over $6 million in support. When including grants/scholarships with a service commitment, the level of support rises to over $7 million per year.

One of the Medical Education Strategic Goals is to reduce the financial burden on the students. EUSOM has made a commitment to increase philanthropy specifically for student scholarships and has also begun to look at other ways to reduce student costs, such as early conversations around subsidizing housing and childcare. As efforts are already underway to re-examine the School's definition of diversity, financial resources will need to be further strengthened in order to attract students from socioeconomic statuses who otherwise may not be able to attend Emory for medical school.

Tuition Refund Policy

The medical school has a clear and fair policy for the refund of a medical student's tuition, fees and other allowable payments that is disseminated to students through the Doctor of Medicine Student Handbook. This policy is straightforward, easily accessed, and reasonable.

Financial Aid and Debt Management Counseling

Students are satisfied with the amount of financial aid allotted for their financial situation as compared to the national average. However, data from the GQ and ISA suggest a need for additional debt management counseling. To that end, the School entered into a contractual agreement with SmartPath Financial Education in 2015 to develop and lead financial wellness programs for medical students and residents. Activities include interactive group and one-on-one coaching sessions, and a budget game. The demand from students for one-on-one sessions has been even greater than anticipated. Preliminary results include high rates of satisfaction. Long-term measurements of satisfaction are pending.

Personal Counseling/Well-Being Programs/Preventative and Therapeutic Health Care Services

High levels of satisfaction with Personal Counseling, Mental Health, and Wellbeing are reported in the GQ and ISA across all classes and exceed national averages. Improving health and wellbeing is a stated goal of our education strategic plan.

Health and Disability Insurance

Health and disability insurance is available at a reasonable cost (compared to national markets) and provides adequate coverage. Medical students are required to have both health insurance and long-term disability insurance from the date of enrollment until graduation. Students are satisfied with the availability of student health insurance (98%), and somewhat satisfied with the affordability (63%) and comprehensiveness (77%) of the Emory Aetna Student Insurance Plan.

Immunizations

EUSOM's immunization policy is adequate and follows accepted guidelines from the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, the American College Health Association, and the State of Georgia in determining immunization requirements for its medical students.

Non-Involvement of Providers of Student Health Services in Student Assessment/ Location of Student Health Records

EUSOM Separation of Professional Roles policy clearly delineates that a health professional who provides health services, including psychiatric/psychological counseling, to a medical student cannot have any role in that student's assessment or promotion. If a student requires subspecialty care and chooses to stay "in network" due to financial reasons, all efforts are made to ensure the treating physician is recused from any assessment, evaluation, or promotion decisions

regarding that student. When these circumstances arise, the EUSOM has invoked this policy to resolve the situation while retaining protection of students' interests as its top priority.

Policies and procedures for the confidentiality of records at Emory Student Health and Counseling Services are student-centered and effective.

Student Exposure Policies/Procedures

Medical students report being well educated about occupational exposures and express understanding of the protocols in the event of an occupational exposure. The EUSOM partners with the Woodruff Health Sciences Center to support faculty who administer and support the exposure hotline. The Doctor of Medicine Student Handbook is very clear concerning occupational exposure risks and methods to lower risk when working with patients; the contact numbers for each of the hospital needle stick hotlines are distributed multiple times including at medical school orientation and orientation to the wards during the clerkship year. Students are provided with a list of emergency phone numbers printed on a card that is designed to fit with their ID badges. EUSOM policies include all required elements as outlined by LCME and the EUSOM affiliate hospitals. Nearly all students feel confident and satisfied in their understanding of occupational exposure, with greater than 98% satisfied throughout all classes as reported in the ISA.

Visiting medical students receive an information packet, which is reviewed during orientation by the EUSOM Academic Electives Program Coordinator. The packet includes EUSOM policies regarding blood-borne or air-borne pathogens and provides a link to the Doctor of Medicine Student Handbook. The link to the Handbook is also available in the Visiting Students Application Service (VSAS).

Self-Study Summary

EUSOM Medical Education Program's Strengths

The EUSOM has a strong leadership team that fosters excellence in medical education through comprehensive strategic planning and employing the principles of continuous quality improvement.

The EUSOM attracts, admits, and supports a diverse student body that is committed to serving humanity and furthering social justice.

The EUSOM features diverse and exceptional clinical experiences, each of which provides a rich environment for medical students to learn the compassionate practice of medicine.

The EUSOM has a large and robust research enterprise that supports complimentary teaching of the medical sciences within an integrated curriculum and affords students a wide variety of choices for contributing to the discovery of new knowledge.

The EUSOM is unique in the frequency and cultivation of 1:1 faculty-student relationships that are provided throughout the program by the Society advisors, the yearlong OPEX clinical preceptors, clinical clerkships, and Discovery mentors.

The EUSOM supports and offers joint MD/MPH, MD/PhD, MD/MSCR and other dual degree programs that create unique and important opportunities for students to enrich and contextualize their medical training. Approximately one-third of Emory medical students take advantage of such programs.

The EUSOM has an enthusiastic faculty body engaged in all aspects of the MD program and has the infrastructure to help reward such faculty members with recognition and promotion.

The EUSOM's commitment to the underserved is reflected in its partnership with the Grady Health System as well as the faculty and student engagement with, and advocacy for, the underserved.

The EUSOM is part of a vibrant university system and the city of Atlanta that creates unique, rich and varied opportunities for student growth that complements their study of medicine.

EUSOM Medical Education Program's Challenges with Recommendations for Future Action

While the EUSOM has several departmental "Resident as Teacher" initiatives, it currently lacks a centralized systematic process to ensure that all residents are prepared for their roles as teachers of medical students. The current collaborative efforts between undergraduate and graduate medical education to create a "Resident as Teacher" curriculum have resulted in the creation of four on-line teaching modules that will be disseminated to all residents in early 2016. The graduate medical education office will be responsible for central monitoring of resident completion of these modules annually, starting in early 2016. The graduate medical education office will report the results of the monitoring to the Curriculum Committee on an annual basis.

The EUSOM has a community of diverse students, faculty, and staff; however the school is currently re-examining its processes to define and evaluate the EUSOM mission to promote and support diversity. The School anticipates a final report from the EUSOM Community and Diversity Committee in early 2016 to guide the School in developing a plan for future actions related to diversity.

The EUSOM procedures for reporting student mistreatment are not well known by the medical students. The School has developed a clearer reporting mechanism and a more comprehensive curriculum to increase students' knowledge around mistreatment, sexual misconduct, and discriminatory harassment.

The EUSOM has many school-wide and departmental programs focused on the educational development for faculty. The EUSOM aspires to centralize efforts to create a comprehensive and coordinated program of educational development for faculty. The strategic plan addresses this as one of its current goals.

The EUSOM seeks to improve student satisfaction with the integrated topics of anatomy, biochemistry, immunology, microbiology, and pharmacology. The School has made incremental improvements over the past few years and anticipates a comprehensive plan in early 2016 from the Curriculum Committee.

The EUSOM career counseling efforts are being improved to be more comprehensive and supportive of student needs. The most recent effort, "Emory DOCS" is in its early implementation phase.

While the EUSOM new curriculum was successful in increasing the amount of outpatient experiences, student satisfaction with the Ambulatory Care Block has been less than desirable. The EUSOM will implement new ambulatory experiences for students starting in the 2016 Application phase year.

References:

1. http://www.nist.gov/baldrige/publications/education_criteria.cfm

Appendix

Members of the Self-Study Task Force and Committees:

Committee Member	Title	Department
EUSOM LCME Committees		
Committee Member	**Title**	**Department**
LCME Task Force		
Christian P. Larsen, MD, PhD	Dean	EUSOM, Dept. of Surgery
J. William Eley, MD, MPH	Executive Associate Dean, Office of Medical Education and Student Affairs	EUSOM, Dept. of Hematology and Medical Oncology
Erica D. Brownfield, MD	Professor, Assistant Dean of Medical Education, LCME ACCREDITATION LEAD	EUSOM, Dept. of Medicine
Emily Hulkower, MPA	LCME STAFF VISIT COORDINATOR	EUSOM, Office of Medical Education and Student Affairs
William McDonald, MD	Professor, LCME TASK FORCE COMMITTEE CHAIR	EUSOM, Dept. of Neurology and Psychiatry
Kate L. Heilpern, MD	Professor and Chair	EUSOM, Dept. of Emergency Medicine
Carlos del Rio, MD	Professor and Chair	Rollins School of Public Health, Dept. of Global Health; EUSOM, Dept. of Medicine
Steven M. Roser, DMD, MD	Professor	EUSOM, Division of Oral and Maxillofacial Surgery
Lurit Bepo	Student	EUSOM
Kevin Seitz	Student	EUSOM
Heather Hamby, MPH	Executive Associate Dean and COO, AVP for Health Center Integration	EUSOM
Joanna Bonsall, MD, PhD	Assistant Professor	EUSOM, Dept. of Medicine
Nicole Turgeon, MD	Associate Professor	EUSOM, Dept. of Surgery
Richard Kaplan, MD	Alumnus	EUSOM
Sandra Franklin, MLS, AHIP	Director	Woodruff Health Sciences Library
Stephen Warren, PhD	Professor and Chair	EUSOM, Dept. of Human Genetics
Theodore M. Johnson II MD, MPH	Professor and Chief, General Medicine & Geriatrics	EUSOM, Dept. of Family and Preventive Medicine
Winfield S. Sale, PhD	Professor and Acting Chair	EUSOM, Dept. of Cell Biology
LCME Advisory Committee		
Gary L. Teal, MBA	Chief Administrative Officer, COMMITTEE CHAIR	EVP Health Affairs
S. Wright Caughman, MD	Executive Vice President for Health Affairs	Woodruff Health Sciences Center
Richard A. Mendola, PhD	Enterprise CIO & Senior Vice Provost for Library Services	Office of the Vice Provost
David S. Stephens, MD	Professor and Chair, Vice President Research	EUSOM, Dept. of Medicine
Monica Farley, MD	Professor	EUSOM, Dept. of Medicine
Thomas J. Lawley, MD	Advisor to the President for International Affairs, WP Timmie Professor	EUSOM, Dept. of Dermatology
Arsalaan Salehani	Student	EUSOM
Gretchen Snoeyenbos, MD	Resident	EUSOM

Mission, Planning, Organization, Integrity Committee		
Leon L. Haley, Jr., MD, MHSA	Professor, Executive Associate Dean, COMMITTEE CHAIR	EUSOM, Dept. of Emergency Medicine
Julia Yeager, MHA	Director, Strategic Initiatives	EUSOM
Joshua Barwick, JD	Associate Dean, Administration	EUSOM
Nadine Kaslow, PhD	Professor	EUSOM, Dept. of Psychiatry
Timothy W. Olsen, MD	Professor and Chair	EUSOM, Dept. of Ophthalmology
Douglas S. Ander, MD	Professor, Assistant Dean of Medical Education	EUSOM, Dept. of Emergency Medicine
Laureen Hill, MD, MBA	Professor and Chair	EUSOM, Dept. of Anesthesiology
Nancy Fajman, MD	Associate Professor	EUSOM, Dept. of Pediatrics
Steve Gorbatkin, MD, PhD	Assistant Professor	EUSOM, Dept. of Medicine
Maura George, MD	Assistant Professor	EUSOM, Dept. of Medicine
Marc Overcash	Deputy CIO and Assistant Dean, IT	EUSOM
Lurit Bepo	Student	EUSOM
Leadership and Administration Committee		
Jeffrey L. Lennox, MD	Professor, Associate Dean, Clinical Research, COMMITTEE CHAIR	EUSOM, Dept. of Medicine
Gregory H. Jones, PhD, MBA, MSC	Associate Vice President	Dept. of Health Affairs
John F. Sweeney, MD	Professor and Chair	EUSOM, Dept. of Surgery
Constance Nagle	Associate Dean, Clinical Planning & Finance	EUSOM
Nathan O. Spell, III, MD, FACP	Associate Professor and Vice Chair for Quality	EUSOM, Dept. of Medicine
Sheryl L. Heron, MD, MPH, FACEP	Assistant Dean, Med Education & Student Affairs, Vice Chair, Associate Professor	EUSOM, Dept. of Emergency Medicine
Nicolas S. Krawiecki, MD	Professor	EUSOM, Dept. of Pediatrics
Jessica Arluck, MD	Associate Professor	EUSOM, Dept. of Gynecology and Obstetrics
Teresa Beck, MD, MPH	Assistant Professor	EUSOM, Dept. of Family & Preventive Medicine
Sharen Olson	Associate Dean, Business and Finance	EUSOM
Anna Kersh	Student	EUSOM
Academic and Learning Environments Committee		
Michael Hart, MD	Professor and Assistant Dean for Research, COMMITTEE CHAIR	EUSOM, Dept. of Medicine
Hal Jones	Director, Care Transformation	Emory Healthcare Inc.
Alyssa R. Bryant, MD	Assistant Professor	EUSOM, Dept. of Emergency Medicine
Stephanie Addison, MD	Assistant Professor	EUSOM, Dept. of Pediatrics
Emily B. Graubart, MD	Assistant Professor	EUSOM, Dept. of Ophthalmology
Donald Lee Batisky, MD	Associate Professor	EUSOM, Dept. of Pediatrics
Sarah Booker	Student	EUSOM
Jordan Paul Amadio	Resident	EUSOM

Faculty Preparation, Productivity, Participation, Policies		
Charles Moran, Jr., PhD	Professor, COMMITTEE CHAIR	EUSOM, Dept. of Microbiology & Immunology
Michael Greenwald, MD	Assistant Professor	EUSOM, Dept. of Pediatrics
Phoebe Lenhart, MD	Assistant Professor	EUSOM, Dept. of Ophthalmology
T.J. Murphy, PhD	Associate Professor	EUSOM, Dept. of Pharmacology
Bijal Bharat Shah, MD	Assistant Professor	EUSOM, Dept. of Emergency Medicine
Lisa B. Bernstein, MD	Associate Professor	EUSOM, Dept. of Medicine
Norberto Fas, MD	Assistant Professor	EUSOM, Dept. of Medicine
Richard Cummings, PhD	Professor and Chair	EUSOM, Dept. of Biochemistry
Educational Resources and Infrastructure		
Douglas C. Parker, MD	Associate Professor, COMMITTEE CHAIR	EUSOM, Dept. of Pathology and Laboratory Medicine
Arlene B. Chapman, MD	Professor	EUSOM, Dept. of Medicine
Mia White	Medical Education & Technologies Informationist	Woodruff Health Sciences Center Library
John A. Petros, MD	Professor	EUSOM, Dept. of Urology
Thomas Quinn	Director, Information Technology	EUSOM
Michele Sumler, MD	Assistant Professor	EUSOM, Dept. of Anesthesiology
Kimberly D. Manning, MD	Associate Professor	EUSOM, Dept. of Medicine
Patricio Riva Posse, MD	Assistant Professor	EUSOM, Dept. of Psychiatry
James R. Zaidan, MD, MBA	Associate Dean Graduate Medical Education and Professor	EUSOM, Dept. of Anesthesiology
Ryan Smith	Student	EUSOM
Competencies, Curricular Objectives, Curricular Design		
Mary Jo Lechowicz, MD	Associate Professor, COMMITTEE CHAIR	EUSOM, Dept. of Hematology and Medical Oncology
Hugh Stoddard, MEd, PhD	Assistant Dean, Medical Education	EUSOM
Maureen Powers, PhD	Associate Professor	EUSOM, Dept. of Cell Biology
Karen L. Law, MD	Assistant Professor	EUSOM, Dept. of Medicine
Francois Rollin, MD	Instructor	EUSOM, Dept. of Medicine
Philip Shayne, MD	Professor	EUSOM, Dept. of Emergency Medicine
Toncred Styblo, MD	Associate Professor	EUSOM, Dept. of Surgery
Niharika Mallepally	Student	EUSOM
Curricular Content		
Emily J. Herndon, MD	Assistant Professor, COMMITTEE CHAIR	EUSOM, Dept. of Family Medicine
Gordon G. Churchward, PhD	Assistant Dean, Medical Education & Student Affairs	EUSOM, Professor of Microbiology and Immunology
Laurence S. Sperling, MD	Professor	EUSOM, Dept. of Medicine
Jason Higdon, MD	Assistant Professor	EUSOM, Dept. of Medicine
Jeannette Guarner, MD	Professor	EUSOM, Dept. of Pathology and Laboratory Medicine
Ziad Kazzi, MD	Associate Professor	EUSOM, Dept. of Emergency Medicine
Susie Buchter, MD	Associate Professor	EUSOM, Dept. of Pediatrics
Jaffar Khan, MD	Associate Professor	EUSOM, Dept. of Neurology
John W. Diehl	Student	EUSOM

Curricular Management, Evaluation, Enhancement		
Jason Liebzeit, MD	Assistant Professor, COMMITTEE CHAIR	EUSOM, Dept. of Emergency Medicine
Allan I. Levey, MD, PhD	Professor and Chair	EUSOM, Dept. of Neurology
Douglas L. Falls, MD	Associate Professor	EUSOM, Dept. of Cell Biology
Patti Pate, MPA	Director, Program Development & Product Management	EUSOM, Information Technology
Adam Webb, MD	Assistant Professor	EUSOM, Dept. of Neurosurgery
Andrew Kowalczyk, PhD	Assistant Professor	EUSOM, Dept. of Cell Biology
Noble Maleque, MD	Assistant Professor	EUSOM, Dept. of Medicine
Leah Machen	Student	EUSOM
Teaching Supervision, Assessment, Student and Patient Safety		
Andi L. Shane, MD, MPH, MSc	Associate Professor, COMMITTEE CHAIR	EUSOM, Dept. of Pediatrics
Marilane Bond, EdD, MBA	Assistant Dean, GME	EUSOM
Joshua Wallenstein, MD	Assistant Professor	EUSOM, Dept. of Emergency Medicine
Demetrius Woods, MD	Assistant Professor	EUSOM, Dept. of Gynecology and Obstetrics
Mohammad K. Khan, MD, PhD	Assistant Professor	EUSOM, Dept. of Radiation Oncology
Stefan Tigges, MD	Associate Professor	EUSOM, Dept. of Radiology
Susan M. Ray, MD	Associate Professor	EUSOM, Dept. of Medicine
Rachel Pocock	Student	EUSOM
Rachel Medbery	Resident	EUSOM
Medical Student Selection, Assignment, Progress		
John Richard Pittman, MD	Assistant Professor, COMMITTEE CHAIR	EUSOM, Dept. of Medicine
Ira K. Schwartz, MD	Associate Dean of Medical Education & Student Affairs, Admissions	EUSOM
June C. Eddingfield	Associate Director, Admissions	EUSOM
Kerry Ressler, MD, PhD	Interim Director, MD/PhD Program	EUSOM, Dept. of Psychiatry
Gary Francis Bouloux, MD, DDS, MDSc	Associate Professor and Residency Program Director	EUSOM, Dept. of Surgery
Jennifer Casarella, MD	Assistant Professor	EUSOM, Dept. of Psychiatry
Anita Sethna, MD	Assistant Professor	EUSOM, Dept. of Otolaryngology
Colleen S. Kraft, MD	Assistant Professor	EUSOM, Dept. of Pathology
Jay Read, PhD	Student	EUSOM
Medical Student Academic Support, Career Advising, Educational Records		
Mary S. Dolan, MD, MPH	Associate Professor, COMMITTEE CHAIR	EUSOM, Dept. of Gynecology and Obstetrics
Joel M. Felner, MD	Associate Dean, Medical Education & Student Affairs, Professor	EUSOM
Martha Ward, MD	Assistant Professor	EUSOM, Dept. of Psychiatry
Amanda Corey, MD	Assistant Professor	EUSOM, Dept. of Radiology
Dimitri Cassimatis, MD	Assistant Professor	EUSOM, Dept. of Medicine
Taylor Harrison, MD	Assistant Professor	EUSOM, Dept. of Neurology
Barbara J. Pettitt, MD	Associate Professor	EUSOM, Dept. of Surgery
Anita Corbett, PhD	Professor	EUSOM, Dept. of Biochemistry
Jada Bussey-Jones, MD	Professor	EUSOM, Dept. of Medicine
Colin O'Shea	Student	EUSOM

Medical Student Health Services, Personal Counseling, Financial Aid Services		
Stacy M. Higgins, MD	Associate Professor, COMMITTEE CHAIR	EUSOM, Dept. of Medicine
Robert H. Lee, PhD	Associate Dean, Student Affairs	EUSOM
Michael G. Behler	Associate Director, Student Affairs	EUSOM
Michael J. Huey, MD	Assistant Professor	EUSOM, Dept. of Family Medicine
Anne Daul, MD	Assistant Professor	EUSOM, Dept. of Emergency Medicine
Keith A. Delman, MD	Associate Professor	EUSOM, Dept. of Surgery
Laura K. DeLong, MD, MPH	Assistant Professor	EUSOM, Dept. of Dermatology
Jennifer Goedken, MD	Associate Professor	EUSOM, Dept. of Obstetrics and Gynecology
Robert Heider	Student	EUSOM
Independent Student Analysis Committee		
Kevin Seitz	Student, COMMITTEE CHAIR	EUSOM
Pearl Ryder	Student	EUSOM
Shruthi Rereddy	Student	EUSOM
Zoe Julian	Student	EUSOM
David Liddle	Student	EUSOM
Alexandra Reitz	Student	EUSOM
Colin Washington	Student	EUSOM
Daniel Guidot	Student	EUSOM
Rachel McCandliss	Student	EUSOM
Sarah Elizabeth Streeter	Student	EUSOM
Max Goldman	Student	EUSOM

List of Terms and Acronyms:

Term	Definition
AAMC	Association of American Medical Colleges
ACGME	Accreditation Council for Graduate Medical Education
ADSR	Office of Access, Disability Services, and Resources (Emory University)
AMCAS	American Medical College Application Service
Application of Medical Science	Phase 3 of EUSOM curriculum: required clerkships
ASSET	Accreditation Standards Self-Evaluation Tool: online database linking data collected by the AAMC and other sources to materials required by the LCME for U.S. medical schools accreditation
Capstone	Final month of medical school that further prepares students to transition into residents
CDCR	Career Development Conference Report (individual faculty review by Chair or Chair-designee)
CEO	Chief Executive Officer
CEPAR	Critical Event Preparedness and Response (Emory University)
CHOA	Children's Healthcare of Atlanta
CI	Curriculum Inventory
CME	Continuing Medical Education
COC	Council of Chairs
COI	Conflict of Interest
CQI	Continuous Quality Improvement
DCI	Data Collection Instrument
Discovery	Phase 4 of EUSOM curriculum (along with Translation of Medical Science): research block

Term	Definition
EAD	Executive Associate Dean
EBM	Evidence-Based Medicine
ECC	Executive Curriculum Committee
ELAM	Executive Leadership in Academic Medicine
Emory DOCS	Emory University School of Medicine: Development of Careers and Specialty Choices
EPA	Entrustable Professional Activity
ETC	Emory Transplant Center
EUSOM	Emory University School of Medicine
EVPHA	Executive Vice President for Health Affairs
FAC	Faculty Advisory Committee (EUSOM faculty members elected to advise the Dean)
Foundations of Medicine	This stage consists of 2 phases and provides students with the core knowledge of basic and clinical sciences. The EUSOM Foundations courses are topically integrated rather than discipline-based and sessions are often co-taught by basic scientists and clinicians.
GME	Graduate Medical Education
GQ	AAMC Graduation Questionnaire
Grady	Grady Health System: partner of Emory, public hospital
GDBBS	Emory University Graduate Division of Biological and Biomedical Sciences
Healthy Human	Phase 1 of EUSOM curriculum: human life cycle, emphasizing normal, healthy human activities such as neural function, exercise, and nutrition
Human Disease	Phase 2 of EUSOM curriculum: organ systems-based courses
IPE	Interprofessional Education
IRB	Institutional Review Board
ISA	Independent Student Analysis
IT	Information Technology
LCME	Liaison Committee on Medical Education
LES	Learning Environment Survey (survey given to clerkship students of the clinical learning environment)
LITS	Libraries & Information Technology Services
MD	Medical Doctor
MedBiquitous	The MedBiquitous Consortium (MedBiquitous) is a developer of information technology standards for healthcare education and quality improvement. MedBiquitous and the AAMC have worked closely to develop the standards and specifications for the Curriculum Inventory.
MEST	Medical Educator and Service Track: academic track for clinical educators
MSCR	Master of Science in Clinical Research
MSPE	Medical Student Performance Evaluation
NBME	National Board of Medical Examiners
NIH	National Institutes of Health
NRMP	National Resident Matching Program
OASIS	Online Access to Student Information and Scheduling; web-based course lottery, scheduling, and administration system
OMESA	Office of Medical Education and Student Affairs (EUSOM)
OPEX	EUSOM Outpatient Experience (required of all M1 students)
OSCE	Objective Structured Clinical Examination
PCRS	AAMC's Physician Competency Reference Set

Term	Definition
SACS	Southern Association of Colleges and Schools: regional accrediting body for Emory University
Small Group	Sub-group of the EUSOM Society system; 16 total small groups per class
SGA	Small Group Advisor (each student is paired with a small group advisor for the four-year program; advisors teach a significant part of the curriculum, provide feedback to students, and serve as a primary resource for students)
Society System	4 society groups in total; 4 sub-groups called "small groups" within each society group
SoCRATES	Short Course on Clinical Research and Translational Experience in Science (EUSOM)
SPAs	Student Physician Activities: EUSOM student learning outcomes, expressed in behavioral, assessable terms, organized as the activities and competencies that are expected of in-coming residents
Translation of Medical Science	Phase 4 of EUSOM curriculum (along with Discovery): required clerkships in a sub-internship, emergency medicine, and critical care, and Capstone
UME	Undergraduate Medical Education
USMLE	United States Medical Licensing Examination
VA	Veterans Administration (Atlanta VA Medical Center)
VSAS	Visiting Students Application System
WHSC	Woodruff Health Sciences Center: components include Emory University School of Medicine, Nell Hodgson Woodruff School of Nursing, Rollins School of Public Health, Yerkes National Primate Research Center, Winship Cancer Institute, and Emory Healthcare