Emory University School of Medicine
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Medical Education Program Highlights

The educational program at Emory University School of Medicine (EUSOM) is designed to produce generalist and specialist physicians who are adept at scholarly investigation and are committed to caring for all people and populations, especially those underserved in medicine. Key distinguishing features are:

• Students complete the required longitudinal course, Community Learning and Social Medicine, during which students engage with and learn about the greater Atlanta community, and initiate efforts to promote health and healthy behaviors.
• All students complete an in-depth, mentored research project of 5 months or more, which leads to one or more scholarly products.
• Students participate in a learning community, including faculty-facilitated small groups, from matriculation through graduation.
• Being in Atlanta provides a broad variety of clinical training contexts, including Grady Memorial Hospital, the fifth largest public hospital in the United States, with incomparable commitment to care for underserved patients.

Curriculum

Curriculum description

The EUSOM curriculum consists of 4 phases sequenced to inspire learners toward increasing integration of knowledge and independent practice.

• Foundations of Medicine (18 months): Both block and longitudinal courses in biomedical sciences, social and behavioral sciences, health systems science, and clinical practice.
• Application of Medicine (12 months): Blocks of 11 required clinical clerkships.
• Discovery: A 5-month intensive research block during which students design, conduct, and present or publish an individual scholarly project under the direction of a faculty mentor.
• Translation of Medicine: A variety of experiences over 13 months that prepare students for residency. This includes a subinternship, required clerkships in emergency medicine and critical care, a capstone course, and electives.

Several topics are presented as longitudinal courses at developmentally appropriate times across all multiple phases. These courses include: Essentials of Patient Care (which includes clinical practice), Ethics, Evidence-Based Medicine, and Community Learning and Social Medicine.

Curriculum changes since 2010

EUSOM adopted a new curriculum in 2007, fully implemented in 2011. Since then, curricular CQI efforts have focused on improving the alignment and integration across all courses and clerkships. To that end, EUSOM adopted a list of 28 student-physician activities (SPAs) in 2013 as the program learning outcomes for the MD program.1

The SPAs provide a common focus and language to align content, instruction, and assessment across all phases, courses, and clerkships and have unified all components of the program to work toward a common purpose. The courses and clerkships used to prepare students for those outcomes have not been altered substantially since 2007, with the notable exception of creating the required longitudinal Community Learning and Social Medicine course.

In a similar vein, EUSOM adopted a standardized language for categorizing the content being taught and assessed throughout the curriculum.2 The Emory Curriculum Alignment Taxonomy (ECAT) was instituted in 2016 to gather data about curricular content and student performance. ECAT data are used regularly by the Executive Curriculum Committee (ECC) to promote alignment and integration across phases, courses, and clerkships.

In 2019, EUSOM began a strategic visioning and comprehensive planning process to renew medical education across the continuum of EUSOM programs, with actualization anticipated for 2023. The upcoming EUSOM curriculum, titled IRIS (inspire, reimagine, innovate, serve), expresses an education vision that will:

• Create coordinated and forward-looking curricula across the medical education continuum to ensure that students, trainees, and faculty thrive in the future of medicine
• Develop distinctive programs for the individual and collective benefit of local, regional, and national education and noneducation communities
• Inspire students and trainees to make medicine better through discovery, health systems sciences, and the incorporation of new knowledge

Assessment

EUSOM program learning outcomes are defined by the 28 SPAs,1 which are mapped to the ACGME core competencies.

See Chart 1—Student–Physician Activities and Assessment Methods.

Major internal (local) assessments for all courses and clerkships have been “tagged” using the SPAs and the ECAT categories described. Thus, a student’s growth and
### Chart 1

**Student–Physician Activities and Assessment Methods**

<table>
<thead>
<tr>
<th>Student–physician activity (SPA)</th>
<th>ACGME competency domain</th>
<th>Student assessment methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take a patient-centered history (focused and complete)</td>
<td>1</td>
<td>Written exam&lt;br&gt;Faculty rating (clinical/workplace)</td>
</tr>
<tr>
<td>2. Perform a physical examination (standard and “core and cluster”) and recognize normal and abnormal findings</td>
<td>1</td>
<td>Standardized exam (written)&lt;br&gt;Faculty observation (classroom/community)</td>
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<tr>
<td>3. Demonstrate understanding of relevant scientific principles of medicine</td>
<td>2</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>4. Prioritize a differential diagnosis based on clinical reasoning</td>
<td>1</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>5. Develop a patient care plan</td>
<td>1</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>6. Perform technical procedures</td>
<td>1</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>7. Communicate with patients and their support system regarding their care</td>
<td>4</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>8. Participate in difficult conversations with patients and their families</td>
<td>4</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>9. Document and present patient findings and treatment plans</td>
<td>4</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>10. Explain the scientific principles of medicine as applied to differential diagnoses and patient care plans</td>
<td>2</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>11. Use electronic medical records</td>
<td>6</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>12. Formulate clinical questions and search the literature for evidence that enhances patient care</td>
<td>3</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>13. Contribute to generalizable medical knowledge</td>
<td>2</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>14. Apply best evidence to the care of individual patients</td>
<td>3</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>15. Recognize and address ethical dilemmas</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>16. Protect patient information</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>17. Fulfill the unique professional role of a physician in society</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>18. Manage time</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>19. Be a leader</td>
<td>6</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>20. Use feedback to improve one’s own practices</td>
<td>3</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>21. Demonstrate trustworthiness to patients, colleagues, and other health care personnel</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>22. Treat patients while understanding own biases</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>23. Treat patients without regard to personal advantage</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>24. Work in interprofessional teams</td>
<td>6</td>
<td>Written report, document, or manuscript</td>
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<td>25. Identify personal limitations and seek assistance as needed</td>
<td>3</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>26. Teach peers and team members</td>
<td>3</td>
<td>Written report, document, or manuscript</td>
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<tr>
<td>27. Serve the community</td>
<td>5</td>
<td>Written report, document, or manuscript</td>
</tr>
<tr>
<td>28. Contribute to health care quality and safety initiatives</td>
<td>6</td>
<td>Written report, document, or manuscript</td>
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achievement on each of the SPAs can be aggregated across all 4 phases of the program. This tagging is done for written exams, faculty ratings of workplace performance, and summative OSCEs.

- Each item on internally developed written exams is categorized according to SPA and content. Students are informed of their individual results by topic to help guide future learning and pertinent faculty receive reports on the performance of class cohorts to inform curriculum evaluation.
- All clinical assessment forms that are used to record faculty observations of students during required clerkship are tied to SPA criteria. This encourages consistency across clerkships in the criteria for which students are graded and allows for building a profile of student performance on the specific activities of a student–physician in a variety of clinical contexts.
- Summative OSCEs are scored based on a student’s performance of a specific activity across all simulated cases. This approach supports the evidence collected from workplace assessments and avoids psychometric issues of case specificity.

Parallel curriculum or tracks

EUSOM does not have parallel tracks within the MD curriculum, but offers several dual-degree programs. These dual degrees are available: MD–PhD, MD–MSCR (clinical research), MD–MPH, MD–MA (ethics), and MD–MBA. There is not currently a 3-year MD degree at EUSOM, and no plan is currently in place to offer such.

Pedagogy

Pedagogy used in the EUSOM program emphasizes clinical practice and experiential learning.

The Foundations phase of the curriculum makes extensive use of actual patients in classroom presentations. These presentations emphasize patient-centered care by offering a first-hand perspective of the condition being discussed and by modeling compassionate care along with clinical reasoning.

The Discovery phase is an experiential scholarly opportunity with the expectation that students will design, conduct, and report on a research question in their area of interest. Students are mentored, but function independently. Similarly, the Community Learning and Social Medicine course is predominantly experiential, with students spending extended time with a community organization.

Throughout the program, students spend time with a faculty facilitator in small-group learning sessions to build their professional identity as physicians and to reinforce the communal and collaborative components of modern health care practice.

Clinical experiences

The Atlanta metropolitan region presents EUSOM students with a plethora of rich clinical learning environments. Medical students participate in educational activities in 4 different hospital systems:

- Emory Healthcare, the most comprehensive health system in Georgia, which offers training opportunities in practically all medical specialties for a variety of patient types, ranging from ambulatory to quaternary care services
- Atlanta VA Medical Center
- Children's Healthcare of Atlanta
- Grady Memorial Hospital, the largest hospital in Georgia and the fifth largest public hospital in the United States

EUSOM students first experience clinical medicine in the second week of medical school as observers during “Week on the Wards.” Participation in patient care commences during the fifth month of their educational program when students see patients in ambulatory settings biweekly for a full year.

In addition to the 4 inpatient facilities, EUSOM students have opportunities in a multitude of outpatient venues, including community-based psychiatric rotations at DeKalb Crisis Center and Skyland Trail.

Despite the extensive hospital networks available to EUSOM students, 2 challenges face the clinical education program for students:

- There is limited availability of outpatient sites for students, particularly for general pediatrics and adult medicine.
- Increasing numbers of learners from other health care programs, other medical schools, and other countries seek clinical training at Emory-affiliated health care systems and hospitals. These outside demands on the resources and facilities create challenges for EUSOM and our health care partners.

Curricular Governance

A unique structure and function for the EUSOM curriculum committee was instituted in 2013. All final decisions are made by the ECC, with input and support from 10 subcommittees, including a subcommittee of student representatives. The ECC has embraced CQI processes to manage the myriad details and decisions that need to be made and monitored.

Several members of the ECC are selected by a direct vote of the EUSOM faculty. The remaining members are chairs of the 10 subcommittees who are selected through a process of vacancy notifications, followed by review of applications by curriculum deans and appointment by the dean of EUSOM.

The ECC and its subcommittees collaborate closely with several associate and assistant deans on matters of student academic support, career development, and similar issues of student affairs.

Goverance of the EUSOM curriculum and program has become highly centralized over the past 7 years. Funds are transferred from the Dean’s Office to various departments to provide salary support for key faculty involved in leading and teaching the MD program. Departments retain primary oversight.
of clinical electives and personnel to lead and coordinate the required clerkships.

**Education Staff**

All functions related to the operation of the MD program at EUSOM are under the auspices of the Office of Medical Education and Student Affairs (OMESA). These functions include medical school admissions, curriculum organization and delivery, and medical/clinical simulation activities.

OMESA curricular support includes the coordination of all classroom-based educational events such as scheduling activities, administering course and faculty evaluations, assembling and delivering written exams, producing OSCEs, managing the curriculum inventory, and overseeing data gathering and management for LCME requirements. OMESA student affairs support incorporates scheduling students for required clinical clerkships (this does not include assigning students to the specific services during each clerkship) and arranging months for elective rotations and the Discovery course.

All OMESA units work in collaboration with Information Technology Services (SOM-ITS) to operate the infrastructure needed for program functions and data collection and reporting.

OMESA personnel in several areas also serve other health care education programs of EUSOM. These include the simulation and clinical skills units, the financial aid office, and the registrar.

Additional OMESA personnel fulfill curricular and student affairs needs for several nondegree programs. These include the graduate medical education office and the leadership of various prematriculation “pipeline” and recruitment programs for potential applicants who are demographically underrepresented in medicine. The MD/PhD program coordinators also function under the OMESA umbrella.

Dean-level positions in support of medical student education are:

- Executive associate dean for medical education and student affairs
- Associate dean for admissions and student affairs
- Associate dean for clinical education
- Associate dean for medical education, curriculum
- Associate dean for medical education, business and finance
- Assistant dean for clinical education
- Assistant dean for medical education
- Assistant dean for medical education and student affairs
- Assistant dean for medical education research
- Associate dean for education and professional development
- Associate dean for faculty affairs and professional development
- Assistant dean for information technology
- Assistant dean for medical education, Grady

**Faculty Development and Support in Education**

School-wide professional development in education opportunities exist for faculty. Examples include Medical Education Day and Learning to Be Better Teachers day. Most opportunities are housed in individual departments or are designed to fulfill specific course or program needs.

The EUSOM promotion and tenure guidelines, adopted in 2017, state that all faculty are expected to “show academic excellence and to participate in all 3 missions: scholarship, teaching, and professional service.” Faculty members select 1 of these 3 as an area of distinction appropriate to their intended career path. Criteria and guidelines for promotion, particularly to senior ranks, are established such that individuals can be promoted on the strength of their performance and reputation in teaching.

The Woodruff Health Educators Academy (WHEA) was established in 2017 to promote scholarship of teaching and learning in all schools and programs of Emory University’s Woodruff Health Science Center. To that end, WHEA sponsors programs to build capacity among faculty to advance educational pursuits. WHEA programs include an interprofessional journal club and yearlong fellowships in educational scholarship and in health professions teaching.

**References**