Medical College of Georgia at Augusta University

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Medical Education Program Highlights

Established in 1828, the Medical College of Georgia (MCG) is the nation’s 13th oldest medical school, with a renowned commitment to medical education, as epitomized by vice dean emeritus Dr. Rhee Fincher. As Georgia’s only public medical school, MCG receives robust state support, now fused with remarkable philanthropic funding highlighted by the transformative $66M J. Harold Harrison MD gift that contributed to building a state-of-the-art medical education commons and to funding student scholarships and endowed chairs.

In response to a shortage of physicians in Georgia and with LCME approval, MCG increased class size from 180 to 230 in 2010 and created a series of 4 regional campuses to implement a statewide MD educational program (“One MCG”). Forty of the 230 students matriculate into the 4-year Medical Partnership (MP) created with the University of Georgia in Athens. Three clinical regional campuses each serve as a hub for third- and fourth-year students in Rome, Albany, and Savannah/Brunswick.

See Figure 1—Map of campuses.

MCG educates medical students at more than 350 statewide clinical venues, and over 500 residents/fellows in 53 unique residency/fellowship programs at AU Medical Center in Augusta. Some 25 students are enrolled in the University System of Georgia MD–PhD program.

MCG matriculates a talented, skilled, and diverse class with the attributes that we are seeking for future physicians. The program prepares graduates for the contemporary and future practice of medicine, capitalizing on rich statewide clinical experiences, leading to great success in their residency programs.

Curriculum

Curriculum description and curriculum changes since 2010

To meet the evolving educational needs and professional career imperatives of its students, MCG is undergoing LCME-approved development of a novel curriculum (MCG 3+). MCG 3+ creates individualized medical education options for students, while ensuring continued achievement of MCG’s established MD program competencies. The redesigned curriculum will provide students completing the 3-year core MD requirements with a choice from 3 subsequent fourth-year career pathways:

• Accelerated entry into postgraduate year 1 of primary care residency programs in Georgia
• Completion of a dual-degree program (MBA, MPH, MEd, MS)
• Advanced clinical skills and research training in future specialty

To jump-start the planning for MCG’s new curriculum, the MCG Office of Academic Affairs employed a unique design strategy. Sprint is well known in the business and technology world as a method for quickly generating solutions to large challenges. MCG’s educational leadership participated in two 5-day “sprints,” curriculum redesign, and career advising. Both yielded significant program design results and feedback from students, residents, faculty, and content experts. The MCG 3+ program will contribute significantly to MCG’s healthier Georgia mission, by graduating physicians who are career confident and practice ready. MCG 3+ is a logical and mission-based extension of prior LCME-approved curriculum enhancements.

Upon completion, MCG 3+ curricular redesign will achieve 3 important goals:

• Guide more students toward primary care careers in Georgia to improve the health of Georgians
• Allow the MD program to translate the lessons and successes from its case-based learning (CBL) track at our MP campus in Athens, and from its longitudinal integrated clerkship (LIC) track at our Rome campus
• Provide students with multiple fourth-year options designed to enhance their careers and/or transition to residency

Scheduling modifications for MCG 3+ beginning in year 1 allow students to complete all core graduation requirements in 3 years (132 weeks). Efficiencies gained in AY2019–2020 with preclinical content delivery through online HMX coursework (offered by Harvard Medical School) will be added to by students remaining active through the traditional summer breaks in the 4-year curriculum beginning in AY2020–2021. The clinical phase of the MCG 3+ curriculum also features greater utilization of a continuity-of-care LIC model for primary care pathway students and by adjustment of traditional clerkship length to 6 weeks for students in the other 2 pathways. The 2-phase MCG 3+ curriculum is structured as follows:

• Preclinical (18 months): The curriculum will continue using organ-based modules. The delivery of content will be accelerated and will primarily employ CBL, similar to that
being successfully used at our campus in Athens. The current 2-year and 2-cycle (normal then abnormal) preclinical approach will become fully integrated into an 18-month and 1-cycle approach.

• Clinical (18 months): Capitalizing on the success of the LIC at the Rome campus, the curriculum will establish clinical continuity-of-care LIC experiences for MCG 3+ primary care students in all existing clerkship disciplines.


MCG’s Committee on Committees (COC) believes students can achieve all competency-based objectives (CBOs) within these time frames.

MCG 3+ is introducing several educational innovations to the MD program:

• Early preclinical phase patient exposure: student–patient interactions (i.e., home health visits, EMT rides, etc.) in months 1 and 2, and a continuity clinic beginning 3 months after matriculation.

• Advanced technology integrated imaging training through a longitudinal “living anatomy” course: the current dissection-based anatomy course will be modernized to feature more 3D imaging-enhanced tomography and ultrasound, and virtual reality simulations.

See Table 1—Curriculum Design.

Expected outcomes of the MCG 3+ curriculum are:

• Improved career advising designed to better match to individual student interests with aptitudes. This will be measured by carefully tracking student satisfaction and graduate performance data, both internally (graduate survey, program director survey) and externally (AAMC Graduation Questionnaire), to achieve predictive model “fit” at key points in the MD program life cycle.

• Improved student performance metrics as a result of educational enhancements and greater faculty–student engagement in CBL and continuity-of-care clinics. Metrics to be tracked are:
  ◦ Module/clerkship grades
  ◦ Step scores (with national benchmarks)
  ◦ NBME comprehensive basic science and clerkship subject exam performance (with national benchmarks)
  ◦ Evaluation data
  ◦ Graduation rates (4 years)
  ◦ Competency achievement data (e.g., Entrustable Professional Activities [EPAs])

• Reduced medical student debt. The average debt will be reduced by 1 year of MD tuition for primary care pathway.

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**Table 1**

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<td>Continuity-of-care clinic “firms” (2–3 students each)</td>
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students and by conversion of fourth-year students into lower master’s-level tuition rates for dual-degree pathway students.


Assessment
MCG faculty define the competencies expected of MD graduates. These competencies are linked to the medical education program objectives, MCG’s CBOs. Curricular design, implementation, and evaluation are guided by the CBOs, and these objectives are benchmarks of the knowledge, skills, behaviors, and attitudes MCG expects medical students to achieve by completion of the MD program. CBOs were developed in COC working groups including faculty, residents, students, and patients, refined by the full committee, stated in outcome-based terms, and linked to 6 general physician competencies outlined by the ACGME Outcome Project.

The MCG faculty ensures the inclusion and delivery of content with sufficient breadth and depth to prepare students for entry into any residency program and for the subsequent practice of medicine. The COC uses CBOs to outline the content students must acquire and to evaluate student preparedness for residency training. Objective outcome measures confirm student learning and achievement of competency in multiple content domains. The most recent review (October 2019) yielded the addition of a seventh CBO on personal management and self-care. This new CBO addresses the need for students to develop an awareness of personal and professional values and needs, the skills to meet those needs, and ability to balance their professional identity with a full life outside of medicine.

MCG has implemented a comprehensive, fair, and uniform system of formative and summative medical student assessments throughout the curriculum to prepare students for promotion and enable their success as future physicians. Summative evaluations use multiple modalities, assess across the CBOs, and confirm satisfactory achievement as defined by the faculty. In the preclerkship years, contribution to summative assessment includes faculty-written exams, NBME-developed examinations, team-based learning activities, objective structured clinical examinations, lab practical exams, oral presentations, problem-based learning assessment, and various exercises with faculty ratings. In the clerkship year, MCG employ: faculty and resident ratings, NBME subject examinations, faculty-developed quizzes, evidence-based medicine assignments, written history and physical examinations, and others. Students are afforded opportunities throughout the curriculum to gauge their level of performance. Whether by low-stake quizzes or personal faculty feedback, formative assessment is provided throughout the curriculum. MCG is partnering with Vagelos College of Physicians and Surgeons at Columbia University to develop a tool to better evaluate medical student narrative feedback to assess EPA attainment.

Curricular Governance
The MCG faculty senate bylaws specify how the members of the COC are selected, including those who are appointed to the committee as a result of their position in the MD program. Members serve 2-year staggered renewable terms. The members are selected through the process outlined in the bylaws whereby nominations (self, campus leadership, or other) are received and approved by the COC.

The COC is chaired by the vice dean for academic affairs. The vice chair of the COC is the associate dean for curriculum. The chairs of the Phase 1 and 2 and Phase 3 curriculum committees as well as the Phase 1 and 2 and third- and fourth-year directors are members. The Phase 1 and 2 and Phase 3 committee each nominate 3 additional members. The committee includes representation from each campus. There are 3 student representatives from each class (2 Augusta, 1 Athens), with 1 vote per class. Other members include the associate dean for curriculum (Augusta); campus associate dean for curriculum (Athens); senior associate dean for evaluation, accreditation, and CQI; the associate dean for faculty development; and the associate dean for regional campus coordination.

Education Staff
The medical school’s central staff is effective and committed to their administrative roles. Day-to-day leadership of the medical education program is delegated to the vice dean, with the support of regional campus leadership and dean’s staff. To enhance support to students, the student affairs office was reorganized in 2015 with the merger of student affairs and diversity functions into the Office of Student and Multicultural Affairs, led by an associate dean and by the appointment of 4 class associate deans. Recently, MCG’s medical education programming was further enhanced by restructuring the Office of Academic Affairs to include the graduate medical education and continuing professional development administrative functions. This change creates a continuum that supports learners at all levels.

See Figure 2—Educational staff.

Faculty Development and Support in Education
Faculty affiliated with any of MCG’s campuses have a range of faculty development opportunities, including access to the offerings on the main Augusta campus (live, videoconference, archived, other online programs including MCG Preparing to Teach), as well as digital linkages to MCG’s regional campuses, including:

- In-person orientation visits (new faculty) and periodic in-person visits by campus leadership, practice site clerkship directors, or department clerkship directors
- Subscription to teachingphysician.org
- Speakers/workshops
- Office of Faculty Success “Mentoring Minute”

MCG ensures that all faculty are prepared for their role as educators. The approach used includes educational orientation and onboarding, regional clinical faculty meetings, an annual
3-day retreat, and the availability of brief online MedEd Minute presentations.

The Education Innovation Institute offers 2 tracks for faculty development as fellowships: the educational research track (ERT) and the teaching scholars track (TST). The ERT is 2 years in duration and designed to nurture faculty interested in expanding experience in educational research. The 1-year TST is designed to enhance faculty educational skills. In the last 5 years, 44 faculty members have participated in these fellowship programs. Many rich opportunities exist for faculty on all campuses to develop as educators.

The AU Academy of Health Sciences Educators is an organization of distinguished health sciences educators who have demonstrated sustained excellence in educational activities and scholarship.

Reference