**Consortium Projects**

1. **Collaboration** between educators and IT professionals to **build capacity** for curriculum management and expedite the **transition** to competency-based education.

2. **Improve the wellness** of Emory medical students through new initiatives to cultivate **resilience**.

3. **Expand upon and integrate the health system sciences** into the Emory University School of Medicine curriculum.

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**Data Use for CBME**

This diagram depicts components and interactions of a Self-Regulated Learner (SRL) approach to Competency-Based Medical Education (CBME). This model employs the Plan-Do-Study-Act framework of CQI at the level of an individual student. At EUSOM, the outcomes are 28 “Student Physician Activities” (SPAs) which make up the Plan phase (Plan). Instructional activities provide the student with experiences to produce behavior change (Do). Assessment generates data to inform learners and teachers (Study). Using assessment results, the learner reflects and refines their own learning to concentrate on areas of need (Act). The Act phase, metacognition, is novel to medical education and is critical to SRL. This is described as, “learning how to learn.”

Like CQI, CBME needs data. Boxes in the shaded annulus represent data necessary for SRL. The diamonds outside of the annulus show the users of data.

One EUSOM project focuses on collaborating with IT professionals to collect, store, analyze, and report data needed for CBME.

**Need/Gap Addressed**

1. **Collaboration between educators and IT professionals to build capacity** for curriculum management and expedite the transition to competency-based education.

   Competency-based education demands broad, active management of data to track the curricular experiences and learning outcomes of the program. Such management entails aggregating data from multiple systems and demands that IT developers and education leaders have a shared mental model of how data should be collected, stored, reported, and interpreted. This project will operationalize competency-based education by designing architecture for educational data management and sharing. Project outcomes will be to build a collaborative network of educators and IT professionals who will share ideas and techniques to integrate data. This collaborative network is the first step in a comprehensive data management plan to collect, analyze, and report data related to student learning. Data consumers are the students who are developing themselves as “self-regulated learners” and the program leaders who are following the precepts of CQI.

2. **Improve the wellness of Emory medical students through new initiatives to cultivate resilience**.

   A gradual yet definite increase in medical student stress and distress in recent years has become especially apparent around the USMLE exams. We will implement a number of structural changes in access to counseling and wellness resources, integrate wellness activities as explicit portions of our curriculum, and increase student confidence in their preparedness for USMLE exams. We will conduct longitudinal research to examine student-reported burnout and wellness and evaluate the effectiveness of our initiatives.

3. **Expand upon and integrate the health system sciences into the Emory University School of Medicine MD curriculum**.

   We have had individual curricular threads and initiatives in health system science (HSS) domains that are at various stages of maturity while minimally addressing other content in the HSS model. Our uncoordinated approach runs the risk of competing with itself and with the remainder of the traditional medical school curriculum. Our recent project in the AMA ACE Collaborative was around our quality and patient safety curriculum. Now we propose to evaluate additional gaps in our teaching of the content and to better coordinate and integrate HSS content including health policy and advocacy, the social determinants of health, and community engagement.

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