Change the Curriculum by Changing the Culture
Emory University School of Medicine

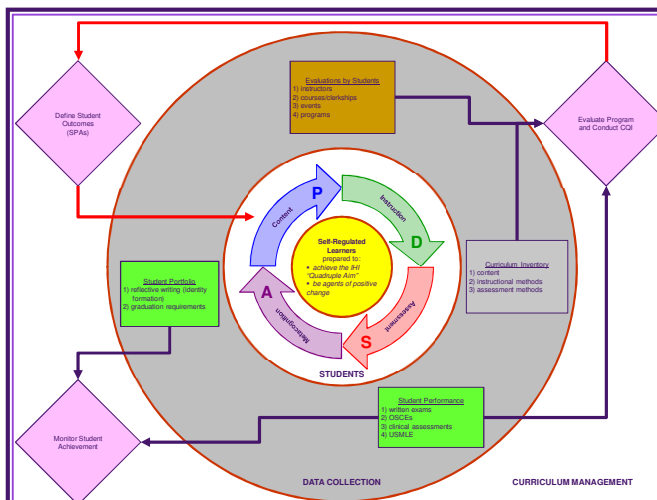Wellbeing | Health System Science | Competency

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**

Grant Team Members

Nathan Spell, MD, FACP
   Associate Dean for Education and Professional Development
   Professor, Department of Medicine

J. William Eley, MD, MPH
   Executive Associate Dean for Education and Student Affairs
   Professor, Department of Hematology and Medical Oncology

Maura George, MD, FACP
   Associate Professor, Department of Medicine

Jennifer Mascaro, PhD
   Assistant Professor, Department of Family and Preventive Medicine

Sheryl Heron, MD, MPH, FACEP
   Assistant Dean for Clinical Affairs
   Vice Chair for Administrative Affairs, Department of Emergency Medicine

Erica Brownfield, MD, FACP
   Associate Dean for Medical Education
   Professor, Department of Medicine

Hugh Stoddard, MEd, PhD
   Assistant Dean for Medical Education Research
   Professor, Department of Medicine

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.

Institutional Contact

Education-IT Collaboration Project
   Hugh Stoddard, _hugh.stoddard@emory.edu_

Improve Wellness and Resilience
   Jenny Mascaro, _jmascar@emory.edu_

Integrated Curriculum for Health Systems Science
   Maura George, _maura.george@emory.edu_

AMA AMERICAN MEDICAL ASSOCIATION | EMORY UNIVERSITY SCHOOL OF MEDICINE