

WHEA Fellowship Graduation

March 11, 2021
5:00-6:00 pm



EMORY

WOODRUFF
HEALTH
SCIENCES
CENTER

Woodruff Health
Educators Academy



About Us

Formed in 2017, the Woodruff Health Educators Academy (WHEA) brings together educators across the health sciences at Emory to promote and support the practice and scholarship of teaching and learning. The program's vision is to foster an interprofessional community of educators across the health sciences at Emory.

Order of Events

WELCOME & OVERVIEW

Taryn Taylor, MD, MEd
Co-Director, WHEA Teaching
Fellowship

PRESENTATION OF GRADUATES

Graduates will share either (a) one of their most memorable moments during the program OR (b) one lesson learned that they have applied or look forward to applying.

CLOSING

Ulemu Luhanga, PhD
Co-Director, Woodruff Health
Educators Academy (WHEA)



Graduates



- 1 Aimee Abide, MMSC
- 2 Sivan Ben-Moshe, MD
- 3 E. Britton Chahine, MD
- 4 Lauren Christiansen-Lindquist, PHD
- 5 June Eddingfield
- 6 Silke von Esenwein, PhD
- 7 Emilee Flynn, MD, MPH
- 8 Wendy Gibbons, DNP, CNM, MN
- 9 Sherita Holmes, MD
- 10 Susi Hupp, MD
- 11 Vijaya Kancherla, PhD
- 12 Joelle Karlik, MD
- 13 Eric Knauer, MD
- 14 Ashima Lal, MD
- 15 Deborah Laubscher, RN
- 16 George Leach, MD
- 17 Hee Won Lee, MD
- 18 Vanessa Lee, DVM
- 19 Britt Marshall, MD
- 20 Carrie McDermott, PhD, APRN, ACNS-BC
- 21 Jonathan Meisel, MD
- 22 Taniqua Miller, MD
- 23 Stewart Neill, MD
- 24 William Stephen Pittard
- 25 Shreya Pujara, MD
- 26 Ila Sethi, MD
- 27 Kathryn Sutton, MD
- 28 Dawn Warner Bolden, MSN, MHSc, RN
- 29 Charlotte Whitehead
- 30 Zanthia Wiley, MD
- 31 Keneeshia Williams, MD

Teaching Fellows



*Aimee Abide, PA-C, MMSc
Director of NP/PA Residency in Critical Care
Medicine, ECCC, Emory Healthcare*

WHAT PROBLEMS WILL BE ADDRESSED?

The Emory Critical Care Center (ECCC) NP/PA residency program is a 12-month program that prepares certified Physician Assistants (PA) and Acute Care Nurse Practitioners (NP) to practice the specialty of critical care medicine as members of a multi-professional team. The program offers 4-week clinical bedside rotations in each core intensive care unit (ICU). The program also offers shorter consultant rotations, including Infectious Diseases. In this 2-week rotation, the Advanced Practice Provider (APP) resident learns how to assess, diagnose, and treat critically ill patients with presumed or definite infections. The program also offers didactic sessions, which are held one full day each month. The ECCC NP/PA program has encountered two main challenges with the Infectious Diseases rotation. First, since the COVID-19 pandemic, clinician educators have limited time to educate NP/PA residents. The second challenge involves

teaching residents in different cohorts of the residency program. The program has biannual enrollment; therefore, during didactic days, learners at different stages attend the same sessions.

WHAT WILL BE TRIED?

We propose a novel infectious disease curriculum utilizing multimodal asynchronous and synchronous educational experiences. We will develop 20-minute asynchronous video-recorded modules covering Antibiotics for the ICU provider. The curriculum includes microbiology basics and empiric and targeted antibiotics for pulmonary, intraabdominal, and skin/soft tissue infections. The synchronous approach will include examinations to test knowledge gained from the video-recorded modules coupled with the live (or Zoom) lecture to review and discuss case-based patient presentations.

WHAT LESSONS DO WE HOPE TO LEARN?

We hope that by providing an introductory Infectious Diseases curriculum via an asynchronous video-recorded platform, the resident's basic medical knowledge will increase to a level that will encourage active participation during live (or Zoom) didactics and bridge the gap in their evaluation and management of infectious diseases.



Sivan Ben-Moshe, MD

Assistant Professor

Department of Internal Medicine & Geriatrics

Emory University School of Medicine

WHAT PROBLEM WAS ADDRESSED?

Increasingly, physicians encounter older patients with multiple chronic conditions (MCC) that need proper care coordination. Often, these patients are overwhelmed by recommendations regarding each condition and have difficulty navigating complex care. Trainees are taught to treat conditions individually, without consideration to medication interactions & specific dietary restrictions with significant conflicting recommendations.

WHAT WAS TRIED?

An educational workshop was designed as part of their 1-week Geriatrics course in the 1st year of medical school to simulate the experiences of an older patient with MCC navigating the complex healthcare system. The virtual workshop consisted of a pre-lecture, roleplay and debrief with creation of a care plan. Students were divided into groups and given a role (patient, spouse, etc). Physician advisors played the role of the

specialists. Patients were considered recently discharged and had appointments for Cardiology, Orthopedics, and Endocrinology. Specialists were provided a script and students provided questions for the patient. Conflicting information similar to real-world experiences were given by specialists. After the roleplay, debrief occurred with a physician advisor and utilization of the AGS multimorbidity toolkit to create a care plan. Surveys were administered with a 5-point Likert scale.

WHAT LESSONS WERE LEARNED?

Based on the results of the survey, this workshop not only enlightened the trainees to the complexities of patients with MCC, but was also successful in promoting empathy towards patients. Continued implementation of this workshop among trainees will help promote improved recognition of the healthcare challenges facing older patients with (MCC), which will ultimately allow for more patient-centered, goal-directed care for these patients in the future. (p=0.024) and “self-efficacy as a team member” (p=0.010)



E. Britton Chahine, MD

*Associate Professor of Gynecology/Obstetrics
Emory University School of Medicine*

WHAT PROBLEM WILL BE ADDRESSED?

Black women are three to four times more likely to die from pregnancy-related causes and have more than a two-fold greater risk of severe maternal morbidity than white women. In 2018, the Council on Patient Safety in Women's Health Care introduced a patient safety bundle entitled the "Reduction of Peripartum Racial and Ethnic Disparities" to address racial and ethnic perinatal disparities. Acknowledging the importance of the role of implicit bias in the patient-provider interaction, one of the proposed solutions by the patient safety on racial disparities in maternal care is to develop new training curricula focused on changing provider behavior to positively impact patient-provider interaction. The purpose of this project is to evaluate the impact of a simulation curriculum focused on teaching respectful maternity care as a part of professional development training in graduate medical learners.

WHAT WILL BE TRIED?

A baseline patient survey (MORi) will be given to postpartum patients and a provider self-evaluation regarding respectful care. We plan on a stepwise curriculum with didactic teaching, followed by simulation training with video to capture subtle practices that can be viewed and debriefed with the learner on the delivery of respectful maternity care. We then plan on a post-simulation assessment at 30 and 90 days, including self-evaluation and patient assessment scores.

WHAT LESSONS DO WE HOPE TO LEARN?

We hope to have a better understanding of the current care at Grady hospital and to see a positive impact that our curriculum provides. We hope to change how we train learners to interact with patients and provide the basis for equitable care curriculum for future learners with potential impact on patient outcome.



*Lauren Christiansen-Lindquist, PHD
Assistant Professor, Rollins School of Public Health
Emory University*

WHAT PROBLEM WAS ADDRESSED?

Advanced epidemiologic methods are traditionally taught using a lecture format to a classroom of 150-200 learners; the content is dense and highly technical, and often there is little room for interaction between the learners and the instructor. The COVID-19 pandemic compounded these challenges by forcing this course to transition online. The goal of this capstone was to identify ways to teach the content in an engaging way in a virtual setting, while also maintaining the expected rigor.

WHAT WAS TRIED?

Learners were first drawn into the course through a carefully constructed, and visually appealing Canvas site. Learners could easily see what was expected of them each week, and predictably find the materials they would need for each session. To address Zoom fatigue, this course transitioned from 2- 80-minute live sessions each week to 1- 80-minute live session accompanied by short videos to

capture what would have been covered during the second session. The main concept for the week was introduced during the live session, and the accompanying videos became available afterwards. These videos were “chunked” so that each one captured a discrete topic or segment, and allowed students to work through these 5-15 minute videos at their own pace. Each live session began with a check-in question to see how the learners were doing, along with a recap of where we had been in the course, and where we were going. Learners participated in the live sessions by using Zoom’s annotate feature to both ask and answer questions. Zoom polls were also used when it was helpful to obtain responses that weren’t biased by having the learners see the responses of others.

WHAT LESSONS WERE LEARNED?

Overall, the course was a success. The annotation feature was particularly useful as it allowed students to anonymously note that they were confused by placing a question mark on the slide. It will be a priority to figure out how to incorporate a similar structure once it is safe to hold classes in-person again.



June Eddingfield
Associate Director for Admissions
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Minimizing the impact of unconscious bias on the decisions made by our Admissions Committee and learning new ways to assess what we think we know about our applicants.

WHAT WILL BE TRIED?

My plan is to conduct a two-part workshop, with the following objectives:

- Explain the cultural and social basis of implicit bias
- Identify the types of implicit (and explicit) bias that may occur during interview evaluation, application review, and admission decision-making
- Identify micro-aggressions that can occur during an interview
- Reflect on our own biases and how they might be triggered
- Discuss “interventional moments”

- Practice actions and responses that will:
 - disrupt the path and impact of implicit bias
 - foster competency-based interview and application evaluation
 - demonstrate support for a diverse community
 - empower our educators to lead discussions about implicit bias in other settings
- Encourage ongoing reflection and education about implicit bias

WHAT LESSONS DO WE HOPE TO LEARN?

I have learned the value of a clear set of learning objectives and outcomes! This has helped me take a topic that is very broad and narrow my focus to an achievable goal.

During my workshop, I look forward to having open and honest conversations with my Admissions Committee members, so that we can learn and practice together how to do our work in a more inclusive way. I also look forward to learning from my Committee about how to address implicit bias in an ongoing, meaningful fashion.





*Silke von Esenwein, PhD
Assistant Research Professor
Rollins School of Public Health, Emory University*

WHAT PROBLEMS WILL BE ADDRESSED?

Perinatal mood disorders are one of the leading contributors to maternal mortality in the United States, including Georgia. The Georgia Chapter of Postpartum Support International (PSI) offers free Perinatal 101 training sessions to providers who work with pregnant and postpartum women. This one-hour presentation focuses on best practices for screening and referring patients with perinatal mental health challenges and is facilitated by a perinatal mental health specialist. However, the training is a traditional, didactic Zoom presentation that does not incorporate established adult learning principles or interactive Zoom components to increase engagement and facilitate learning.

WHAT WILL BE TRIED?

This project aims to increase the online training's effectiveness so that providers can meet the increased demand for telehealth perinatal mental health services due to COVID-19. For my Fellowship project, I restructured the training to incorporate components shown to facilitate adult learning, including incorporating experiential learning, immediate application of the learned material, and being mindful of the participants' unique background knowledge and experiences. I also added many interactive Zoom tools for the instructors to deploy.

WHAT LESSONS DO WE HOPE TO LEARN?

I quickly learned that instructors valued the new interactive nature of the training session but had varying comfort levels with the interactive tools. As a result, the instructor manual now includes a menu of additional but optional Zoom tools that instructors may use according to their comfort level.



*Emilee Flynn, MD, MPH
Assistant Professor of Pediatrics
Emory University School of Medicine*

WHAT PROBLEMS WAS ADDRESSED?

Hospice and Palliative Medicine Fellowship training requires fellows to care for a broad patient population including both adults and children. Little guidance is provided on how to structure these experiences. Most fellowship programs, including our program, coordinate opportunities for fellows to rotate with a Pediatric Palliative Care Team. This satisfies the requirement but does not account for specific needs of individual learners and rotations lacked consistency and standardization. Fellows who primarily care for adults can express apprehension at the start of their pediatric rotations with uncertainty about where to access pediatric specific resources.

WHAT WAS TRIED?

The “Pediatric Objectives for Adult-Track Hospice and Palliative Medicine Fellows” (HPM Pediatric Curriculum Work Group, 2020) was used to identify themes and subcategories for each week of the three week rotation. Resources including scholarly articles and supplementary popular media references were identified. The weekly curriculum outline was shared with both the on-service team and fellow to focus discussions and relevant experiential bedside learning opportunities. At the end of the rotation, fellows presented on a topic of their choice which highlighted information they learned.

WHAT LESSONS WERE LEARNED?

The implementation of this curriculum was feasible and allowed for review of key topics, even if the learning could not occur experientially at a patient’s bedside. The curriculum helped to ensure that all fellows had exposure to important topics regardless service needs or volumes. As a next step, we hope to evaluate not just the feasibility but also the effectiveness of this curriculum.



*Wendy Gibbons, DNP, CNM, MN
Clinical Instructor
Nell Hodgson Woodruff School of Nursing
Emory University*

WHAT PROBLEMS WERE ADDRESSED?

There existed a need to create a more consistent maternity simulation experience for pre-licensure nursing students. Instructors varied in their approach and focus when leading simulations and teaching clinical skills. Covid-19 and the restrictions placed on educators further emphasized the need to streamline and create a more uniform learning experience. Due to the physical space restrictions imposed by Covid-19 protocols, maternity simulations were decreased in number. Additional resources were needed to enhance clinical preparedness and supplement the simulation learning experience.

WHAT WAS TRIED?

This teaching project focused on creating quality simulation experiences that were consistent for all students in pre-licensure,

maternity simulations. The maternity experiences were designed to allow students opportunities to practice assessments, physical nursing care, and work on setting care priorities.

Three different simulations were designed and written to complement the content the students were currently focused on in the didactic maternity course. The simulations incorporated uniform materials, forms, and scripts for the instructors and simulation operators. A simulation ‘pre-brief’ document was created so all the instructors would prepare students in a similar manner for each learning experience. The textbook currently used in the didactic course had an interactive, electronic supplement available. This supplemental resource was utilized as a source for pre-simulation preparation and additional clinical maternity content.

WHAT LESSONS WERE LEARNED?

In limited polling, the textbook’s supplemental resource was well-received by the students. The students felt this resource enhanced learning since it was interactive. The assigned lessons enhanced the student preparation for the in-person simulations and the interactive content also allowed the students to gain additional clinical contact time.



Sherita Holmes, MD
Assistant Professor of Pediatric Emergency Medicine
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

The pediatric emergency medicine (PEM) Fellowship program has an annual educational curriculum every July through August called Bootcamp. Originally the goal of this program was to prepare the new incoming 1st year fellows for the rigors of the pediatric emergency department (PED). Many pediatric residency trained incoming fellows have not had sufficient procedural, trauma, and critical medical emergency experience necessitating this curriculum. However, this curriculum has become redundant and pedantic for our senior 2nd and 3rd year PEM fellows.

WHAT WILL BE TRIED?

This new Bootcamp curriculum will aim to have specific learning objectives tailored for all three learner groups. This project will interview each cohort of fellows by year in order to establish their perceived needs and

balance this with the predetermined Accreditation Council for Graduate Medical Education (ACGME) objectives to create an alternative curriculum for the senior fellows in addition to revitalizing the curriculum for incoming fellows. After completion of these interviews, I will work with PEM faculty to facilitate new course objectives for both the incoming fellows as well as the senior fellows. After the conclusion of Bootcamp, there will be a debriefing to explore their perceptions of the new curriculum and identify any potential areas for improvement.

WHAT LESSONS DO WE HOPE TO LEARN?

At the conclusion of this project, I hope to identify an optimal way to merge the learners' perceived educational needs with that of the ACGME program objectives. Furthermore, I hope to create a Bootcamp curriculum that is as beneficial and invigorating for the senior fellows as it is for the new incoming fellows.





Susi Hupp, MD
Assistant Professor of Pediatrics
Cardiac Intensivist
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

The pediatric cardiology fellows receive very little education regarding intensive care topics prior to entering their rotations in the cardiac intensive care unit (CICU). The CICU is a very busy unit with high acuity. Lack of knowledge regarding ICU topics and lack of procedural and leadership skills can lead to a lack of autonomy for the fellows and increased workload for the other staff.

WHAT WILL BE TRIED?

In the three months leading up to the beginning of their CICU rotations (April-June), the rising second year pediatric cardiology fellows will receive CICU

education through a mixed methods curriculum. On a weekly basis they will either take part in lectures or simulations on ICU specific topics or procedural task training on ICU specific skills.

WHAT LESSONS DO WE HOPE TO LEARN?

I hope to give the fellows some of the knowledge and skills necessary for the ICU prior to the start of their rotations. By gaining this knowledge and skills prior to entering the ICU, I hope to increase their level of confidence in ICU medicine as well as increase their autonomy in caring for the patients.





Vijaya Kancherla, PhD Research Assistant
Professor Department of Epidemiology Rollins School
of Public Health Emory University

students to meet online and teach each other the concepts presented in that week's lecture, unsupervised by the course instructor or the teaching assistants. In synchronous instructional settings, strategically timed break-out sessions were implemented where students were divided into a group of five. The study group invested their peer-to-peer learning time in sharing knowledge, ideas, and experiences at a similar level of understanding and benefitted as a group. The method fostered student-driven learning and developed a sense of community among students who met online only.

WHAT PROBLEMS WERE ADDRESSED?

The COVID-19 pandemic has disrupted the traditional mode of in-person graduate-level instruction globally. Classes have converted into online only offerings isolating students in their respective learning environments. The goal of my project was to apply 'peer-to-peer learning' method in teaching a graduate-level course in Epidemiology at Emory University Rollins School of Public Health in Fall 2021.

WHAT WAS TRIED?

Epidemiology is conceptually dense subject and largely presented in the form of lectures by the instructor. In my project, students were presented with study materials and pre-recorded lecture videos. Every week, a specific amount of time was assigned for

WHAT LESSONS WERE LEARNED?

The application of peer-to-peer learning has shown promise and valuable even after the pandemic closures are lifted and classes are offered in-person. Reciprocal peer-to-peer learning was accepted by students as they engaged with each other, felt less isolated going through class session, and were able to complete homework assignments and engaged in exam preparations successfully. I complemented traditional teaching during my weekly office hours on concepts that peer-to-peer learning limited.





Joelle Karlik, MD
Assistant Professor
Anesthesiology and Pediatrics
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Point-Of-Care Ultrasound (POCUS) skills will be added to the OSCE portion of the Anesthesia Applied (Oral Boards) Exam in 2021. Such skills are becoming expected within anesthesiology graduates despite limited formal training.

WHAT WILL BE TRIED?

Along with future WHEA participant Michael Fiedorek, I formed a workshop focusing on the POCUS skills tested on the Oral Boards to be held on March 2nd 2021. We will focus on the lung and focused transthoracic echocardiography exams. Each participant will take a brief 8 question survey measuring their comfort level and knowledge of the exams prior to the workshop. The workshop will include traditional teaching methods as well as

hands-on practice. The participants will be surveyed again immediately and two weeks after the workshop to test both short-term and long-term skill acquisition. Instructors will also be surveyed to optimize experiences for all participants.

WHAT LESSONS DO WE HOPE TO LEARN?

Individual feedback from both fellows and instructors will optimize content and provide a flexible and practical course to use in the future. I am hopeful that the workshop framework will allow learners to “show” their skills and demonstrate a clinical competence. Ultimately, I would like to hold repeat POCUS workshops so experienced attendings and new learners can learn similar skills regardless of training level. I anticipate that the skills and lessons learned through this program will provide me with a framework to help create similar workshops for varied audiences.





*Eric Knauer, MD, FACS
Assistant Professor of Surgery
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Choledocholithiasis or common bile duct (CBD) stones are found in up to 20% of patients with gallstones. These stones can cause complications including biliary obstruction, cholangitis, and pancreatitis. Patients with CBD stones typically undergo two stage management; a pre-operative endoscopic retrograde cholangiopancreatography (ERCP) followed by a laparoscopic cholecystectomy (LC). Single stage management of CBD stones, which consists of a LC with intra-operative cholangiogram (IOC) and laparoscopic common bile duct exploration (LCBDE) is associated with a shorter length of stay and less cost when compared with two stage management. One of the reasons surgeons do not perform LCBDE is a lack of comfort with this procedure. Recent ACGME data shows that graduating general surgery chief residents

perform an average of 0.7 LCBDEs during their training. The lack of resident experience with LCBDE has been previously identified and addressed by simulation training, which has been shown to increase resident comfort. We have instituted resident simulation training using our own LCBDE technique.

WHAT WILL BE TRIED?

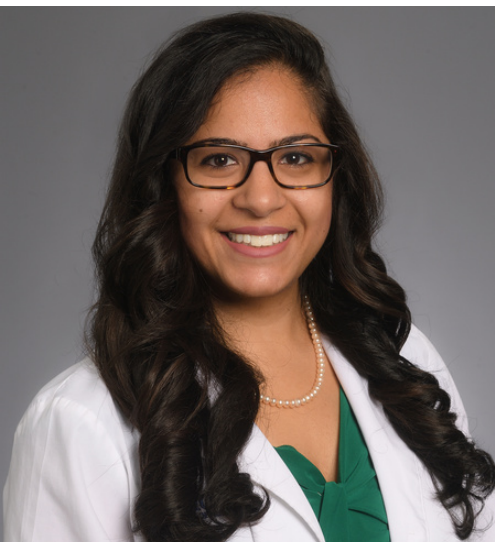
We constructed a LCBDE training model and developed a list of the steps for our LCBDE technique. Our method employs a leading wire technique and avoids the use of balloon dilators. We created a 5-item rating scale based upon the Global Operative Assessment of Laparoscopic Skills (GOALS) for the technical steps of LCBDE.

Trainees complete a short Likert scale questionnaire to assess their familiarity and comfort with LCBDE. The trainee then performs a simulated LCBDE and is rated using the 5-item GOALS scale. A didactic session is then given to teach the trainee how to perform a LCBDE. Trainees practice with the simulation model until they are comfortable with LCBDE. Trainees are then given a final LCBDE simulation examination and GOALS score. Trainees complete a post course survey to assess their comfort with LCBDE and the value of the course.

WHAT LESSONS DO WE HOPE TO LEARN?

Pre and post course GOALS scores for trainees will be compared. We hope to see that trainees can perform the necessary steps to perform LCBDE and that their comfort level with this procedure increases.





*Ashima Lal, MD
Assistant Professor
Emory University School of Medicine*

WHAT PROBLEMS WERE ADDRESSED?

Third year medical students complete a week-long clerkship in palliative medicine where they focus on developing primary palliative care skills in symptom management and communication. They achieve the objectives through a variety of assignments and bedside clinical teaching by a variety of interdisciplinary team members along with palliative medicine faculty. We found through student reviews in past years there was room for improvement in the feedback students received during this rotation. Thus, this project was aimed towards palliative medicine faculty to benefit third year medical students through the development of a feedback tool with a focus on student performance activities that were assessed in the rotation.

WHAT WAS TRIED?

We adapted a tool well established in medical education known as the RIME method. The hope for this adapted feedback tool is to help faculty members provide clear, consistent, and actionable feedback in real time. We adapted the RIME tool for palliative medicine to exclude the “educator” as we did not expect third-year medical students to achieve this level of knowledge in this particular field. Further, we matched the pRIM tool to OASIS, the online evaluation platform that faculty are required to complete specific to the student with whom they work with.

WHAT LESSONS WERE LEARNED?

I learned that some faculty may find the feedback tool too structured along with took away some key points in adapting the objectives based on the feedback received. In addition, we hope to learn if utilization of this tool will increase student’s engagement and knowledge base in primary palliative care skills.



*Deborah Laubscher, RN
SP Educator/Program Coordinator
Human Simulation Education Center (HSEC)
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Our center recognizes the need to provide continuing education opportunities for our Standardized Patients (SP's). To serve this purpose, I plan to develop a series of workshops to help further the knowledge of our SP's. My Capstone project will be the development and implementation of the first workshop, focusing on the need for psychological safety for SP's while they work in the field of Human Simulation.

WHAT WILL BE TRIED?

SP's need to be afforded psychological protection, so this workshop will provide them with the knowledge to identify risks and warning signs. The workshop will also provide them with tools and methods to reduce harm and recover from potentially harmful experiences.

The workshop will include the following:

- Pre-workshop survey
- Definition of trauma and PTSD
- Introduction to biological, physical and emotional responses to trauma
- Discuss events and scenarios that might cause distress and/or require highly emotional portrayal
- Safe practices, including: pre-briefing; debriefing and feedback; de-roleing techniques; defined roles and parameters and fiction contracts.
- Practices and techniques for harm reduction in SP programs
- Safe practices for remote encounters
- Psychological safety recovery techniques
- Self-care and mindfulness
- Discussion/Q and A
- Post-workshop evaluation survey

WHAT LESSONS DO WE HOPE TO LEARN?

I hope that SP's will acquire the knowledge to identify signs, or potential signs, of trauma. I hope that the SP's will be empowered to make decisions that put their own safety first and that they will utilize the recovery and self-care techniques outlined in the workshop.

Finally, my hope is that this will build trust so SP's will have the confidence to bring any concerns about their psychological safety to the attention of our staff.



*George Leach, MD
Assistant Professor of Emergency Medicine
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Language barriers present challenges regarding the trauma care for Spanish speaking patients. Studies have reported that Spanish-speaking patients experience an increase in wait time for analgesia and an increased chance they don't receive it. Physicians are more dissatisfied with the patient-doctor relationship when there is a language barrier between them and their patients. This has an impact on health outcomes. These problems may be improved by a focused Spanish language curriculum for ATLS providers that would allow them to perform the primary and secondary survey of ATLS with less reliance on an intermediary interpreter.

WHAT WILL BE TRIED?

A novel, asynchronous Spanish language curriculum is being created in conjunction with Duolingo for the primary and secondary survey of ATLS. The curriculum is self-

paced and audio-only. It focuses on improving the ability of a provider to give specific exam instructions, ask dichotomous yes/no questions, and understand responses pertinent to assessing patient orientation. It will script important patient care information, like explaining the need for invasive components of the physical exam. The role for professional medical interpreters will remain unchanged and necessary for completing a full history and physical after the completion of the primary and secondary survey of ATLS.

WHAT LESSONS DO WE HOPE TO LEARN?

Our hypothesis is that this intervention will improve measured patient analgesia for Spanish speaking trauma patients, improve the patient-doctor relationship as measured by the provider, and improve the performance of the provider with their execution of the ATLS primary and secondary survey as measured in simulation.



Hee Won Lee, MD
Assistant Professor of Anesthesiology
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Given that anesthesiology has been a champion of patient safety, I attempt to identify modifiable risk factors for maternal morbidity and mortality in the labor and delivery unit at the Grady Memorial Hospital with anesthesiology residents to improve peripartum maternal outcomes. My second goal is to identify implicit bias in providers on the labor and delivery unit, specifically, the obstetrics anesthesiology residents.

WHAT WILL BE TRIED?

(1) Reading for obstetrics anesthesiology residents at the start of their rotation: (a) <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jmwh.13102>, (b) http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf, (c) [https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-](https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth)

[pregnancy-and-childbirth](https://www.expectingmore.org/2020/06/25/notonmywatch-a-conversation-with-rose-horton/), (d) <https://www.expectingmore.org/2020/06/25/notonmywatch-a-conversation-with-rose-horton/>.

(2) Podcast recommendation for discussion in group setting:

<https://www.natalstories.com/listen>

(3) Pre-rotation interview: (a) What barriers do you think women who present to the L&D unit have in obtaining prenatal care? (b) What do you think are the goals women have here in our L&D unit for delivery? (c) What do you think are the goals of these same women post partum? (d) Please identify any and all implicit bias you think you may have as a provider.

(4) Post-rotation interview: (a) Same questions as #3, (b) Have your views on parturients changed since the beginning of your rotation? (c) Have your views on yourself as a provider changed since the beginning of your rotation? (d) If there were any changes in your views? (e) Outside consultant in training residents on unconscious bias.

WHAT LESSONS DO WE HOPE TO LEARN?

(1) To identify anything that may add as a barrier to maternal care at the Labor and Delivery unit. (2) To initiate internal awareness in our residents in identifying areas of systemic clinical improvement, but also in identifying personal biases.



Vanessa Lee, DVM
Senior Veterinarian, Division of Animal Resources
Department of Pathology & Laboratory Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

We are unaware of how our laboratory animal medicine residency aligns with the expectations of the ACLAM board-certifying exam. The pass rate for trainees taking the exam for the first time has decreased from 72% for 2007-2020 to 50% for 2016-2020. The exam and its primary references have evolved over time, and although our faculty update their materials for our didactic courses, we have not done a comprehensive comparison of our preparatory materials and opportunities with the exam in at least 10 years.

WHAT WILL BE TRIED?

I will develop a course to address deficiencies in our current training. First, I will conduct a gap analysis by 1) sending a survey to former residents 2) comparing our didactic courses with the ACLAM role delineation document and 3) soliciting feedback from the veterinary faculty. Based upon anecdotal

feedback I have already received, I suspect underrepresented subjects are those that are not covered as reliably in the inherently somewhat random practice of experiential learning such as a residency and might be the more tedious subjects to review. A problem-based course could help address those obstacles by providing a consistent basic curriculum using situated learning to stimulate learner interest and promote long-term retention of the material. I will modify our current courses such that the new course will not add to the overall didactic load.

WHAT LESSONS DO WE HOPE TO LEARN?

My short-term goal is to determine subjective information from the learners via surveys, including if they enjoy the course and believe it to be useful. My long-term goal is to improve our overall and first time pass rate, particularly the latter.





Britt Marshall, MD
Assistant Professor of Medicine
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

As a result of having much of their training on inpatients wards, Internal Medicine (IM) residents at Emory are exposed to teaching skills and techniques that are skewed to favor this setting. Due to time and pacing constraints of an outpatient clinic, however, many of these skills cannot be translated to the ambulatory setting and there is currently no consistency in the curriculum to address this need. Since the majority of IM residents go into subspecialties with at least some clinic requirement, and many institutions require direct supervision of trainees or mid-level providers, the need to develop effective, clinic-based teaching skills is vital.

WHAT WILL BE TRIED?

In the proposed curriculum, I will introduce evidence-based teaching behaviors and skills shown to be effective in the ambulatory setting and the concept of microteaching as a technique to practice these skills. In

collaboration with the senior IM residents, an evaluation rubric will be created that reflects the values of the cohort and will be used to assess progress in microteaching sessions and guide self-directed adjustments. We will also assess senior IM residents' confidence with these teaching techniques pre- and post-curriculum, as well as conduct a retrospective reflection assessment in order to evaluate the effectiveness of the curriculum.

WHAT LESSONS DO WE HOPE TO LEARN?

Through this pilot study, I hope to incorporate evidence-based teaching techniques into an ambulatory setting to improve resident engagement and success, as well as develop the basis of a curriculum for integration into core residency education.



*Carrie McDermott, PhD, APRN, ACNS-BC
Corporate Director, Nursing Professional Practice
Emory Healthcare
Assistant Professor-Clinical Track, Emory University
Nell Hogson Woodruff School of Nursing*

WHAT PROBLEMS WAS ADDRESSED?

The transition from novice to competent nurse for newly licensed RNs (NLRN) starts with a structured orientation supervised by a preceptor. Historically at Emory Healthcare (EHC) NLRNs had a fixed number of clinical hours (632) under the supervision of a preceptor before the transition to independent practice. A competency-based orientation (CBO) model can promote individualized plans for each NLRN to progress orientation based on their ability to demonstrate competency.

WHAT WAS TRIED?

A competency assessment tool was developed for the EHC Nurse Residency Program (NRP). EHC Clinical Competency Assessment Rubric (CCAR), adapted from the Lasater Clinical Judgement Rubric, assesses progression of 9 high-level competency

statements. The framework for CBO utilizing the CCAR was introduced in June 2020. Pilot data collected from July-December of 2020 (n=134) revealed that the CCAR was a useful tool for progressing competency. Average weekly CCAR scores advanced from 14.96 on week 1 to 31.92 on week 12. The CBO framework utilizing the CCAR decreased the length of medical-surgical nurse orientation from 17.5 weeks to 11.82 weeks (n=74) for the EHC NRP 2020 Summer saving \$352,657.00. When asked about the length of their orientation, 78.7% of NLRNs described the length of their orientation as “about right”, 18.6% reported it to be “too short”, and 2.7% rated it “too long”.

WHAT LESSONS WERE LEARNED?

The CCAR is an effective tool to support CBO and effectively decrease the cost of orientation without decreasing quality. Additional research is needed to further establish the reliability and validity of the CCAR.



*Jonathan Meisel, MD
Assistant Professor of Pediatric Surgery
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

This lecture series will address the lack of financial education that medical professionals experience. Doctors, nurses, and other practitioners often graduate in their late 20's and early 30's without having taken even one class in personal finance. They often begin their careers with hundreds of thousands of dollars of debt, at a time when many are just starting a family, buying a home, and trying to build for the future. Saving for retirement likely hasn't even crossed their mind. This course will touch upon budgeting and cash flow considerations, paying off student and other consumer debt, saving and investing, while also planning for retirement. It will try and simplify these concepts and allow students to design a financial planning that can ultimately reduce stress and burnout.

WHAT WILL BE TRIED?

A needs assessment will be performed,

followed by curriculum design to come up with a product that is engaging to my students and that will leave them with an actual personal plan that they create.

WHAT LESSONS DO WE HOPE TO LEARN?

I hope to learn better ways to engage students and help them develop a small passion for what is often considered a dry subject, and one that is too often ignored. I hope to learn more about curriculum design, possibly incorporate new technology or web-based teaching products into the classroom, and receive constructive criticism/meaningful feedback about my teaching.





Taniqua Miller, MD
Assistant Professor of Gynecology/Obstetrics
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Traditional career advising has been abruptly disrupted during the COVID-19 pandemic. Our traditional model of in-person, one-on-one counseling and advising has been supplanted with the need for social distancing. Coupled with an entirely virtual landscape for the residency application process, students are increasingly feeling isolated. As students navigate the uncertainties of 2020-2021 residency application cycle, the need for innovative and engaging advising strategies is paramount.

WHAT WILL BE TRIED?

As such, the Emory Gynecology & Obstetrics career advisors developed a virtual advising series to create a student collective and provide continual guidance throughout the application cycle. Over the course of 10 months, students attended virtual Zoom sessions with topics including drafting

a personal statement and preparing for virtual interviews. Students were also paired with volunteer faculty for mock virtual interviews and offered the opportunities to meet with advisors in a more traditional, one-on-one advising setting via telephone or Zoom meeting.

WHAT LESSONS DO WE HOPE TO LEARN?

Next steps: After submission of NRMP Match lists on March 4, 2021, students will receive a program evaluation via electronic survey to provide feedback on the effectiveness of the virtual advising series in preparing them for the 2020-2021 application cycle. Students will also participate in focus groups following the Match cycle to provide more nuanced evaluation of the virtual advising series. This qualitative data will be compared to the same survey completed by the senior medical student cohort in 2019 under the more traditional advising model. We hope to find that despite the virtual nature of our intervention, students felt more supported with structured group advising sessions than the traditional model.



Stewart Neill, MD
Assistant Professor
Pathology & Laboratory Medicine
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Emory's Department of Pathology & Laboratory Medicine has maintained a successful fellowship program in neuropathology for several decades, having trained many board-certified fellows who now practice in a variety of settings. The program is now administered by faculty who trained in the program itself, strengthening continuity. However, the program lacks a formal, written curriculum to reinforce comprehensive education in the specialized but increasingly broad field of neuropathology and to guide novice neuropathology fellows in their learning.

WHAT WILL BE TRIED?

We aim to organize and codify such a curriculum, utilizing frameworks and concepts from modern educational literature. Specifically, we will work from required descriptions of the program already issued to

the ACGME, buttressing them with direct language to emphasize the (1) mission of the program, (2) learning objectives for fellows, (3) teaching platforms and mechanisms, (4) assessment methods, and (5) desired outcomes. Our aim is to have this effort completed by July 2021 when a new neuropathology fellow will begin the 2-year fellowship program. We have already begun by identifying stakeholders and initiating discussions regarding the program as it stands and the goals for what we will shape, working primarily under the auspices of the fellowship's Program Evaluation Committee.

WHAT LESSONS DO WE HOPE TO LEARN?

We hope to provide our faculty and fellows with a better basis on which to evaluate and improve the program. The outcomes of this experience will be applied to future curriculum revisions, and potentially used as a model for other departmental programs.





William Stephen Pittard
Senior Technical Project Manager and Instructor
Rollins School of Public Health

WHAT PROBLEMS WILL BE ADDRESSED?

Medical screening tests and supporting diagnostics are standard tools in healthcare although understanding the associated performance measures (such as accuracy, sensitivity, and specificity) remains a challenge for physicians and nurses. My goal is to develop an online bootcamp to help clinicians cultivate a deeper understanding of diagnostic performance measures and how to utilize them with a high degree of confidence and in a way that simplifies communications with patients undergoing medical testing.

WHAT WILL BE TRIED?

The challenge is to hook an already “too busy” cohort of medical professionals whose recall of foundational statistical concepts can vary widely. Thus, performing a pre-assessment to identify knowledge gaps and prepare review material, will help establish a starting baseline. The instructor will provide a guided-learning experience based on diagnostic testing research literature

particularly COVID-19 testing scenarios. Students will learn under what circumstances, for example, sensitivity is a better measure than accuracy. Successful course completion will require students to view a clinical diagnostic result and provide a verbal summary of what performance metric is the most appropriate. paced and audio-only. It focuses on improving the ability of a provider to give specific exam instructions, ask dichotomous yes/no questions, and understand responses pertinent to assessing patient orientation. It will script important patient care information, like explaining the need for invasive components of the physical exam. The role for professional medical interpreters will remain unchanged and necessary for completing a full history and physical after the completion of the primary and secondary survey of ATLS.

WHAT LESSONS DO WE HOPE TO LEARN?

The creation of learning material to address pre-course knowledge gaps will allow for a common starting point for the class. However, it's difficult to know to what extent preparatory education will be necessary. It is encouraging that the motivation for this class emanates from clinician research collaborators who have specifically requested a short course on performance measures, so I have an invested cohort.



*Shreya Pujara, MD
Associate Professor
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Obesity is an increasingly significant health issue in the United States and globally. In the US, two out of three adults are overweight and one out of three is obese. Amongst diabetics this is even more prevalent; 90% of people with type 2 diabetes have a BMI greater than or equal to 25. Despite the mounting prevalence of obesity and the significant morbidity and mortality of this condition, management of obesity is not widely addressed in medical training programs. On a discussion with the current Endocrinology fellows at Emory University regarding topics they felt they needed more experience with and instruction on, obesity was near the top of the list.

WHAT WILL BE TRIED?

Specific counseling on lifestyle changes and an understanding of the options for medical and surgical management of obesity are important to properly manage patients with

obesity, especially those with secondary health issues that can be improved with proper management of obesity. I created an OSCE case targeting these topics which will be administered to the fellows in February 2021. The OSCE will allow the fellows to have a hands-on but controlled clinical experience to practice their history taking and counseling skills. After the case, there will be time for the faculty member who is administering the OSCE to provide instruction and feedback to the fellows. The fellows will be provided a post-OSCE questionnaire to gauge the utility of the experience.

WHAT LESSONS DO WE HOPE TO LEARN?

I hope to use the OSCE to provide preliminary instruction on the basics of obesity management to fellows in the Emory Department of Endocrinology and Metabolism. Furthermore, I plan to utilize the feedback after the OSCE is complete to determine the level of comfort the fellows have with the topic and assist with future planning on instruction in obesity management.



Ila Sethi, MD
Assistant Professor of Radiology & Imaging Sciences
Emory University School of Medicine

WHAT PROBLEMS WILL BE ADDRESSED?

Appropriate documentation is a critical part of today's clinical practice. Important as it is, it is not a part of the curriculum. As a result, the medical students graduate without any knowledge of why appropriate documentation is important and how is it done. Most physicians learn documentation by 'trial and error' after stepping into the real world. In the process, not only health care dollars are lost, this also affects how care is imparted to the patients. The goal of this developing this curriculum is to fill this specific gap in medical education.

WHAT WILL BE TRIED?

A pre-course survey consisting of factual questions and vignettes will be sent out to the trainees to assess the existing knowledge as well as to identify the lacunae. Modules outlining the key concepts of medical documentation will be created. Both synchronous (didactic lectures) and

asynchronous (videos recorded over zoom or similar platform) modalities will be used to impart learning with special attention to the gaps in knowledge as highlighted by the pre-course survey. Subsequently, a post completion survey will be sent out to the trainees to assess the gain in knowledge.

WHAT LESSONS DO WE HOPE TO LEARN?

Medical documentation is a complex subject with too many variables at play, which, one course with a few modules can not cover in its entirety. My hope with developing this curriculum is to enhance the medical students' knowledge of basic concepts of medical documentation to a level that they are comfortable with documentation especially in the beginning of their careers and can focus on giving the best care to their patients.



*Kathryn Sutton, MD
Assistant Professor of Pediatrics
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Graduates from Pediatric Hematology/Oncology Fellowship find employment in academic centers where clinical medicine, research, and education are all often required. We effectively teach our fellows to care for patients and they excel in their research projects; however, they receive limited training in clinical teaching (as opposed to didactic teaching). The goal of this curriculum is to provide training and increase confidence in clinical teaching.

WHAT WILL BE TRIED?

The curriculum is divided into 4 sections:
Clinical Teaching Overview: Via pre-reading and group discussion fellows will summarize barriers to clinical teaching and appraise characteristics of effective clinical teachers. They will complete a survey of knowledge of clinical teaching methods and self-confidence with clinical teaching and do a written self-reflection.

Methods of Clinical Teaching: Via didactic lecture and group discussion fellows will describe and compare/contrast methods of clinical teaching. Fellows will employ the teaching methods in a simulation with their peers.

Learner Assessment: Via didactic lecture fellows will identify types of learner assessment.

Feedback: Via didactic lecture and group discussion fellows will compare and contrast feedback methods and identify characteristics of effective feedback. Fellows will role play giving feedback (verbal and written) to their peers about their simulated teaching.

Fellows will complete a pre/post survey assessing knowledge of and confidence with clinical teaching and a second self-reflection.

WHAT LESSONS DO WE HOPE TO LEARN?

I planned to use the simulation center, but given COVID smaller groups (ie the fellows teaching each other) made more sense. I am interested to learn how well that works – it’s easy to take the fabulous actors in the simulation center seriously but will they really be able to get in to the role play with their peers?





*Dawn Warner Bolden, MSN, MHSc, RN
Education Coordinator and Instructor
Emory Healthcare*

WHAT PROBLEM WAS ADDRESSED?

A review of the literature on the teach-back method of education suggests the technique maybe beneficial in reinforcing patient education. Research shows that 59.9% of all patents leaving the hospital are able to accurately state their diagnosis and ongoing management after discharge (Thomas, E.N., et. al, 2017). Healthcare providers overestimate the patient's understanding of instructions. Teach-back is a show me method or a communication confirmation method employed by healthcare providers to confirm whether a patient or caregiver understands what is being explained about their health information. It is a patient centered style of communication which engages and empower patients and their families to participate in self-care. With teach-back one would ask the patient to explain key information back in their own words. Teach-back is applied when building new skills (i.e., how to administer a complex

medication) or enhancing knowledge (i.e., ensuring follow-up plans are clear).

WHAT WAS TRIED?

With this method, there would be a reduction of unplanned re-admissions related to the patient/family lack of understanding. This is an optimal method for educating patients about information they need to understand and be able to use. The teach-back method is an underused but effective tool to improve patients' health literacy and ultimately their health outcomes. A power point was designed to educate nurses and a teach-back observation tool was designed to make sure proper teach-back is being practiced.

WHAT LESSONS WERE LEARNED?

The teach-back method of education suggests that the technique maybe beneficial in reinforcing patient education. This could make a difference in potentially increasing patient/family understanding and thereby reducing the risk of re-admissions.



*Charlotte Whitehead
Assistant Director Medical Education Programs
Office of Medical Education and Student Affairs
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Emory School of Medicine utilizes a web-based system called Online Access to Student Information and Scheduling (O.A.S.I.S.) to facilitate scheduling, record keeping, and overall evaluation management for the MD curriculum. This system allows the creation of multiple user roles with unique access levels based on need. Historically, these user roles were attempting to navigate and complete processes without the aid of training materials, which necessitated many hours of direct 1:1 training with the system manager. The primary goals identified for the “student” user are to improve experiences when navigating O.A.S.I.S. and inform the delivery of quality constructive feedback on program evaluations. Students are the primary data sources which impact future development of the MD curriculum.

WHAT WILL BE TRIED?

There are three opportunities to provide guidance to the student user: 1st year orientation, 3rd year clinical orientation, and responding to ServiceNow ticket requests. The 1st year orientation introduces the O.A.S.I.S. and ServiceNow ticket systems; the 3rd year orientation focuses on new access related to clinical experiences. Each orientation provides guidance on giving feedback on evaluations. I will develop a self-directed online training course to address the needs encountered by student users. Providing this course will assist students to navigate the required tasks throughout the phases of the MD curriculum.

WHAT LESSONS DO WE HOPE TO LEARN?

My hope is student users will improve their navigation of O.A.S.I.S. without submitting a service ticket. Ultimately, this course should reduce the number of service tickets submitted by 30%; address commonly asked questions; and reduce the burden of 1:1 training with the system manager.





*Zanthia Wiley, MD
Assistant Professor of Medicine
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

The Emory Critical Care Center (ECCC) NP/PA residency program is a 12-month program that prepares certified Physician Assistants (PA) and Acute Care Nurse Practitioners (NP) to practice the specialty of critical care medicine as members of a multi-professional team. The program offers 4-week clinical bedside rotations in each core intensive care unit (ICU). The program also offers shorter consultant rotations, including Infectious Diseases. In this 2-week rotation, the Advanced Practice Provider (APP) resident learns how to assess, diagnose, and treat critically ill patients with presumed or definite infections. The program also offers didactic sessions, which are held one full day each month. The ECCC NP/PA program has encountered two main challenges with the Infectious Diseases rotation. First, since the COVID-19 pandemic, clinician educators have limited time to educate NP/PA residents. The second challenge involves

teaching residents in different cohorts of the residency program. The program has biannual enrollment; therefore, during didactic days, learners at different stages attend the same sessions.

WHAT WILL BE TRIED?

We propose a novel infectious disease curriculum utilizing multimodal asynchronous and synchronous educational experiences. We will develop 20-minute asynchronous video-recorded modules covering Antibiotics for the ICU provider. The curriculum includes microbiology basics and empiric and targeted antibiotics for pulmonary, intraabdominal, and skin/soft tissue infections. The synchronous approach will include examinations to test knowledge gained from the video-recorded modules coupled with the live (or Zoom) lecture to review and discuss case-based patient presentations.

WHAT LESSONS DO WE HOPE TO LEARN?

We hope that by providing an introductory Infectious Diseases curriculum via an asynchronous video-recorded platform, the resident's basic medical knowledge will increase to a level that will encourage active participation during live (or Zoom) didactics and bridge the gap in their evaluation and management of infectious diseases.



*Keneeshia Williams, MD
Assistant Professor of Surgery
Emory University School of Medicine*

WHAT PROBLEMS WILL BE ADDRESSED?

Quality Improvement is a necessary component of every sector of healthcare. The goals of quality improvement have been unchanged for centuries, however; institutions still find difficulty in maintaining quality initiatives. Physicians play a critical role on the quality team, and yet medical students often have little formal education on quality improvement. My goal is to create a course in quality improvement that introduces medical students to basic quality methods and allows them to develop quality initiatives.

WHAT WILL BE TRIED?

A pre-course test will be administered to determine the students baseline knowledge. Students will have a didactic session, followed by hands on work with one of the various established quality improvement

project groups throughout the hospital. Students will be able to provide feedback throughout the course in order to adjust the content and structure to the learners needs. Additionally, there will be a mid-course exam. This exam will not only test the student's retention of the course material, but also determine if the course material is being taught effectively. At the completion of the course, students will present their project to the class group. A post-course test will be administered to assess the student's knowledge.

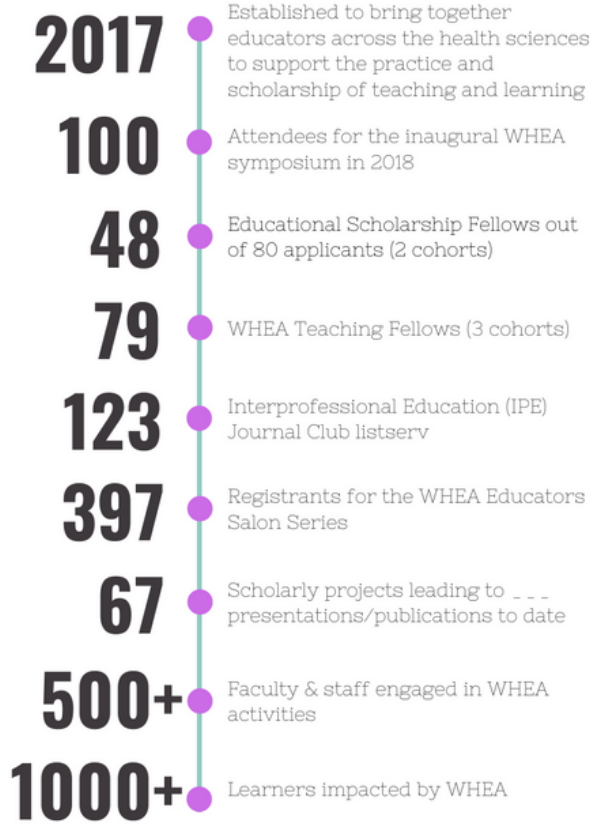
WHAT LESSONS DO WE HOPE TO LEARN?

I hope to learn how to best structure a quality improvement course for learners at the medical student level, using a hybrid course method. I will work directly with students to create a course that delivers the information using the most effective process.

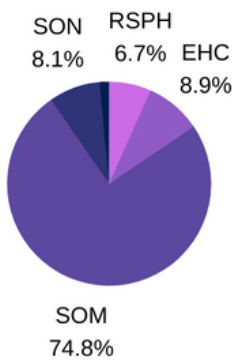


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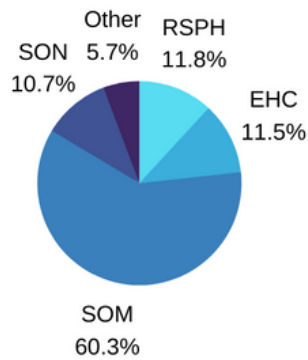
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WHEA FELLOWS



WHEA ENGAGEMENT



WHEA Activities

FOSTERING AN INTERPROFESSIONAL
COMMUNITY OF EDUCATORS ACROSS THE
HEALTH SCIENCES AT EMORY



1. FELLOWSHIP IN EDUCATIONAL SCHOLARSHIP

An 18-month program for health science educators who want to develop skills in educational research and scholarship.

2. TEACHING FELLOWSHIP

A 12-month program for health sciences educators who want to advance their teaching skills and offer quality instruction to their learners.



3. IPE JOURNAL CLUB

A monthly opportunity for educators across the health sciences to meet and expand their knowledge of Interprofessional Education (IPE) theory and practice.

4. EDUCATORS SALON

An opportunity for interactive learning and community building across professions.



5. WHEA PATHWAYS PLATFORM (IN PROGRESS)

A curated learning repository to guide and support health sciences educators around key aspects of the learning process.

6. FUNDAMENTALS OF EDUCATIONAL SCHOLARSHIP

A 3-hour workshop series to provide the background and tools for health science educators to develop and implement scholarly projects.

