

College Within the College: Population Health

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Rationale

- The current approach to educating health professionals has not kept pace with the needs of our growingly diverse population.
 - Health Professional Education for the 21st Century -The Lancet
 - Institute of Medicine
 - APTR/CDC/AAMC – Patients and Populations. Public Health in Medical Education
- JMC Leadership and Curriculum Committee – one year planning process – 2009-2010

Curriculum Task Force - Future

- Expanding use of evidence to guide medical decisions
- Prevention and Health Promotion = everyday patient care
- Strategic focus on “non-biologic determinants of health”= poverty, education, housing
- Awareness by medical providers about community based resources that enhance care
- Health implications of cultural diversity
- Global Health opportunities and challenges
- Healthcare Reform – leadership of physicians in efforts to reduce costs and improve quality
- Physician as Advocate
- Addressing the needs of an aging society- with dignity

College within the College (CwiC) – A Four Year Course

- This *parallel (and elective)* curriculum emphasizes:
 - Longitudinal mentored relationships, working closely with key faculty
 - Didactic sessions; group seminars; experiential opportunities; on-line programs
 - Participation across Years I-IV of medical school
 - Completion of a scholarly project and product
 - Can be completed within 4 years, no additional tuition
 - Opportunities to apply credits to other advanced degree programs (e.g 15 credits toward MPH)

College Within the College

Benefits to students:

- Unique experience and exposure, graduate-student forum within a medical school environment
- Opportunity to keep learning alive in areas given less time in traditional curriculum
- Recognition at graduation: Dean's Letters, certificate of completion
- Credits toward an additional degree (e.g. MPH, MS, PhD)

CwiC – Population Health

Ideal for those interested in:

- Career in academic medicine and public health
- Community based research in future practice
- Addressing health equity and social justice
- Improving quality and cost of care
- Engaging with communities – locally and globally
- Achievement beyond the curriculum

Evaluation

- Pre test – attitudes, beliefs
- Student and mentor satisfaction
- JMC Longitudinal study
- AAMC questionnaire
- Attrition rates
- Publications and presentations
- Comparison to non-participants - Specialty choice, Match results, Future academic career

HRSA – Builds on CwiC - PH

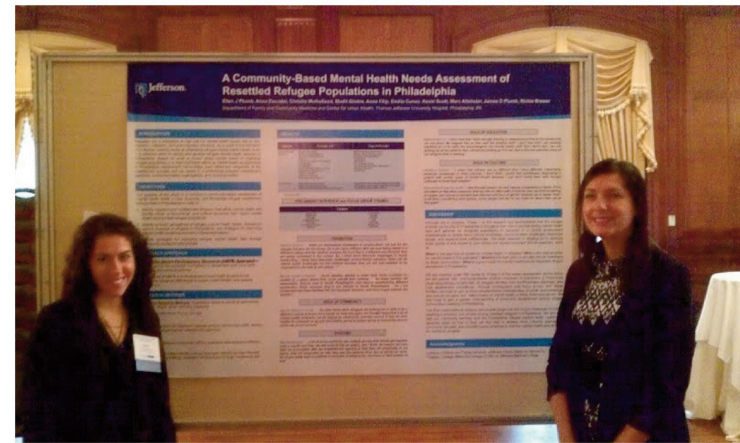
- \$1.25 million over five years
- Create, implement, and evaluate a Jefferson Inter-professional Primary Care Dual Degree Program (IPCDPP).
- The mission of the IPCDDP is to provide outstanding training in primary care and innovative education in chronic care management and population and public health in order to prepare primary care leaders to serve as future change agents working to improve the health of Americans, especially its most vulnerable and underserved populations.
- MD/MPH or MD/MS – Chronic Disease Management

Case Studies:



International Research Ethics

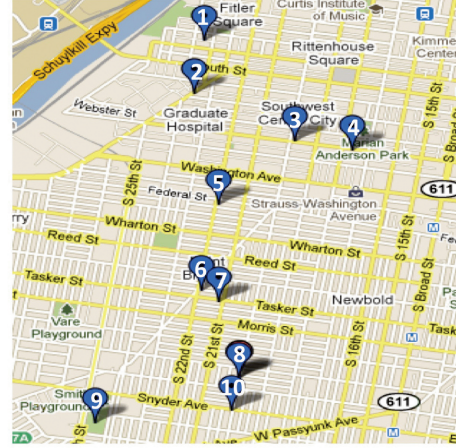
Opportunities to Present at Conferences



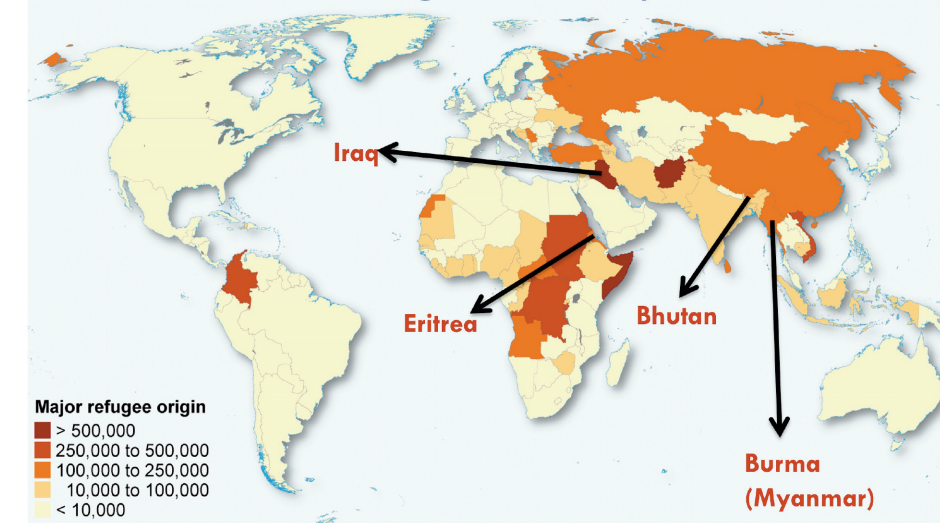
Presenting Poster at Global Health Conference – San Diego
Best Poster – AAFP – Global Health Conference 2012 – Minneapolis

Ashley Un: Blood Pressure Plus - Community Benefit Screening Sites

- St. Simon Church
- St. Matthew Church
- St. Charles Senior Center
- Christian St. YMCA
- The John Gloucester House
- Farmers' Market
- Zion AME Church
- Dixon House
- Wilson Street Apartments
- Faheem's Barbershop
- Pete Rock's and Kirby Mack's Barbershop (2600 Ridge Ave; not shown on map)



Michael Cafarchio: Language Access Barriers in the Healthcare Setting For Refugees in Philadelphia



Childhood Malnutrition in Rwanda

Analysis on the Necessity and Effectiveness of the JeffHEALTH Malnutrition Program

Elisabeth P. Collins



Kaela Pearce: The Role of The United States Department of Housing and Urban Development's HUD-Veterans Affairs Supportive Housing Voucher Program in Eliminating Veteran Homelessness



Year 1

Topics:

- Introduction PH/HP2020
- Ecological Model
- Health Data Systems
- Health Literacy
- Social determinants
- Culture, race and health
- Environmental health
- ICM I enhancement
- Policy and advocacy
- Global health – mini course (for International travel)
- Relevant campus and city programs

Example: Year 1 – Session 2: Race and Culture

- Lecture – Discussion
- Diversity Shuffle – Reflection Paper - In one page or less, please address the following questions:
 - What racial/ethnic group do you belong to? How did it feel to be in the group which had to walk across? What incorrect assumptions or stereotypes do people make about your group? What surprised you about the exercise?

Example: Year 1 – Session 6: Theme - Linking Social Determinants, Advocacy, Homeless Prevention, Integrated Care

Agenda

- Community Assessment (walking tour, windshield assessment; existing data)
- The Wellness Center
- Honickman Comcast Learning Center

Example: Year 1 – Sessions 9 and 10

- Global Health
- Public Health Ethics
- Human Rights
- Country Health Profiles
- Case Discussions

Taking the Public Health issue/problem that you worked on during the summer, prepare a paper using the six components as a guide

Year 2

Topics:

- Health Promotion - Preventive Services
- Community Preventive Services Task Force
- Chronic Care Model
- Social epidemiology
- PRECEDE-PROCEED
- Individual health behavior
- Social Theories Behavior
- Community Models/CBPR
- Population Health approaches to
 - Diabetes
 - CV Disease – Hypertension/CAD/Stroke
 - Obesity/overweight/nutrition
 - Cancer
 - HIV, Hepatitis, HPV, Immunizations
- Quality – Transitions of Care
- Literacy
- Public Health Ethics

Example: Year 2 – Session 2

- Liver, GI Disease, Hepatitis, Alcoholic Liver Disease
 - Preventive Services Task Force
 - Cancer Prevention and Control
 - “Put Prevention into Practice”
 - Hepatitis C – Screening

Example: Year 2 – Session 11

- Hematologic Malignancies
 - Palliative Care – a Public Health Issue
 - Health Beliefs and Culture
 - Readings

Year 1	Summer	Year 2	Year 3	Intercession	Year 4
Aug- Orientation Sept-Dec – Monthly overview Discussions (Peers) Dec - Application Jan – Interviews and Selection Assign Advisor Assign Clinical Mentor (COOP) Participate – Jeff HOPE, Jeff YES Public Health Society, IMS, Other Late Jan - Syllabus, List serve, discussion board, Learning Contract Feb- June (2-5 PM – twice monthly) - lecture, discussion, PBL, community site visits (Project HOME, MCC, FNC, Mazzoni, YES) – Learning-Service activities Topics - Introduction PH/HP2020 - Ecological Model - Health Data Systems - Health Literacy - Social determinants -PRECEDE-PROCEED - Individual health behavior - Culture, race and health - Environmental health - ICM I enhancement - Policy and advocacy - Global health – mini course (for International travel)	BTG Global Travel DFCM Assistantship Other – To be arranged with guidelines Service to other organizations at Interface (clinical/public health) On-Line – Epidemiology Course	ICM II – cases On-going Advising MD/MPH and MD/MS Syllabus, List serve, discussion board Peer mentoring Sept – May (2-5 PM twice monthly) – lecture, discussion, community site visit(s) Topics - Health Promotion - Preventive Services - Community Preventive Services Task Force - Chronic Care Model - Social epidemiology - Individual Health Behavior - Interpersonal Health Behavior - Social Theories Behavior - Community Models/CBPR - Population Health approaches to -Diabetes -CV Disease – Hypertension/CAD/Stroke -Obesity/overweight/nutrition -Cancer -HIV, Hepatitis, HPV, Immunizations - Quality – Transitions of Care -Aging - Tobacco control - Maternal Child Health - Public Health Ethics - Selected PBL 501 Classes LUNCH and LEARNS and Relevant campus and city programs	On-going Advising MD/MPH and MD/MS advising Peer mentoring Clerkship assignments -PH case-studies and reflections – one per clerkship - What would have prevented admission? What policy change would improve quality of care, prevent admission, improve outcome? In-Time Enhancements Selectives – block experience with community agency; self-guided assignments Scholarly Project planning	On-going Advising Special Topics Sessions – (inter-clerkship) JOINT DEGREE Transition Peer mentoring Scholarly Project Graduation – “added qualifications -certificate” Dean's letter Transcript	Electives – 2 required MD/MPH and MD/MS -Community Medicine -Refugee Health -Medical Partnerships and Homelessness -International Health -Indian Health Service -Advocacy/Policy -Other TBD Peer mentoring Scholarly Project Graduation – “added qualifications -certificate” Dean's letter Transcript
	LONGITUDINAL	Mentoring and Advising quarterly	LONGITUDINAL	Mentoring and Advising quarterly	
	On-Going Evaluation				

Cohort I – February 2011

- 28 students – 12% of the class
- Application Essay – Why are you interested in Population Health, and what do you hope to learn?
- 30 Mentors – Family Medicine, Internal Medicine, Surgery, Pediatrics, Emergency Medicine, School of Population Health
 - provide career mentoring
 - provide experiential opportunities
 - assist in developing broad capstone goals
- Mentor's Manual
- Syllabus
- 40 students – 16% of class
- Additional Mentors

Cohort III – February 2013

- 45 students – 18% of class
- Additional Mentors

Final paper – Year 1

- The scientific basis for Public Health rests on the study of risks to the health of populations and on the systems designed to deliver required services. The **problem-solving paradigm** in Public Health practice is a model to apply this science. The key components of this model are:
 - Problem Definition
 - Problem Magnitude
 - A Conceptual Framework (e.g. – Ecological Framework) for Key Determinants
 - Intervention Strategy
 - Policy Development
 - Implementation and Evaluation

Year 3 – Clerkship Papers

- Patient diagnosis: Describe the encounter/diagnosis
- Community Diagnosis: Define the Problem:
 - Include the Healthy People 2020 Guidelines What do we know about the population with this diagnosis?
 - Include as appropriate epidemiology (prevalence, mortality, morbidity, behavioral risk factors, environmental factors (access, policy, environment, etc), what are the patient/population gaps in knowledge, attitudes/beliefs, enabling factors, and reinforcing factors. Describe your patient's risk and enabling factors if known.
- Treatment: Individual and Community Approaches
- How would/did you treat the patient? What are the current clinical guidelines for management?
- What are the current Clinical Preventive Service Guidelines for this problem (if applicable)?
- How would you treat the population? What approaches would be effective at the population level? What are the best practices/ evidence based approaches? (e.g. Community Preventive Service Guidelines)
- What barriers might your patient and community residents face in adhering to the treatment?
- What theory(s)/model might you use at the individual level and/or interpersonal level to assist you in counseling and identifying barriers?
- What might physicians do at the population level to address this problem?
- If applicable, what may have prevented the office visit or hospitalization?

Three Intersections

- On-going Advising
- Special Topics Sessions – (inter-clerkship)
 - Public Health Research Methods
 - Qualitative Research Methods
- JOINT DEGREE - Transition

Year 4

- Electives – 2 required
 - Refugee Health
 - Medical Partnerships and Homelessness
 - International Health
 - Indian Health Service
 - Advocacy/Policy
 - Advanced Basic Science – Independent Study – Population Health.
- Peer mentoring
- Scholarly Project
- Graduation – “added qualifications -certificate”

What have we learned so far

- Weave around the ebbs and flows of student examination schedule
- Discussions preferred – “no talking heads”
- Flexibility in assignment due dates – a 4 year course!
- Eight students left program...“not what she expected”; “too much time”; “academic difficulty”; “involved in too many other activities”
- Overall Program rating – Cohort I –Year 1 - 3.4 (1 poor - 5 excellent); Cohort I –Year 2 – 3.8; Cohort II –Year I – 3.4
- Dimensions of global health series – strong rating
- More community immersions
- Better understanding of what MD's are doing with a PH degree
- Networking important
- More group discussions

Challenges

- Ensuring PH related summer projects
- Maintaining mentoring relationship
- Competing with traditional curriculum
- Competing with extensive extracurricular opportunities
- Organizing meaningful discussions
- Articulating role of PH in clinical training and care
- Challenge of taking extra year for MPH – financial, personal, momentum