

## Background and Purpose

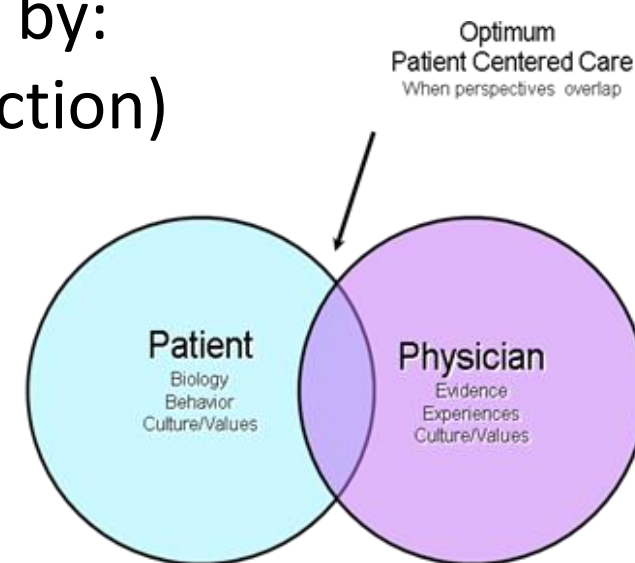
- Academic medicine is expected to produce physicians able to address the health needs of the public.
- A disconnect often exists between the traditional biologic model of medical education, and the population health needs of society.
- To support population health becoming integrated within our curriculum, a conceptual model was developed to frame population health competencies in relation to patient-centered care.

## Model Evolution

### Patient-Centered Care: When the patient and physician's perspectives meet

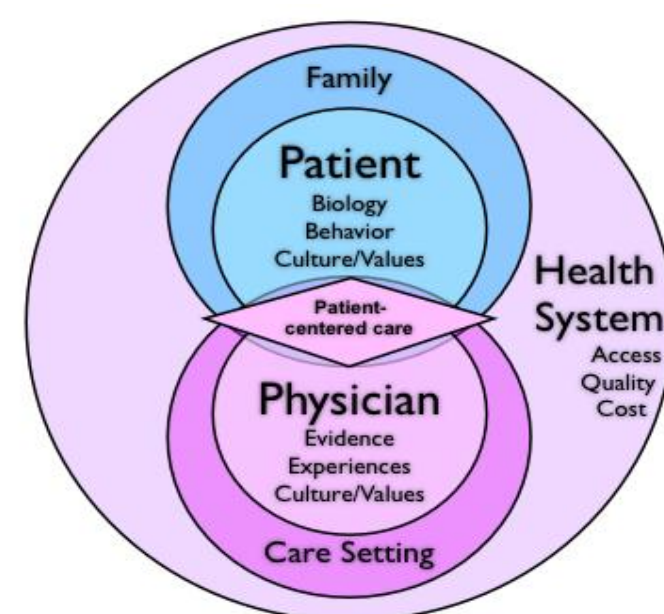
Patient's perspective/health is determined by:

- Biology (the focus of basic science instruction)
- Behavior (healthy or otherwise)
- Personal culture and values



Physician's perspective is determined by:

- Medical evidence
- His or her clinical experiences
- Personal culture and values



Expanding on this concept, we view the:

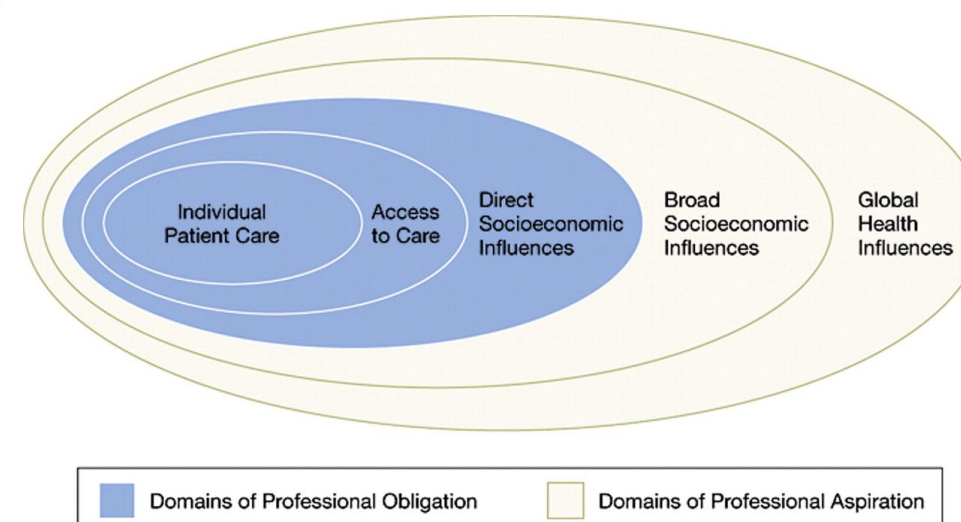
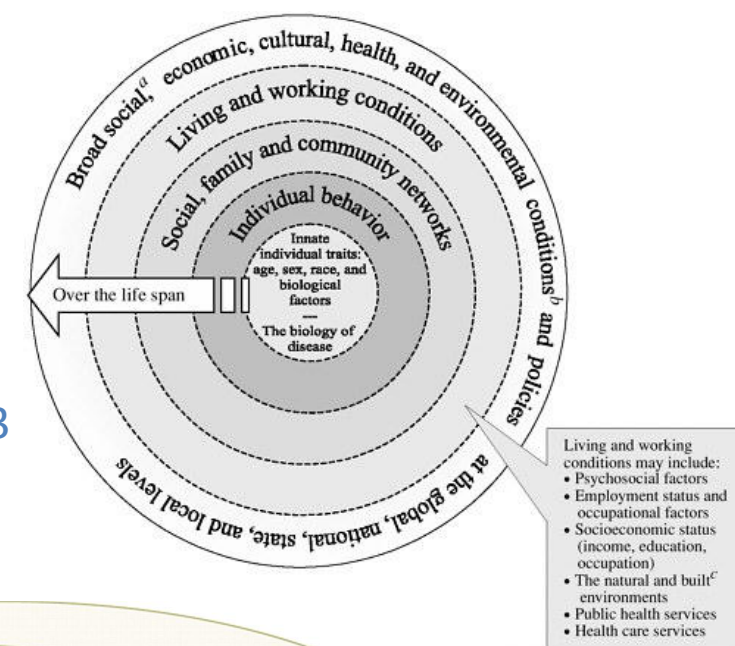
- Patient in the context of the family
- Doctor in the care setting (medical home)
- Interaction and care provided within the context of a healthcare system for which access, quality and cost are key features.

### Socio-ecologic Model: Health is determined by interaction among many factors –

To be most effective, we aim to train our students to consider among their professional roles:

- Societal determinants of health
- Community health improvement
- Patient and system advocacy

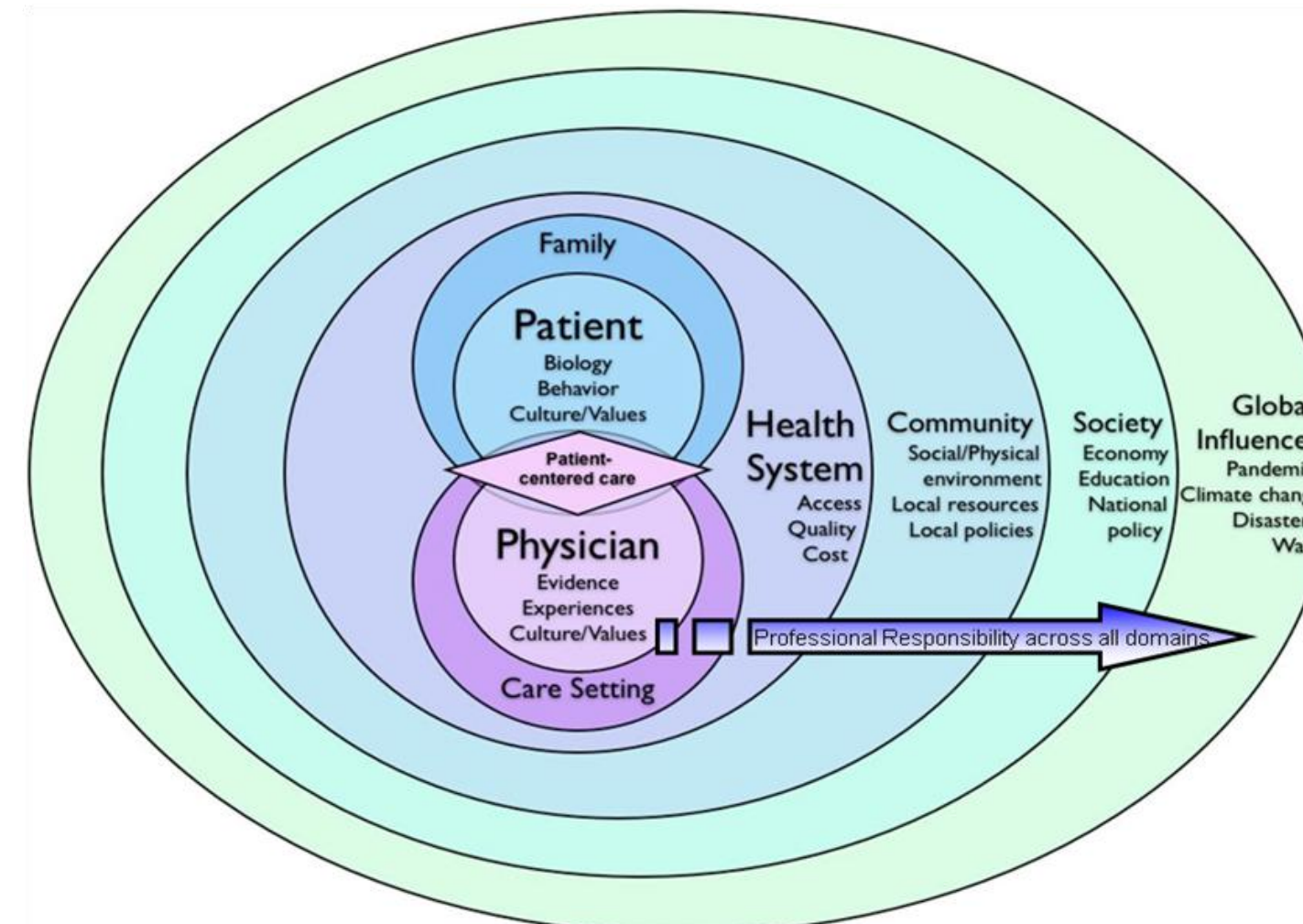
IOM 2003



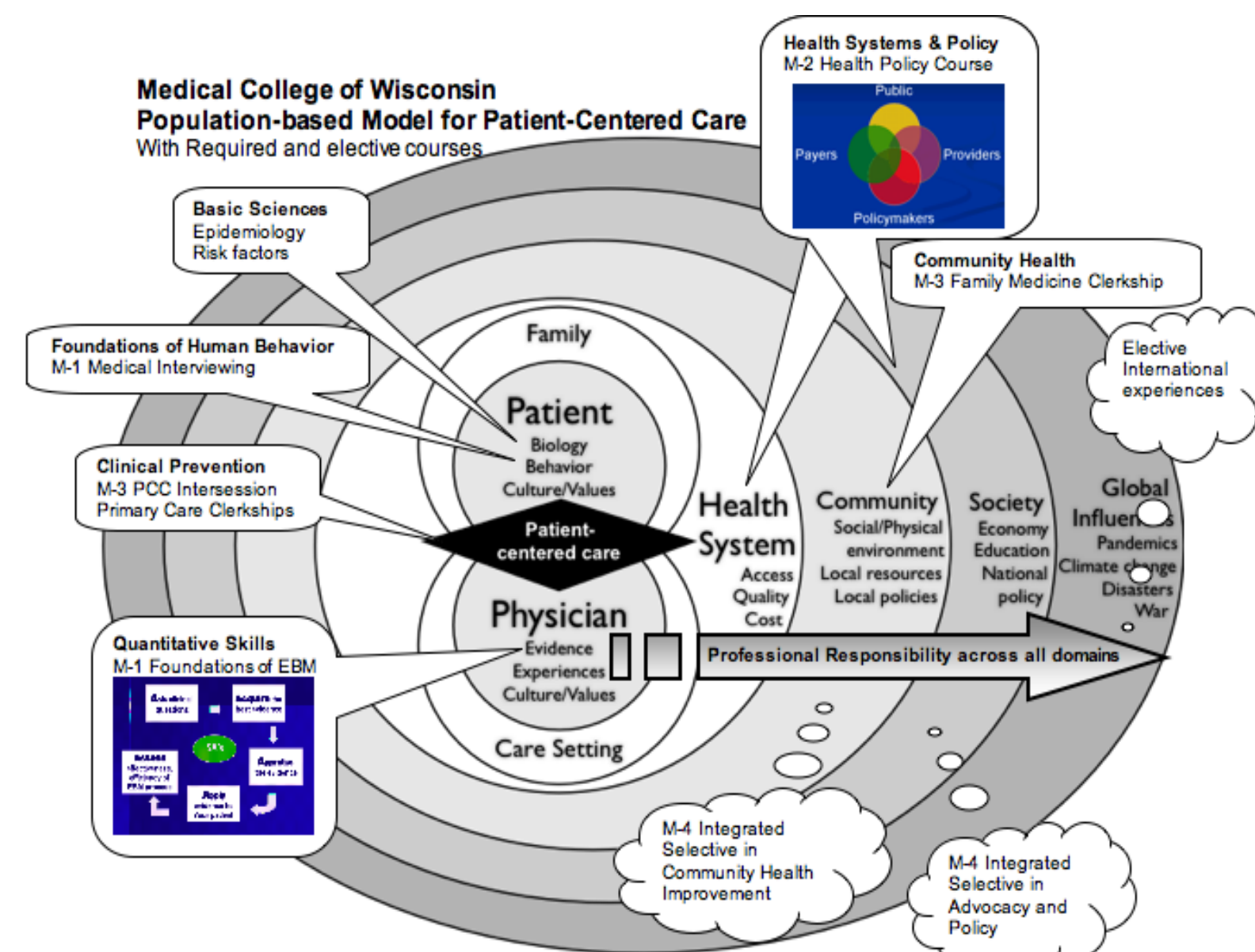
Gruen et al. 2004

## Methods

- Existing population health frameworks were identified through review of literature, existing curricula, and content experts.
- A multidisciplinary team met to review and agree upon desirable features of existing models.
- Through a consensus process, a final, unified model was developed to frame population health curriculum development.
- To determine face validity and relevance to existing courses, the model was presented to course and clerkship directors, curriculum leaders and local experts for feedback.



We tested the coherence of the model by mapping it to current MCW required and elective curricular elements. Many courses could be represented in the model.

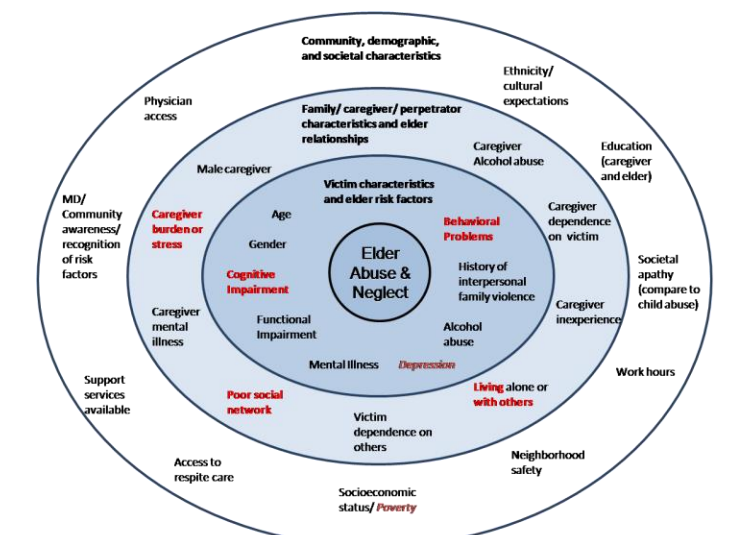


## Results

The model has been well received by educators, and introduced into lectures in courses across all four years of medical school.

- Evidence-based Medicine (M-1)
- Patient-centered care lecture in Clinical Exam (M-2)
- Systems of Care (M-2)
- Family and Community Medicine Clerkship (M-3)
- Health Policy and Advocacy (M-4)

Students report that the model helped their appreciation of the interrelationship of risk factors in complex conditions



Socio-ecologic model of factors reported to be predictive of elder abuse and neglect according to Meurer, Doty 2008. Factors in bold had been consistently associated in the medical literature; those in brown have relatively strong evidence; others are described but studies are inconsistent in demonstrating the association, or limited to expert opinion only.

Meurer, Doty 2008

### GENERALIZABILITY:

A variation of model was used to summarize risk factors associated with elder abuse for a summer research project.

## Conclusions and Next Steps

### OUR MODEL:

- Unites a patient-centered care perspective with the socio-ecologic model including consideration of family, system, community & societal influences on health.
- Provides a visual aid for curricula to help educators & students recognize their potential roles in addressing broader health determinants.
- Will be incorporated into new student pathways integrating basic science, clinical medicine and population health competencies across the curriculum.

## References

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