

College within the College (CwiC) – Population Health Skills for Physicians

- Incorporate culturally relevant information into a treatment plan for a patient
- Counsel individuals about healthy lifestyles
- Identify community support and resources to serve patients
- Coordinate health care services as a member of multidisciplinary teams
- Promote primary and secondary prevention
- Advocate for the needs of patients and the community
- Conduct population health research/evaluation
- Promote healthy lifestyles in communities
- Work in partnership with community based agencies and organizations

College within the College (CwiC)

- 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)
- Students must be in good academic standing
- Applications available in December and students selected in late January of Year I.
- Programs begin early February of Year I
- All curriculum *carefully* woven into medical school calendar
- Years I and II: didactic sessions, seminars, experiential programs, and assignment of mentors
- Years III and IV: complete clinical rotations and electives related to their concentration
- In the Summer between Year I and II, students work in areas related to their area of concentration.
- Each student must produce a “Scholarly Product” in Year IV.

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
- Comparisons and presentations
- Comparison to non-participants - Specialty choice, Match results, Future academic career

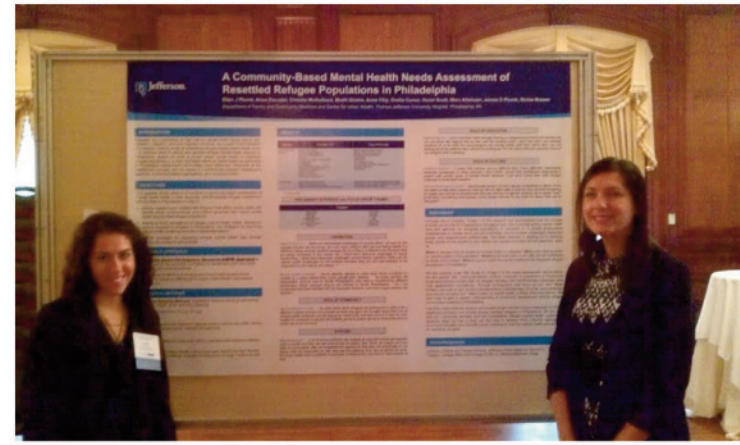
HRSA – Builds on CwiC - PH

- \$1.25 million over five years
- Create, implement, and evaluate a Jefferson Inter-professional Primary Care Dual Degree Program (IPCCDDP).
- The mission of the IPCCDDP 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.

Enrollment

- Cohort I – February 2011
 - 28 students – 12% of the class
- Cohort II – February 2012
 - 40 students – 16% of the class
- Cohort III – February 2013
 - 45 students – 18% of the class

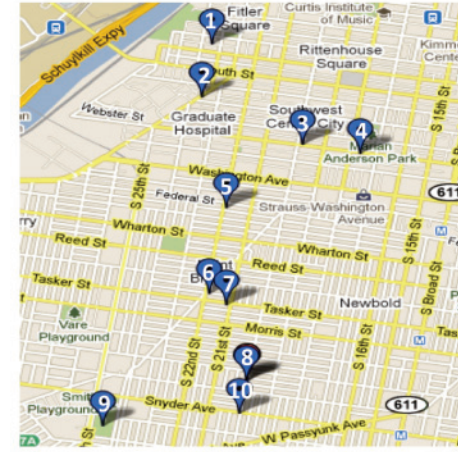
Opportunities to Present at Conferences



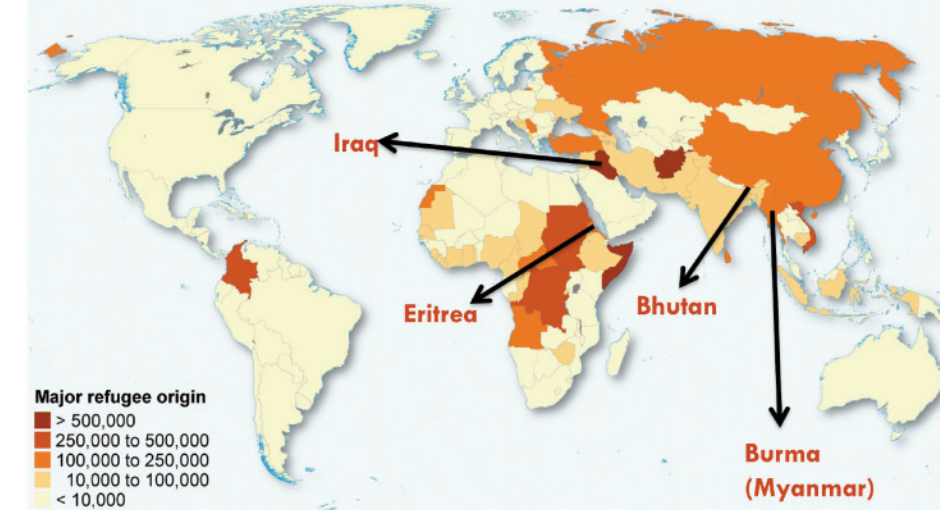
Presenting Poster at Global Health Conference – San Diego
Best Poster – AAFP – Global Health Conference 2012 - Minneapolis

Ashley Un: Blood Pressure Plus - Community Benefit Screening Sites

1. St. Simon Church
2. St. Matthew Church
3. St. Charles Senior Center
4. Christian St. YMCA
5. The John Gloucester House
6. Farmers’ Market
7. Zion AME Church
8. Dixon House
9. Wilson Street Apartments
10. Faheem’s Barbershop
11. 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

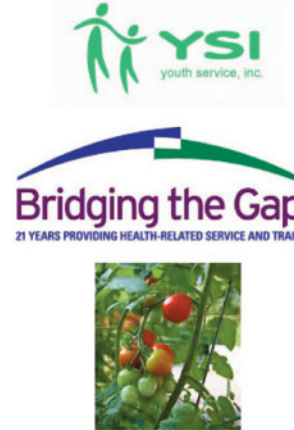
Elisabeth P. Collins



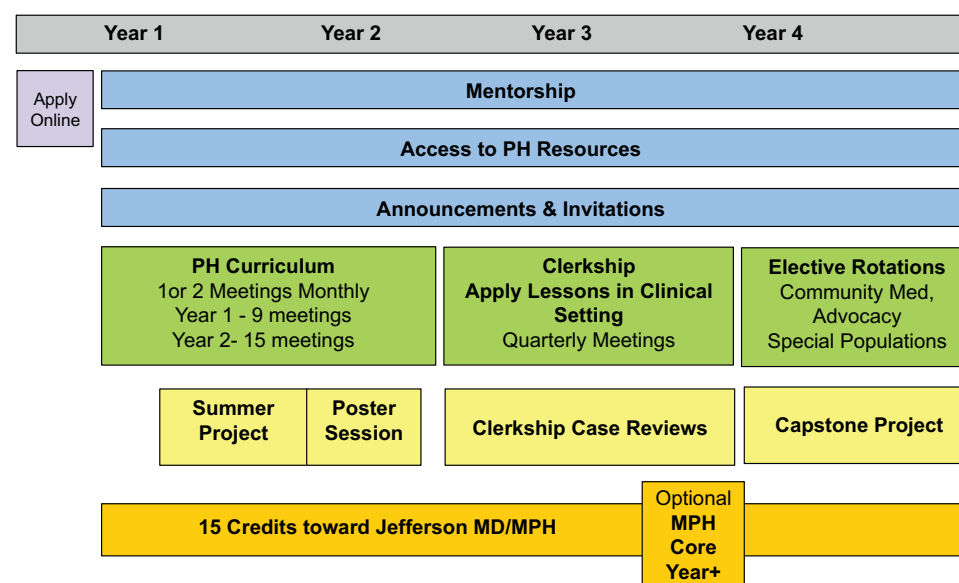
Kaela Pearce: The Role of The United States Department of Housing and Urban Development’s HUD-Veterans Affairs Supportive Housing Voucher Program in Eliminating Veteran Homelessness



Matt Enriquez: Youth Emergency Service – Bridging the Gaps Internship



CwiC-PH Overview – 4 Year Course



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

9 - 2-3 hour sessions
Readings, on-line discussion, question Group Activities

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?
- In the two chapters from *Culture, Health and Illness*, Helman reviews the Scope of Medical Anthropology and Cultural Definitions of Anatomy and Physiology. Since you began at Jefferson and completed HFD and are getting deeply into Systems, what are your cultural views of the “body”? Have they changed? Share your thoughts.

Example: Year 1 – Session 4: Advocacy

- 510-515 – Introduction/Orientation – Break into 5 groups which had to walk across? What incorrect assumptions or stereotypes do people make about your group? What surprised you about the exercise?
- 515-600 – Group Work – ideas, themes
- 600-630 – Report Out/Summary
- 630-800 – Food Inc

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

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

Example: Year 1 – Sessions 9 and 10

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

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

Annual Poster Session

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 3

- 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
 - 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”

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!
- Small 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