

November Curriculum Reform Update

November, 2019

New Pillar for SOM Curriculum: Health and Society

With the implementation of the Trek curriculum, the University of Colorado School of Medicine will be developing a new pillar—Health and Society. Health and Society was created to meet the needs of medical students and the future of medicine.

Why?

The United States spends the most per capita on healthcare than any other country and yet, our health outcomes are worse. Much of the discrepancy comes from fragmented, inefficient, and inequitable care. Furthermore, the determinants of health—the conditions in which people are born, grow, live, work and age—are increasingly recognized to influence 60-80% of an individual's health. The traditional two pillar model of teaching foundational and clinical sciences has not been adequate in preparing medical students to recognize and address the multiple factors that influence health, to meet the complex needs of their patients, and to efficiently navigate the health care system.

What?

[Our Vision](#)

Health and Society will prepare CU's physician graduates to be systems thinkers, who provide exemplary patient and family-centered care, and promote health equity and population health through advocacy and leadership on behalf of diverse patients, families, and their communities.

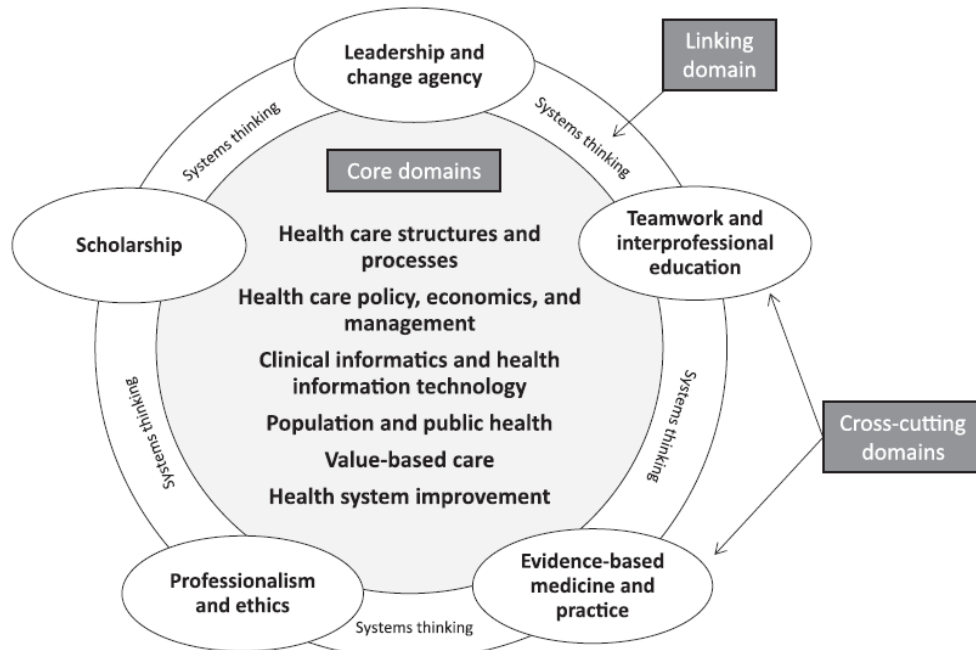
[Our Outcomes](#)

Upon completion of the Health and Society curriculum at CUSOM, students should be able to:

- Communicate effectively with multiple stakeholders from diverse populations, communities, and professions to foster respectful, productive human connection [in accordance with national Culturally and Linguistically Appropriate Services (CLAS) Standards].
- Explore and incorporate personal and team leadership practices to maximize the performance of self and others.
- Integrate individual, community, socio-ecological, and systems factors in service of patient and family well-being.
- Recognize, adapt to, and influence health policy, systems, technologies, and financing that inform care delivery.
- Advocate for the well-being of patients, families, communities, and populations.
- Describe and apply clinical care strategies, best evidence, and value for personalizing care for patients and families.

- Uphold the standards of professionalism and apply ethical values to serve patients’ and the public’s interests.

We assembled 12 Design teams to cover each of the core and cross-cutting domains of health systems science, using a model put forth by Gonzalo, et al.



Our design groups have been identifying appropriate content to be delivered longitudinally across the Trek curriculum. Health and Society content will be integrated with foundational and clinical science material. In addition to new curricular content, Health and Society will include a service-learning requirement, participation in quality improvement processes, and emphasize structural competency.

References:

1. <https://www.who.int/hia/evidence/doh/en/>
2. Gonzalo JD, et al. Health Systems Science Curricula in Undergraduate Medical Education: Identifying and Defining a Potential Curricular Framework. *Acad Med.* 2017;92:123–131.
3. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med.* 2014;103:126–133. doi:10.1016/j.socscimed.2013.06.032

We are extraordinarily grateful for the many contributing members of our Design Groups and others who have helped shape our work. We have tried to include everyone that has contributed to our work. If we inadvertently left your name off this list, please accept our sincerest apologies.

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We are continuously seeking input from interested stakeholders. If you have an interest in any one of these domains, please feel free to reach out to us: Kristin Furfari (Kristin.Furfari@cuanschutz.edu) or Rita Lee (Rita.Lee@cuanschutz.edu).

Recent Website Questions:

Q: In the new reform structure, how will the preceptors in the Foundations of Doctoring Curriculum be balanced with other stages of Trek?

In the new curriculum, all students will be assigned to a foundational clinical skills preceptor during the Plains. This early clinical experience will prepare the student to enter the Foothills, at which time they will work with an LIC preceptor. Given the different precepting needs of the various portions of the curriculum, there will be different pools of identified preceptors. Some preceptors will have a focus and faculty development to meet the needs of Foundations of Doctoring while others will serve as preceptors in the LIC's. This change is being made to prevent overburdening the phenomenal preceptors that currently participate in the education of students and to provide focused training on specific sectors of medical content.

Q: How will students be engaged and included in extracurricular activities?

Our students are incredible leaders outside of the classroom and we want to maintain that involvement in extracurricular activities on and around the campus. There will be a shift in the way leadership roles are distributed throughout the 4 years with more of the work happening during the first and third years with a break during the busy LIC time in the Foothills. Currently the Students of Curriculum Reform (SOCR) and a subgroup on electives and extracurriculars led by Dr. Steve Lowenstein are working on the details of how this will work best. Nationally, other institutions who have made this change have seen an increase in student engagement with the extra time for individualized career development that occurs in year 3 and 4.

Q: Where will the research and rural tracks fall in as well?

While the research track will still have dedicated summer time work after year one, there will be an increase in focused time during dedicated research months in the 3rd year (Alpine Ascent) and trails. In contrast to our current Legacy curriculum, students in the Trek will have up to three months of sequential research time. Additionally, our LICs will include an LIC at Anschutz with a theme of research and discovery. We expect many of our research track students and MSTP students will be interested in this LIC model.

Similarly, the rural track is expanding to be more a more continuous experience throughout all 4 years and will be called a **Rural Program** rather than track as a way of acknowledging the increased commitment and longitudinally of the experience for students. We are piloting increasing numbers of rural clinical experiences in the LICs now.