



Department of Family and Community Medicine

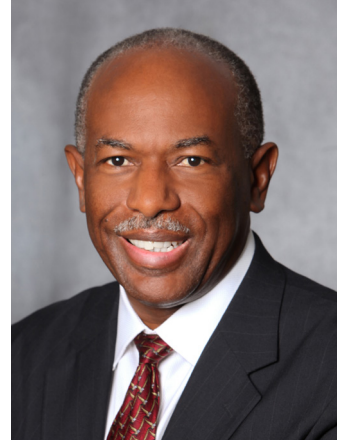
National Center for Medical Education, Development and Research

Communities of Practice Conference

August 10 – 11, 2017 in Nashville, Tennessee | Courtyard Marriott Green Hills Hotel

**Curriculum
&
Training**

Practice Transformation
in the Age of Training Millennials



Message from James E. K. Hildreth, PhD, MD

12th President of Meharry Medical College

As medical educators, we must create and deliver new and innovative approaches and strategies for sharing knowledge and skills in a world that is changing rapidly in medical education. These changes are fueled by technology, new ways of thinking about teaching, social media and students who come to medical schools with more information and awareness about who they are, what they want to know, and what skills they wish to gain and perfect. These students stand boldly and squarely in the age of the Millennial. Yet, we, as faculty and medical administrators, are on the brink of a new horizon in a world that is dynamic and changing. Breakthroughs in medical technology, chronic diseases, and medications are mind boggling. And now we are at the cusp of genetic editing that will radically improve the health and life span of patients. These changes predict the future of health care and training of medical students in primary care and profoundly changes how we must train, practice, work and live in the next decade. With the health care focus on precision medicine, open access to big data, and new statistical analytics, the need for new academic approaches in medical education is required as we provide high quality care to vulnerable populations.

These new scientific and rigorous approaches include curricula changes in pedagogy as well as how you will practice primary care in the next decade and beyond; for example, health care is evolving from a one-size-fits all model to a personalized approach aimed at customizing diagnostic, therapeutic and preventive interventions. These new approaches and health care strategies are focusing on team based, patient-centered care, and interprofessional collaboration across specialties and disciplines, tied to quality of care rather than quantity and performance based metrics. The new model of health care, the patient-centered medical home, has emerged as the model of care going forward. This model represents a major paradigm shift in medicine from the current model that is centered on the physician, care that is reactive and fragmented, and patients are responsible for coordinating their own care to a model, which is preventative, centered on the patient with care coordinated within an integrated team. This paradigm shift has profound implications for better health care and outcomes for vulnerable populations. This shift demands that medical schools begin curriculum revisions that adequately prepare students interested in primary care training and work with vulnerable populations in this new medical model.

As content experts and members of the Communities of Practice in medical education, we thank you for your commitment to the National Center for Medical Education Development and Research, as we develop new pedagogical innovations and curriculum transformation in the age of the Millennials.

Meharry Medical College is an academic health sciences center that exists to improve the health and health care of minority and underserved communities by offering excellent education and training programs in the health sciences. True to its heritage, Meharry places special emphasis on providing opportunities for people of color, individuals from disadvantaged backgrounds, and others regardless of race or ethnicity; delivering high quality health services; and conducting research that fosters the elimination of health disparities



National Center for Medical Education, Development and Research

Meharry Medical College was recently funded by the Health Resources and Services Administration (HRSA) to establish a new academic administrative unit under grant number UH1HP30348. The new center is an academic unit (AU) housed in the Department of Family and Community Medicine at Meharry Medical College through a cooperative agreement with HRSA to evaluate the evidence-base for primary care interventions targeting vulnerable populations to transform primary care training in medical education and clinical practice in Tennessee and within the United States. The goal of the center is to transform primary care training and clinical practice in the United States through curriculum transformation in primary care. For the purpose of this award, HRSA defined vulnerable populations as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), homeless persons, and migrant farm workers.

The National Center for Medical Education, Development and Research (NCMEDR) goals are to 1) conduct systems-level research of evidence-based interventions for vulnerable populations to inform primary care training; 2) disseminate best practices and resources to primary care providers and trainees across the mid-South to improve clinical outcomes among vulnerable populations; and 3) establish a community of practice (CoP) that will promote the widespread enhancement and development of a diverse primary care workforce that will produce better health outcomes for LGBT, homeless and migrant worker populations. In addition, this new community of practice will assist the Center in identifying and providing curriculum transformation and innovation. It is anticipated that the CoP will give relevant and timely feedback on the development of toolkits including case studies for simulation, and provide educational models and coaching to primary care faculty to train residents and health professions students to deliver high quality, cost-effective, patient-centered care to vulnerable populations in underserved communities.

The Center anticipates by linking clinical knowledge with the expertise of basic, clinical, and social science faculty and community partners in this new Center that we will strengthen capacity for engaging in multi-level, transdisciplinary and inter-professional primary care research and training. It is expected this engagement will assist other medical schools as they develop new curriculum to examine health disparities, health services, health equity, and primary care training from a systems framework using a life course model.

Therefore, the charge of the CoP for Vulnerable Populations is to assist us in the development, identification, research, and feedback on the application of new tools in medical education that will enhance teaching and modeling of the provision of health care services to vulnerable populations through feedback and dissemination of ideas on medical education to primary care departments across the United States.

The topics for our first year were to:

- » Identify how medical schools are teaching students to address implicit physician bias towards vulnerable populations; and
- » Find out how they are preparing students to introduce preventive measures such as Pre-Exposure Prophylaxis (PrEP) to vulnerable patients in order to prevent HIV.

Our second year topics will include how medical schools are teaching students to address:

- » Interpersonal violence across the lifespan; and
- » The effects of adverse childhood experiences in these three vulnerable populations.



Dear Colleagues:

The National Center for Medical Education Development and Research (NCMEDR), Meharry Medical College, the School of Medicine, and the Department of Family and Community Medicine welcome you to the inaugural Communities of Practice (CoP) Conference on Vulnerable Populations.

We have anchored the work of this inaugural conference using an interactive small group approach, built upon the concept of a marketplace of ideas in which members of the Communities of Practice will share ideas, concepts, and strategies throughout the course of the meeting. The purpose of this approach and strategy is to expand and sharpen the medical education development and research process within the Center. Equally, this framework will allow content experts to interface with faculty and staff in an open exchange of ideas, concepts and strategies that will produce concrete directions in application of systematic reviews and the evidence-based results that are expected to come from our work in medical education development and research.

Therefore, we are extremely excited about your commitment to our emerging work under this cooperative agreement with DHHS/HRSA as we work to firmly establish the NCMEDR as a national resource to medical schools. We believe that your expertise and guidance will make a difference in how the Center will achieve its goal of improving and enhancing medical education through evidence-based focused studies. Additionally, the Center anticipates that our work together will impact medical education through recommendations that will include innovative pedagogy that can be replicated in primary care curricula across the nation. At the end of this project, we anticipate that you will assist us in sparking the national dialogue on medical education and vulnerable populations. Ultimately, we must impact how we train physicians and other health care professionals as they work in communities with vulnerable populations.

We look forward to working with you to address health equity and improve health outcomes for vulnerable populations by training a diverse and culturally competent workforce in primary care.

Sincerely,

Pat Matthews-Juarez, PhD

Project Director

Professor

Program At-A-Glance

12:00 PM – 2:00 PM	Opening Session & Lunch
2:00 PM – 4:00 PM	Content Expert Working Groups on Communities of Practice / Vulnerable Populations
4:00 PM – 6:00 PM	Group Interactive Reception by Community of Practice
7:30 AM – 8:15 AM	Breakfast
8:15 AM – 11:30 AM	Communities of Practice Working Groups: Review of Year 1 Projects
11:30 AM – 11:45 AM	Feedback from the Communities of Practice on the National Survey on Medical Education for Teaching Vulnerable Populations
11:45 AM – 12:45 PM	Communities of Practice Working Lunch: A Marketplace of Ideas
1:00 PM – 2:30 PM	NCMEDR Presentation of Year 2 Projects
2:30 PM – 4:00 PM	Lessons Learned & Pathway Forward: Communities of Practice Feedback

The Primary Care Training and Enhancement Academic Units (AU) project is supported in part through a cooperative agreement (UH1HP30348) with the US Department of Health and Human Services (DHHS)/Health Resources and Services Administration (HRSA) and Department of Family and Community Medicine, School of Medicine, Meharry Medical College. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by DHHS, HRSA or the U.S. Government.

Opening Session and Lunch

Thursday, August 10, 2017 • 12:00 PM – 2:00 PM

PURPOSE

To acquaint members of the community of practice with the national medical education landscape and to establish common principles and understanding of the current and future work of the Center around medical education development and research and training medical students and residents around ensuring health equity for vulnerable populations.

OBJECTIVES

- » Provide common ground and a starting place for content experts, faculty, and staff of the Center.
- » Introduce a systematic approach to health equity, medical education.
- » Highlight the importance of ethics in developing innovative approaches and tools in primary care training that includes health care delivery and clinical practice.
- » Present current studies and methodologies used for current projects in Years 1 and Year 2.
- » Engage a core of content experts for the National Center over the next four (4) years.

Opening & Greetings

Veronica Mallett, MD, MMM
Meharry Medical College

Greetings

Millard D. Collins, MD
Meharry Medical College

Overview of the National Center for Medical Education, Development and Research & Communities of Practice

Patricia Matthews-Juarez, PhD
Meharry Medical College

Curriculum Transformation and Medical Education in the Age of Teaching Millennials to provide Health Care to Vulnerable Populations

Veronica Mallett, MD, MMM
Meharry Medical College

Overview of Vulnerable Populations & Current Work on Projects including Methodology

Paul Juarez, PhD
Meharry Medical College

The Importance of Training Primary Care Physicians to Provide High Quality Care to Vulnerable Populations: LGBTQ, a Community in Search of Health Equity

Sharon M. Spencer, PhD
University of South Carolina

Teaching Ethics as Elements in Medical Education for Vulnerable Populations

Rueben C. Warren, DDS, MPH, DrPH, MDiv
Tuskegee University

Integrating the Use of PrEP as a Prevention Tool into the Medical Education Curriculum

Leandro A. Mena, MD, MPH
University of Mississippi

Overview of Current Trends in the Health Care Needs of Homeless Persons: A Need for New Approaches in Medical Education

Beth Shinn, PhD
Vanderbilt University

Examining Current Trends in Providing Health Care for the Migrant Workers: The Importance of Innovation in Clinical Transformation in Medical Education

Thomas A. Arcury, PhD
Wake Forest School of Medicine

Moderated Questions & Answers

Rueben C. Warren, DDS, MPH, DrPH, MDiv
Tuskegee University

Content Expert Working Groups on Communities of Practice / Vulnerable Populations

Thursday, August 10, 2017 • 2:00 PM – 4:00 PM

SESSION OVERVIEW

This is a hands-on review of the work in Center in Year 1 by the Content Experts. The intent is for the content experts to examine the projects to determine if the work that was done in Year 1 explored and test hypotheses using secondary data to assess the effectiveness of new training curriculum or modalities, clinical interventions, case studies, and health care service delivery models on patient outcomes.

OBJECTIVE

- » To have content experts provide detailed and explicit feedback on the process and outcome to determine the effectiveness of using systems research to promote primary care training for transforming medical education and to predict observable changes in patient outcomes arising from the provision of evidence-based primary care health services.

Group 1: LGBTQ

Robert L. Cooper, PhD
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Leandro A. Mena, MD, MPH
University of Mississippi

Group 2: Homeless Persons

Matthew Morris, PhD
Meharry Medical College

Beth Shinn, PhD
Vanderbilt University

Group 3: Migrant Workers

Thomas A. Arcury, PhD
Wake Forest School of Medicine

Paul Juarez, PhD
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Group 4: Medical Education

Veronica Mallett, MD, MMM
Meharry Medical College

Carl G. Streed, Jr., MD
University of Chicago

NCMEDR Presentation of Year 2 Projects

Friday, August 11, 2017 • 1:00 PM – 2:30 PM

PROJECT 3

Screening and Health Care Services for Vulnerable Populations Exposed to Interpersonal Violence

This research project will assess the extent to which medical schools prepare students to address the needs of vulnerable populations exposed to interpersonal violence in primary care settings. It will employ multiple methods to assess current medical school educational practice, identify evidence-based best practices, and develop and recommend curricular modifications, and disseminate information to the broader medical education profession through presentations at professional meetings, policy briefs, and articles in peer reviewed journals.

Statement of the problem, gaps in current research. Interpersonal violence (IV) is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, stunted emotional development, or deprivation.¹ IV occurs across the life course and threatens the life, health and happiness of thousands of persons each year in the United States. IV encompasses a wide range of incidents from child abuse and neglect by caregivers, youth violence (violence by adolescents and young adults aged 10 to 29 years), intimate partner violence, sexual violence, elder abuse, and gun violence. There is a limited evidence base regarding best strategies in teaching medical students how to screen for and address the needs of vulnerable populations affected by interpersonal violence.

It is important that medical students understand and are prepared to take steps to address underlying individual, interpersonal, community and societal-level factors that increase the risk for violence among of vulnerable populations. This research project will assess the extent to which medical students are taught about the needs of vulnerable populations and the skills to screen, care, and refer those exposed to interpersonal violence in primary care.

RESEARCH QUESTIONS

- » What is the evidence base regarding education of medical students on screening for interpersonal violence among vulnerable populations for medical students in primary care settings?
- » What are the core elements of the medical educational curriculum that can be revised and adapted to ensure students have the knowledge and skills to provide culturally competent health care for vulnerable populations exposed to interpersonal violence?

PROJECT GOALS

- » To identify the extent to which medical students are trained to screen, treat, or refer persons exposed to interpersonal violence across the life course.
- » To develop model curricular elements that can be used by other medical schools to prepare students to effectively address the needs of vulnerable populations exposed to violence.
- » To disseminate research results on how medical schools are addressing ACEs in vulnerable populations to graduate medical education audience.

Project 3 Paul Juarez, PhD
NCMEDR

PROJECT 4

Screening and Health Care Services for Adverse Childhood Experiences in Vulnerable Populations in Primary Care Settings

The aim of this research is to identify and assess the extent to which medical students are taught about adverse childhood experiences (ACEs): screening, treatment, community referrals and their impact on personal health and health disparities in primary care settings. Based on this aim, we pose several research questions to be answered through systematic review of the literature, curricula, and student surveys about how medical schools are preparing students to address the effects of ACEs, with a focus on vulnerable populations. We will disseminate findings through scholarly presentations at graduate medical education conferences and meetings, peer reviewed publications, our community of practice, and a policy brief and provide technical assistance to programs on how to incorporate ACEs in their curriculum and respond to the needs of vulnerable populations.

Statement of the problem, gaps in current research: Increasingly, studies are showing that adverse childhood experiences (ACEs) influence the health and well-being of a person throughout their lifespan. Yet, there is paucity of information in the literature regarding strategies to teach medical students how to screen for ACEs and be responsive to the needs of vulnerable populations that are impacted by ACEs. While there is a growing body of research that supports a dose-response relationship between number of ACEs experienced during childhood and a range of adverse health outcomes of adulthood, especially among vulnerable populations, relatively little is known about the extent to which medical students are being taught about the effects of ACEs on the health of vulnerable populations, including LGBTQ, homeless persons and, migrant workers, and how to screen for and care for those who have multiple exposures. To date, little systematic attention has been given to ensuring future primary health care providers are trained to screen for ACEs, undertake interventions that can improve long term health outcomes across the life course, or refer patients to community resources that can lead improvements in health and healthcare.

RESEARCH QUESTIONS

- » What evidence exists regarding what and how medical students are being taught about ACEs: what they are, what impact they have across the life course, how they affect vulnerable populations, and what skills they are being taught to help students address them?
- » What are the core elements of the medical educational curriculum that can be revised and adapted to ensure students have the knowledge and skills to provide culturally competent health care for vulnerable populations exposed to ACEs?

PROJECT GOALS

- » To identify the extent to which medical students are trained to screen, treat, or refer persons exposed to ACEs in primary care settings.
- » To identify and/or develop model curricular elements that can be used by other medical schools to prepare students to effectively address the needs of vulnerable populations exposed to ACEs.
- » To disseminate research results and curricular modules on how medical schools are addressing ACEs in vulnerable populations to graduate medical education audience.

OBJECTIVES

- » Provide direct feedback and consensus from content experts on the adequateness of the primary care research training process using evidence-based studies and data, and methodologies.
- » Determine the effectiveness and efficacy of the studies, results, findings, and products for curricular change in training medical students and residents in treating vulnerable populations using the PCMH model or any other treatment and reimbursement model that focus on continuing quality of care, team building and value-based pricing.

Project 4 Robert L. Cooper, PhD
NCMEDR

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Selected Readings on Vulnerable Populations by Topics for Communities of Practice

Friday, August 11, 2017 • 1:00 PM – 2:30 PM

MEDICAL EDUCATION

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Enhancing primary care training for health care professionals to improve the quality of health for vulnerable populations

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