

Submission for Curriculum STFM's National Clerkship Curriculum
University of Utah School of Medicine
Curricular Focus: Role of Family Medicine

I. Title of Curriculum

The Role of Family Medicine in the Health Care System

II. Abstract

American's receive medical care within a complex network of resources services. It is important for physicians of all disciplines to understand the structures and effects of these systems. At the University of Utah School of Medicine all medical students complete a four-week Family Medicine Clerkship which includes a structured curriculum on health policy and the role of Family Medicine in the American health care system. The curriculum uses serial reflective student dialog and student presentations informed by readings, videos, and faculty presentations to challenge and hone student understanding. Faculty present initial information, ask questions, facilitate dialog, and provide feedback. Health systems within the US and between countries are compared. Hot spotting, the patient centered medical home, access to care, and primary care impact data are introduced. Students are encouraged to challenge the data presented. This submission includes presentations, readings, references, and directions for use,

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III. Has this Curriculum been published elsewhere? Yes or No
No

IV. Curricular Focus
Role of Family Medicine

V. National Clerkship Curriculum Objectives addressed
List student objectives in STFM Family Medicine Curriculum that your curriculum is designed to achieve. Make sure that you use the same wording of the objectives that the STFM Family Medicine Curriculum uses. Organize objectives by section of the NCC curriculum, listing Role of Family Medicine objectives first.

The below NCC objectives are addressed by the University of Utah Health Policy curriculum:

At the end of the family medicine clerkship, students should be able to:

Role of Family Medicine

At the end of the family medicine clerkship, students should be able to:

- Compare medical outcomes between countries with and without a primary care base.
- Compare the per capita health care expenditures of the United States with other countries.
- Discuss the relationship of access to primary care and health disparities.

Principles of Family Medicine

Comprehensive Care

- Information gathering and assessment
- Use critical appraisal skills to assess the validity of resources.
- Lifelong learning

Continuity of Care

- Describe the barriers stemming from the health care system that affect the ability of patients to obtain and use health care

Contextual Care

- Discuss local community factors that affect the health of patients.
- Discuss health disparities and their potential causes and influences.
- Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.

VI. Structure of clerkship in which curriculum has been used

This curriculum is woven throughout a four-week Family Medicine Clerkship required of all third year medical students at the University of Utah, School of Medicine. From eight to twelve students complete the clerkship during each of eight clerkship blocks throughout the academic year. The core experience of the clerkship involves a hands-on, mostly outpatient clinical experience with a practicing board-certified Family Physician on our adjunct faculty. Private and large group practices throughout urban and rural Utah and Idaho host the majority of students. A full day of orientation starts the rotation and includes teaching sessions on numerous topics including a health policy presentation and discussion. A mid-clerkship teaching session merging in-classroom teaching for nearby students with online conferencing for away students occurs on the third Monday of the clerkship. The final day and a half of the clerkship includes numerous in-person teaching sessions and assessments, including the final health policy curriculum session.

VII. Program Content and Instructional Strategies

Introduction:

In our rapidly evolving health care system, all physicians will have the opportunity to join the discussion on how the US health care system should be improved. Through this curriculum you will gain understanding regarding your own views of how medicine fits in with our community and culture.

Objectives:

1. Understand the importance of family medicine in the health care system
2. Compare medical outcomes, access to care, and degree of health disparities, between countries with and without a robust primary care system.
3. Compare medical outcomes, access to care, and degree of health disparities, between states in the US.
4. Compare the per capita health care expenditures of the United States with other countries.
5. Discuss the relationship of access to primary care and health disparities.
6. Improve literacy of health policy literature
7. Demonstrate critical thinking of issues in the US health care system

Topics:

We will be discussing 5 different topics in this module:

1. International comparisons based on cost and quality
2. State comparisons based on cost and quality
3. Health disparities and access to primary care
4. Family Medicine as a vital component to the US health care system
5. Practice redesign: the Patient-Centered Medical Home

Readings:

During orientation students sign up to read and present one paper from one of the above topics. They then prepare short answer responses to the questions listed below and prepare to present that material to the group. Students also skim the other four articles in preparation for the class discussions led by other students. The articles are posted for students in an assignment folder on the online portal. The expectation is not a deep understanding of the statistics described in some of the papers; rather, the focus is on the content discussed.

Video Presentation:

PBS has created several video documentaries on health care systems in the US and around the world. All students are required to watch the two videos before the clerkship debriefing.

To find the videos search for:

1. PBS and Sick around the world.
Direct Link : www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/view/
2. PBS and US Health Care: The Good News
Direct Link : <http://www.pbs.org/programs/us-health-care-good-news/>

Short Answers:

Each student is to answer the following questions on the paper they select during orientation, and bring a copy of your answers to the session in which your topic is discussed. Each student must also submit their answers by the end of the last day of the rotation. Answering these five questions should take one page, single-spaced.

1. In three sentences, please summarize the findings of the paper.
2. Describe which data are the most convincing to support the finding.
3. Why do you think the authors chose to study this? What agenda could they have?
4. Describe the faults that you can find with the paper.
5. What is your opinion about the findings? Do you agree or disagree and why?

Class Discussion:

We will discuss these topics during two sessions during the rotation. Students are expected to take a lead role in the discussion when their topic and article is discussed. The first of these will be at the mid-clerkship teaching session on the third Monday of the rotation. At this session, the first two topics will be discussed:

1. International comparisons based on cost and quality
2. State comparisons based on cost and quality

The second session will occur during the final teaching session and will include the last three topics:

1. Health disparities and access to primary care
2. Family Medicine as a vital component to the US health care system
3. Practice redesign: the Patient-Centered Medical Home

Grading:

This assignment is worth **four** points total. Grading is based on both class participation and faculty review of the written assignment. The written work is graded based on insight, reflective clarity, and polish. You will not be graded on your opinion regarding these topics. You will be graded on your ability to discuss your opinion.

VIII. Assessment of Learner Outcomes

Student outcome measures include faculty ratings of student assignments, faculty observation of student presentations, faculty observation of student dialog, and student evaluations of the curriculum.

Faculty ratings of student assignments: Student assignments are rated on insight, reflective clarity, and written polish. Scores over two years have ranged from 2.0 to 3.8 with an average score of 3.2. Four points are possible and a minimum score of 50% (2 points) is required to pass the clerkship.

Faculty observation of classroom dialog and presentations: Three health policy related classroom dialogs occur throughout the clerkship, each guided by questions and informed by a slideshow presentation of information, student readings, or videos. Students are each required to lead a discussion about the article they selected, and skim the other articles before those discussions. Overall student dialog and presentations appear well informed. Discussants reference details in the articles and videos, suggesting that they reviewed at least some of the assigned material. Statistics in some articles are complex and presentations about those articles reflects a less detailed understanding of the statistics, suggesting lack of in depth statistical analysis.

Student evaluations of the curriculum: Student evaluation occurs in two ways. The written evaluation and a select number of students are interviewed by the UUSOM dean's office in a focus group structure after two clerkship blocks each year in order to assess the student experience of the clerkship as a whole. The dean's office then meets with clerkship directors to discuss student comments and course improvements. As part of this process, these comments have been generated on this curriculum:

“I appreciated the focus on the health care system as a whole, and the role of primary care and specialties within that structure.”

“I loved the health policy assignments (sic), I was never really taught much about this subject, so it was great.”

“Though I have been interested in public health for some time, it was not until during my Family Medicine clerkship that I knew with certainty I wanted to earn an MPH degree. During this rotation, I was engaged in intriguing discussions with physicians and classmates and read articles about our current healthcare system’s shortcomings. Now I’m aware that if I know more about medicine than how to diagnose and treat, I will be able to improve the lives of my future community more significantly. I know to accomplish this I need a better understanding of the interrelation of disease, environment, politics and people.”

IX. Lessons Learned

1. Students consider new perspectives when facilitation involves primarily questions and objective data. Avoiding faculty opinion is helpful, but also difficult.
2. A variety of types of students were very engaged with the curriculum including many who are not likely to enter family medicine for residency.
3. The information and data presented in the slideshow quickly becomes out of date. While the trends of the data remain, the datasets and numbers should be updated regularly. This was a more difficult aspect of the curriculum. After only a few years the slides and some of the content in the videos feels more out of date. However, this does not highly change the discussion or learning from the students. The principles remain the same.
4. We have updated the five articles several times to find the most effective articles to discuss the topics. Several of the articles have rather difficult to understand social science statistical techniques which are unfamiliar for the students. This does provide a new learning experience, but can also be somewhat confusing for the students.
5. The students will often read the articles with a very critical lens to find errors and holes within the papers. While that can be an educational activity, it is more important to use the articles to discuss the content. It can sometimes be difficult for the students to put this aside to learn from an imperfect journal article.
6. One poster was presented on this material at the 2012 STFM Conference on Medical Student Education. No other presentations are currently underway.

X. Explanation of Appendices

- A- Introductory slideshow presentation – On the first day of the clerkship this slideset is used to orient students to the health policy curriculum, pose questions for consideration, and introduce baseline data. The session requires 30-45 minutes and invites student participation.
- B- Mid-clerkship teaching session slides – this slideset is projected by facilitating faculty while students present their articles and facilitate student dialog on International comparisons and State comparisons.
- C- Final teaching session slides – This slideset is projected by facilitating faculty while students present their articles and facilitate student dialog on the remaining topics.
- D- Example assignment – The short answer assignment is introduced during orientation, completed by students during the clerkship and before their article is discussed (either mid-clerkship or during the final teaching session). Students present from their prepared assignment and share their opinions.
- E- Grading rubric – this rubric is used to grade students’ written answers to questions about their article. Grading occurs after all students complete the rotation.

XI. References

References for Current Assigned Articles:

- Baicker K, Chandra A. Medicare Spending, the Physician Workforce, and the Quality of Care Received by Medicare Beneficiaries. *Health Affairs*. 2004; W4:184–197.
- Gawande A, The Hot Spotters, *The New Yorker*, 1/24/2011.
- Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970–1998. *Health Serv Res*. 2003;13:831–865. doi: 10.1111/1475-6773.00149.
- Margolius D, Bodenheimer T. Transforming Primary Care: From Past Practice to the Practice of the Future. *Health Affairs*, 29, no.5 (2010): 779-784
- Sandy L, Bodenheimer T, Pawlson G, Starfield B. The Political Economy Of U.S. Primary Care. *Health Affairs*, 28, no.4 (2009):1136-1145. doi: 10.1377/hlthaff.28.4.1136.

References Used in the Presentations:

- C. Schoen, R. Osborn, S. K. H. How, M. M. Doty, and J. Peugh, "In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008," *Health Affairs Web Exclusive*, Nov. 13, 2008, w1–w16.
- C. Schoen, R. Osborn, M. M. Doty, D. Squires, J. Peugh, and S. Applebaum, "A Survey of Primary Care Physicians in 11 Countries, 2009: Perspectives on Care, Costs, and Experiences," *Health Affairs Web Exclusive*, Nov. 5, 2009, w1171–w1183.

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Green L, Fryer G, Yawn B, Lanier D, Dovey S, "The Ecology of Medical Care Revisited. *New England Journal of Medicine*, 2001;344:2021–25.

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