

DRAFT

Recommendations: Public Health Working Group, Undergraduate Curriculum Refresh 2021.

Dalhousie University Faculty of Medicine

Chair: Dr. Gaynor Watson-Creed, Assistant Dean, Serving and Engaging Society, Faculty of Medicine

Committee Members: Dr. Jennifer Payne, Faculty of Medicine, Department of Diagnostic Radiology; Catherine Martin, Director of Indigenous Engagement, Dalhousie University; Chris Yeats, Faculty of Medicine, Global Health Office; Dr. Austin Zygmunt, Public Health and Preventive Medicine Resident Physician, University of Ottawa; Jacqueline Mincer, Medical Student, Dalhousie University; Margaret Sun, Medical Student, Dalhousie University.

Background:

The Public Health working group for the Curriculum refresh has struggled to maintain quorum for meetings, given the challenging schedules of the student and resident members. The committee has had opportunity, though, to conduct some literature search on the embedding of public health into medical education, and to review previous course syllabi, as well as Medical Council of Canada objectives, and feedback from students on the current curriculum.

The Committee began its work by looking at existing definitions of Public Health in the curriculum. A few things were noted:

- In many places in the curriculum it appears that *public health* and *population health* are conflated terms. Many units have objectives related to population health. However, defined “public health” objectives are not as evident. We recognize that the distinction is not made at the Medical Council of Canada (MCC) either, as upon review we have identified that many of their objectives speak to population health (and within that, *determinants of health* more than anything else) alone. However, the Committee felt strongly that an orientation to public health, because of its breadth and scope, and because in all provinces it is inclusive of legal reporting requirements, specific patient focused populations, and a high level of prevention, should be foundational for medical students going forward. Furthermore, public health as a discipline is nearly entirely absent from the Dalhousie undergraduate curriculum, which we see as a major oversight that is worth resolving at this time.
- To that end, the Working Group accepted that the “population health” objectives, largely determinants of health focused, will be found mostly in the work of the Special Populations working group, and so considered that work to be out of scope for this review.
- The committee further adopted the following definition of “public health” for the purposes of this refresh:

- Public Health is defined as the organized efforts of society to keep people healthy and prevent injury, illness, and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians. (source – AFMC primer).

Scope:

As mentioned above, the Working Group has limited its discussion to *public health*, as defined above. In this respect, the Working Group focused on development of overarching approaches to “public health sciences”, as well as to suggested content through which the overarching approach can be shared with undergraduate learners. This includes evaluative plans for such teaching. The Working Group did not deal with issues related to specific “equity-deserving populations” as those were largely left as the purview of the Special Populations working group for the curriculum refresh. The group also notes overlap with the Planetary Health working group (eg environmental public health promotion) and EDI Working Group (eg social determinants and health inequities).

Consultations:

The Working Group has not yet conducted any formal consultations on its work. Those are being planned for early in 2021, and may include:

- Additional undergraduate learners;
- Additional Faculty members, particularly Public Health and Preventive Medicine specialists, and members of the Department of Community Health and Epidemiology
- Undergraduate learners and Faculty specifically at Dalhousie Medical School New Brunswick (DMNB);
- Faculty members leading longitudinally embedded content and practices, such as Radiology, Nutrition, Pathology and Biochemistry, for advice as to whether such an approach could be used to embed Public Health;
- Unit heads where public health content may be added

Successful Implementation Goal:

The Working Group believes that the undergraduate “refresh” would be successful when it can be demonstrated that Dalhousie graduates are well versed in the practice of public health and the scientific underpinnings of public health. This may translate to better outcomes on the Medical Council of Canada Qualifying Examination Part 1. Increased interest in and participation in public health electives would be another measure of the increased visibility of and ultimately understanding of public health practice. In previous years we have seen such an increase lead to an increased interest in residencies in Public Health and Preventive Medicine, and would look to a similar outcome from implementation of this refreshed curriculum.

Recommendations:

Table 1 details each recommendation from the Sub-Committee.

Table 1: Recommendations for UGME

#	Identified Gap	Recommendation	Required Resources	Prerequisites	Affected EPA (Table 2)	New Objective or Modified?	Delivery Format	Assessment Format	Affected curriculum years/units	Additional Information
1	Framing	In the UGME curriculum map and associated documentation, revise the diagram (see last column) to replace epidemiology with “public health sciences”								
2	Framing/Evaluation	Clearly differentiate in teaching between clinical epidemiologic teaching; public health epidemiologic teaching; population health teaching; and public health teaching, and biostats.								
3	Framing/Evaluation	Change EPAs to reflect both population and patient (individual) goals.			All	New				The lack of framing of population health in the EPAs leaves both public and population health content “at odds” with the EPAs as they are currently formatted and (likely) interpreted
4	Content: Introduction to Public Health Sciences	Clear intro to a number of public health sciences: public health epi; Clinical epi; SDOH;	Subject matter expertise from PHPMs		C3, S4	New	Lecture and tutorial		Year 1	In Foundations – do overview of public health sciences as described. From there visit each each in tutorial as part of case.

		Public health practice – public health style health promotion vs. clinical health promotion; surveillance; health protection; prevention paradigms ; environmental health; occupational health								Consider co-developing some of the introductory content (eg SDOH) with other working groups (eg Special Populations)
5	Content: Ongoing work, public health sciences		Subject matter expertise		S4		Lecture and/or tutorials	Journals	Years 2-4	
6	Content: electives	Development of formal electives in PH	Field placement sites NB, PEI and NS		S3, S4		Faculty, staff, learner, and resident retreat?	Awards event	All years	This would serve as an evaluation event for the FoM as well “ how are we doing”.

Table 2:

Dalhousie University – Entrustable Professional Activities		
Professional	P1	Demonstrate appropriate professional attitudes and ethical commitments
	P2	Demonstrate commitment to the well being of the patient
	P3	Promote health and provide healthcare equitably
Community Contributor	C1	Contribute to the improvement of healthcare institutions and systems
	C2	Use their professional role to promote the public good
	C3	Pay particular attention to identifying inequities and the needs of the most vulnerable
Lifelong Learner	L1	Be effective lifelong learners
	L2	Participate in the creation, dissemination, application, and translation of new knowledge
	L3	Participate in the systematic improvement of clinical practice
	L4	Raise questions and bring fresh perspectives to existing practice
Skilled Clinician	S1	Perform an accurate history and physical examination in diverse populations of patients
	S2	Develop and propose a differential diagnosis and appropriate plans for investigation and management
	S3	Provide safe, supportive and evidence-based care for patients, within their scope of training
	S4	Communicate and collaborate effectively and respectfully with patients, families, and colleagues in the team environment and across the continuum of care
	S5	Help patients navigate the illness and healing experience

Submitted to: Dr. Evelyn Sutton, Associate Dean, Undergraduate Medical Education

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