TRUST and The Ecology of Health and Medicine (EHM)

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TRUST/WRITE Education Specialist
EHM: Our Story

• ~2013 The 3rd Pillar of Medical Education Introduced
  • Health Systems Science
• AMA Change Med Ed
  • 32 member consortium of medical schools
  • AMA Text: Health Systems Science
• 2010-2015: WWAMI Curriculum Renewal Process
  • 10 themes proposed and developed
  • Think health systems science +
• 2016: USMLE Content List
• 2016: Curriculum committee voted to remove intersessions
• 2016: Based on student feedback Amanda Kost and Mike Spinelli were approached about reorganizing themes content and delivering it in intersession weeks.
EHM: Planning

• Reviewed and scored all available student feedback on theme related sessions in the foundations phase. (E15 and E16)
• Obtain all objectives from theme related sessions in Immersion, FCM, foundations blocks.
• Identified overlap with TRUST and incorporated TRUST objectives in course formation
Diversity
Ethics
Global/Population Health
Health Equity
Healthcare Systems
Interprofessional Education (IPE)/Communication
Lifelong learning
Professionalism
Social Determinants of Health
Systems Improvement

EHM: Framework

"You have to know the past to understand the present."
- Carl Sagan
**TRUST Continuum**

**TRUST First Summer Experience**
- Rural/Underserved Continuity Community Experience (7-14 days)
- Underserved Pathway

**Admissions**
- Students apply to the UWSOM and are admitted as TRUST Scholars via a targeted admissions process

**Foundations Phase**
- Continuity Community Visits
- Underserved Pathway
- Rural Health Courses
- Rural/Underserved Opportunity Program – RUOP (4 wks)
- Continuity Community Oriented Scholarly Project

**Clinical Phase**
- Continue Continuity Community Linkages
- Underserved Pathway
- WWAMI Rural Integrated Training Experience – WRITE (18+ weeks)

**Career Exploration Phase**
- Continue Continuity Community Linkages
- Underserved Pathway
- Rural Clinical Elective
- Residency Linkages

**Rural/Underserved Continuity Communities**
- TRUST aspires to take students from rural or underserved communities, nurture a connection and return the physician back for practice

**Residency (Including Rural Training Tracks)**
- TRUST graduates choose Primary Care residency program or selected specialties that practice in rural or underserved settings
- TRUST works to develop close connections with regional residency programs
- Continue Continuity Community Linkages

11/2014
EHM Course/Curriculum Requirements

- **Pre-class preparation:** Estimated time and documents (1:1)
- **Objectives:** What students will learn
- **Assessment:** Individual written work, group projects, WWAMI peer interaction
  - Working to limit - 2 assessments per week

TRUST Specific Components

- **Session structure:** Name and specific instructions for your site
- **Supplementary activities:** Additional readings and activities
- **Discussion boards:** TRUST specific output from sessions
TRUST-EHM Expectations

• Most TRUST-EHM sessions will be experiential and student-driven
• There will be at least one synchronous session via ZOOM per week
• TRUST-EHM sessions will take approximately 3-4 hours per day
  • Pre-work and assessments are completed outside of this designated session time
  • Students can begin TRUST-EHM pre-work prior to arrival at their TRUST site
• Students can expect to spend 2 – 2.5 days in clinic

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<tr>
<th>Monday</th>
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<th>Wednesday</th>
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<tbody>
<tr>
<td>Travel to site</td>
<td>Clinic</td>
<td>EHM</td>
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**Immersion**
- Professionalism: Oath, Entering the Profession, Identify formation
- SDH: Social History
- Equity and Diversity: Identity Stories
- IPE/ Communication and Professionalism: Bridging Difference

**EHM Week I:**
**History & Individuals**

**Winter Break**

**MCBD**
- Ethics: CF/ Compliance
- Ethics: Genetics
- SDH: Disparities in Oncology

**Invaders and Defenders**
- Ethics: Tuskegee
- Global Health: Two Viruses
- Health Equity: Health Equity in Dermatology

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<td>Values to Norms</td>
<td>Honoring the Individual</td>
<td>Socialization of the Individual</td>
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<td>Health Care Financing and Reform</td>
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<td>Responding to Bias</td>
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<td>History of Bioethics</td>
<td>Individuals on the Health Care Team</td>
<td>Individual Responsibility to the Profession</td>
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### EHM Week II: Populations & Interactions

- **Tuesday**: Introduction to Systems Improvement
- **Wednesday**: Public and Population Health: A Panel Discussion
- **Thursday**: Thinking Fast vs Slow: Introduction to Neurobiology and Dual Process Theory
- **Friday**: Disseminating Change

### EHM Week III: Communities & Interventions (Town to County)

- **Tuesday**: Populations: Global Burden of Disease and Health Metrics
- **Wednesday**: The Physician’s Hand in Justice: Building Trust and Taking Responsibility
- **Thursday**: Diagnostic Error and Bias in the Diagnostic Process
- **Friday**: Race in medicine

### Social Determinants of Health in US populations

- **Tuesday**: Social Determinants of Health in US populations
- **Wednesday**: Power’s in Peril: Conflict of Interest
- **Thursday**: Interrupting Bias
- **Friday**: Other topics TBD

### Systems Improvement Methodology (PDSA session)
### EHM Week II: Populations & Interactions

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### Blood & Cancer

- Community Visit
- Community Visit
- Community Visit
- Student Presentations: Community Visit
TRUST EHM Collaboration

• Week I- History and Individuals
• Week II- Populations and Interactions
• Week III- Communities (Frontier, Rural, Town, City, County)
• Week IV- Communities (State, National, International)