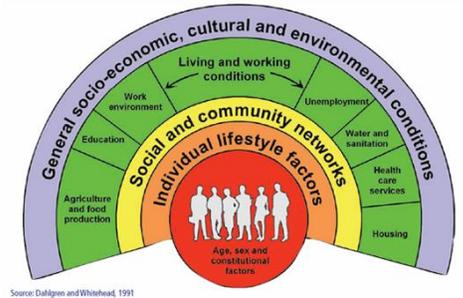


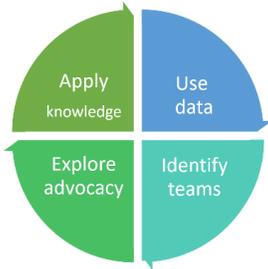
Syllabus

The Population Health Clerkship (PHC) is a team-based, interprofessional, community engaged experience required of all second year medical and graduate nursing students.

Goal: The overarching goal of the PHC is to provide relevant real-world context as students expand their understanding of public and population health concepts.



Source: Dahlgren and Whitehead, 1991



Objectives: In this clerkship, learners will:

1. Collect, synthesize, and manipulate relevant population-level data
2. Identify the interprofessional teams of care available to a population
3. Explore ways organizations advocate for and with a population to improve social and structural determinants of health
4. Apply knowledge toward meaningful service in a community

Timeline: see your respective Blackboard and/or the website for the current year's comprehensive calendar.

- August - Review team descriptions in PHC catalog and rank preferences online
- September - Clerkship introduction and one-hour small group meeting with team leaders
- October - Two week, 80 hour field experience
- November - Peer and community learning session with oral presentations

Assignments:

Between September sessions and PHC start date:

- Review materials and submit forms as requested by your small group team leaders.

During the two-week clerkship:

- Participate fully and display professional behavior throughout the experience
- Complete and submit reflective writing assignment
- Work with team to complete framework and develop oral presentation with powerpoint

Post-clerkship presentation session:

In a ten minute oral and visual presentation for peers and community partners, the team will

- use data to describe and characterize the population that was the focus of the team's work
- share key points gleaned from framework and experience in community
- discuss lessons learned through interprofessional exposure and service activity
- explain actual and potential advocacy strategies relevant to improving a population's health, highlighting roles and responsibilities for various actors/sectors doing this work.

Evaluation & Assessment:

Students are evaluated on a credit/no credit basis. Team leaders assign individual scores for professionalism (33%) and reflection (33%). A team-based presentation score (34%) is determined by faculty raters at the presentation event. A combined score of 75 or higher is required in order to receive credit.

PHC Planning Group Contact Information

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Expectations and Assignments:

This clerkship comprises a two-week immersion in community settings with focus on interprofessional teams. Students are placed in small groups directed by academic and community preceptors from a range of professions and disciplines. Each team's experience is unique, with some teams requiring evening or weekend hours. Team details and logistics are summarized in the catalog of descriptions distributed in August; they will be considered when students rank their top five preferences.

The immersive learning of PHC mirrors expectations of clinicians with regards to attendance, team engagement and professionalism. **All PHC activities are required. Students should not schedule other personal or elective activities during this time, and should contact their team leader or a member of the PHC planning group immediately if they identify a potential conflict.**

In addition to reflection and presentation assignments, your team leaders will have identified one or more service needs that can be addressed using the skills of your team during this two-week period. Examples of service projects include developing educational materials, conducting a mini health assessment, contributing to outreach initiatives, collecting and synthesizing data, and developing advocacy materials and strategies.

Reflection assignment:

Reflection

- Take or find one photo (or other image) each day for the first five days of the clerkship. For each photo/image, write a short paragraph that describes why you took or chose this photo/image. Consider the words of photographer Mark Peterson, a contributor to the *New York Times* for over 20 years: "The power of photography is it freezes the moment. What you're hoping with a still image is to create something that is frozen, so you look at it, but you can see the past and the future in that moment." What were you hoping to capture? What led up to you take/to select this photo/image? What does this image mean to you? Share your journal with team leaders at the end of the first week of the clerkship.

- At the end of the second week of the clerkship, revisit your photo/image-journal from Week 1. Consider what has happened since the photo/images were taken or selected. Conclude your photo/image-journal with a short paragraph summarizing this reflection, and share with your clerkship leaders. Have any of the photo/images taken on new meaning in light of these events? What assumptions do you think you had during Week 1? Have any of those assumptions changed in Week 2? What were you not able to capture in images? What stories are you taking with you from your clerkship?

You should feel free to use any of these images and elements of your reflections as material for your final presentation. We ask that you be mindful of patient and clinic confidentiality requirements and requests. Note that there is a consent form for image use on the website; if you have selected images with recognizable faces, you should obtain consent before using in a presentation.

The following rubric will be used in scoring this assignment:

“Very Good” 10-9 points	“Good” 8-7 points	“Unsatisfactory” 6-1 points
1 photo/image per day Short paragraph (40 words or more) which shows depth of insight; reflections are honest and balanced; insights build upon DCS/DOH course material.	1 photo/image per day Short paragraph is of adequate length and ideas are discussed but not comprehensively; reflections are somewhat superficial or uneven; discussion of course material present but not related to personal insights.	EITHER lacking appropriate amount of photo/images and paragraph length AND/OR photo/images and paragraphs are included but ideas are not discussed; photo/images are described but there is no reflection discussing significant issues AND/OR no material of the course mentioned/reflected upon.

Population Health Framework & Presentation Assignment

The objective of the **Population Health Framework** is to help you identify, collect and utilize data to understand the population of focus, to identify the various disciplines involved in the provision of care to the population and how they work together, and to understand advocacy approaches and allies involved in advocacy related to improving health of the population of focus. The Framework serves as the outline for your clerkship’s activities and presentation.

Please work as a team to complete this assignment. Use a variety of current resources to gather information, providing appropriate references. Elements of the Framework will be useful for your presentation which will be submitted through your course Blackboard

Present as a team, identifying who will present which segments and in what order. Allow for 10 minutes total, followed by 5 minutes of questions.

Presentation Segments

- Part 1 Definition of the population of focus
- Part 2 Exploration of interprofessional teams
- Part 3 Population health advocacy
- Part 4 Acknowledgements

Part 1: Definition of the population of focus

1. Identify and define the population of focus and the rationale for selecting it – Answer the question: As a future provider, why is this a population that you should know more about?

During your presentation, tell your peers what you have learned.

- a. Summarize Key Demographics
 - i. Geographic distribution
 - ii. Age, race and class distribution
 - iii. Language, culture and citizenship
 - iv. Other factors shaping care for this population
- b. Identify clinically relevant needs or trends
 - i. Common medical risk exposures and incidence rates
 - ii. Common social risk exposures and incidence rates
 - iii. Spotlight on disparities and areas of strength

Part 2: Exploring interprofessional teams of care

As a provider, it is essential that you understand the interprofessional relationships among teams, team members and resources that are available/unavailable for the population of focus.

Please collect and be prepared to share information on the various professions that are involved with the population of focus.

- a. Identify the professions that serve the population of focus
 - i. What are their qualifications?
 - ii. What is their scope of practice?
 - iii. How/Where do they provide the care for the population members?
 - iv. What are the strengths and limitations of the team?
- b. How would you see yourself interacting with these other members of the team? What do you want your peers to know about these potential team members?

Part 3: Health advocacy

What are some of the local, state, national or international organizations that do advocacy work related to the health of the population of focus? Below are several questions that can help you direct your thinking about advocacy.

- a. Advocacy specifically refers to promoting legislation, policies, systems, or specific budgetary appropriations that positively affect a health issue and or population. This may occur through decreasing barriers to accessing health services, providing an infrastructure conducive to effective health promotion programs, or directly increasing the resources and infrastructure of the public health system. Identify 2-3 key local, state, national, and when relevant international organizations that do advocacy on behalf of your population on focus.
- b. What are their major areas of advocacy? Why?
- c. To whom are they advocating? What has been their track record (successes and challenges)?
- d. What are the consequences of success or failure?
- e. How can providers (you and your peers—nurses, physicians, others?) be involved in advocacy for this population?

Part 4: Acknowledgements

Please end your presentation with an acknowledgement of the UMass and community faculty and staff involved in your clerkship, the agencies you visited, and the people you met. Include the UMMS and agencies' logos. Often PHC presentations become a foundation for future presentations, especially Capstones, scholarly projects and/or publications, so please document the acknowledgements now. If you have used photos or images with recognizable faces, please include consent forms when you submit your final presentation.

Recommended resources

- [Worcester Regional Research Bureau](http://www.wrrb.org/resources-and-related-links/) maintains an almanac of facts and figures about the city of Worcester, as well as a repository of reports and resource links useful when conducting research at various levels. <http://www.wrrb.org/resources-and-related-links/>
- Worcester Community Health Improvement Plan/ Community Health Assessment provide access to recent information about our local public health planning processes and community-identified priorities: <http://healthycentralma.com/>
- Boston Area Research Initiative's Boston Data Portal includes interactive mapping features <https://www.northeastern.edu/cssresearch/bostonarearesearchinitiative/boston-data-portal/>
- MA Public Health Association: <https://mapublichealth.org/> is a great source of info about advocacy in our state.
- The MA Department of Public Health is developing a Public Health Information Tool that should be available in late 2018 to improve access to state-level data. Updates and the Environmental Public Health Toolkit with tracking data available now at : <https://matracking.ehs.state.ma.us/>
- The Kaiser Family Foundation has launched [a new interactive tool](https://www.kff.org/statedata/custom-state-report/) for the policy community and journalists to create customized state reports within the Foundation's State Health Facts resource. Choosing from hundreds of State Health Facts indicators, users can compile data on health coverage, access, and costs, as well as demographic and economic data, into interactive custom reports for a single state or multiple states. <https://www.kff.org/statedata/custom-state-report/>
- Centers for Disease Control:
 - Data and Statistics by topic and with links to tools and other resources: <https://www.cdc.gov/DataStatistics/>
 - Database of Interventions: Evidence-based interventions for community health improvement; may be useful for exploring options when writing recommendations for a community partner. Community Health Intervention Navigator: <https://www.cdc.gov/chinav/database/index.html>
- US Census American Fact Finder is an easy way to get lots of data by zip code, city, state, etc: <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. <http://www.countyhealthrankings.org/>
- Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains data and background

information on 42 topic areas with more than 1,200 objectives. <https://www.healthypeople.gov/2020/>