Planning and Implementing a Public Health Certificate (PHC) for All Medical Students at the University of New Mexico

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Planning and Implementing a Public Health Certificate (PHC) for All Medical Students at the University of New Mexico

Lily Dow Velarde and Arthur Kaufman

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CONTEXT

The University of New Mexico School of Medicine (UNM SOM) will require that all medical students graduate with a Public Health Certificate (PHC). Strategies to overcome identified barriers to implementation of the Certificate have been identified.

OBJECTIVES

- To illustrate the process involved in implementing the PHC
- To share the planning and implementation outcomes

SETTING

- Southwestern, U.S. Institution of Higher Education (IHE), the UNM SOM in collaboration with one other IHE, community agencies and organizations

INTERVENTIONS

- Assess and modify institutional policies and resources that may hinder implementation of the PHC
- Identify where PHC curriculum elements can be integrated into existing courses and training venues (Table 2)
- Develop evaluation measures to measure outcomes

MAIN OUTCOMES

Integration of the PHC in the medical school curriculum; inter and intra collaboration of the various programs, divisions, and departments; graduate all medical students with a PHC; assess what works and what needs improvement in the process (Table 1)

### Table 1: Process to Implement PHC in SOM

<table>
<thead>
<tr>
<th>Goal</th>
<th>Consequences of Action</th>
<th>Stakeholders</th>
<th>Resources</th>
<th>Strategies/Outputs</th>
<th>Evaluation</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement required PHC in medical school curriculum</td>
<td>Immediate Direct</td>
<td>SOM/MPH Faculty, MPH/MD Students and residents, PH Program Directors</td>
<td>Funds, Policies, Curriculum</td>
<td>Identify partners, Assess Organizational Structure/Infrastructure, Assess MD and MPH curriculum, Identify Former &amp; New Policies</td>
<td>Survey, Checklist of current policies, Survey</td>
<td>MD PH skills &amp; knowledge, resources &amp; skills</td>
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<tr>
<td></td>
<td>Long range Direct</td>
<td>Policy makers: Regents, faculty &amp; UNM senate, Clients/patients, Community</td>
<td>Funds, Policies supporting PHC, Community service-learning sites</td>
<td>Different teaching strategies, Infusion of different language or terms (public health) in med curriculum</td>
<td>Faculty Development, Innovative curriculum, Integration of PH with daily medical practice</td>
<td>Disparities in health</td>
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<tr>
<td></td>
<td>Long range Indirect</td>
<td>Policy makers (state and local)</td>
<td>Funds, Policies</td>
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</tbody>
</table>

### Table 2: Suggestions and Methods for Incorporating Health Systems Content in Transitions Block and other areas of medical school

<table>
<thead>
<tr>
<th>Phase/Block</th>
<th>Tutorial</th>
<th>Lecture</th>
<th>Panel Discussion</th>
<th>1:1 Pt</th>
<th>Scavenger Hunt</th>
<th>Scavenger Hunt</th>
<th>PIM</th>
<th>Interest Gps</th>
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<td>II-Clerkship</td>
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</table>

= Methods in which Health Systems Topics, Content, and Competencies may be integrated.

Examples:
- In Practical Immersion Experience (PIE) pilot with one of students’ PIE patients. Get patient and preceptor consent. Student would keep track of a PIE patient from June to Dec. 15. Venues to keep track of patient and report could include Telemedicine and Narrative Strands.

CONCLUSIONS

- The process of creating a required PHC for all medical students is very rewarding, yet challenging. Extensive planning, flexibility, creativity, collaboration, and resources are essential to make the PHC a reality

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