

**School:** University of Vermont College of Medicine

**Principal Investigator:** Jan K. Carney, M.D., M.P.H.  
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**Collaborating organizations:** Vermont Department of Health  
United Way of Chittenden County  
Fletcher Allen Health Care Community Health Improvement

**Project Description:**

Curricular Structure: Vermont has transitioned to an integrated curriculum, beginning in the fall of 2003. The Vermont Integrated Curriculum (VIC) progresses from the study of the basic Foundations of medicine, both clinical and basic science, to applications in Clinical Clerkship to senior scholarship and supervised patient management in Advanced Integration.

Integrated comprehensive examinations are administered at the end of the first year, the end of Foundations, the closing of Clinical Clerkships, and after completion of two Acting Internships.

Public Health/Population health/preventive medicine education prior to RMPHEC: Public health is introduced at the beginning of medical school, in the first Foundations Course called Introduction to Clinical Decision Making. ICDM is a two-week course to introduce students to the basic vocabulary, concepts, and methods of human and population genetics, epidemiology, statistics, public health, and ethics. Knowledge from each discipline is presented in lecture and readings, with methods and integrated concepts presented through small group case discussions. Students are expected to access information from in-class discussions, textbook and journal readings, and Internet sources.

Beginning in orientation, students meet weekly in groups of 7 or 8, called Medical Student Leadership Groups. The purpose of MSLG I is to foster the development of competent professionals, leaders, and life-long learners who share, interpret, and transfer medical school experiences and knowledge into effective actions to better themselves and others. This course addresses medical leadership and professionalism through weekly small group sessions that meet throughout the Foundations and Systems Integration Levels. It supports professional development through collaborative group learning activities linking personal experience, cultural awareness, leadership topics, and concurrent VIC course content. Learning activities also include periodic large group presentations and regular assignments that will include reading, written reflection, portfolio development, and projects. MSLG I begins with an introduction to group dynamics, and communication skills integral to professional development. It progresses to discussion of family systems, family centered care, personal wellness, medical culture, and socio-cultural issues in healthcare.

During MSLG II leadership groups formed during the first year (MSLG I) apply their knowledge and team skills to a public health project. Public Health Projects, conducted in partnership with local community agencies involved in health, have educational goals to:

1. Learn public health through actions in the community to improve health
2. Understand and apply basic public health research methods
3. Understand and impact public health issues facing our community

Public health needs have been identified by the community agencies, and projects are designed as "Community First" to help improve the health of our community, linked with Healthy People 2010 focus areas, as a framework for public health. These projects are presented in a Poster Session and Community Celebration each January at the College of Medicine. In addition, there are public health topics taught in the Bridge curriculum and Family Medicine clerkship rotations.

Innovations/products/activities supported by RMPHEC: RMPHEC funds have supported our efforts to create the Vermont Center for Public Health in Medical Education, linked administratively into the Office of Medical Education, the hub of our integrated curriculum (VIC). Our steering committee includes representation from the Vermont Department of Health and the United Way of Chittenden County.

Our strategy is to "Create a Culture of Public Health" at the College of Medicine, through a variety of strategies, including the development of "One Minute of Public Health" messages throughout the curriculum. These are currently being evaluated and were pilot tested in fall 2007. Focus groups are being utilized to give us feedback about content and approach that would be successful from both a student and faculty viewpoint.

Faculty surveys showed additional opportunities to integrate public health into the foundation sciences. One evaluation strategy (currently being implemented) is a longitudinal assessment of student knowledge and attitudes around public health.

### **Publications & presentations:**

Carney JK, Delaney T, Richardson-Nassif K, and Youngberg S. *What Do They Think? Faculty and Student Knowledge and Attitudes Regarding Public Health in the Medical Curriculum.* Poster presentation at AAMC Annual Meeting, November 2007.

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