The Nutrition and Healthy Living (NHL) curricular thread is being developed to enhance future clinicians' knowledge and competence, and to reinforce the importance of nutrition in disease prevention and treatment, ultimately to improve the health and wellness of patients.

For over three decades the National Academy of Sciences has highlighted the inadequacy of nutrition education in medical schools and the US Congress has mandated medical schools improve the medical nutrition education that future physicians receive. However, studies have found that less than 25% of schools offer the recommended 25 hours of instruction; newly-minted physicians also routinely report feeling insufficiently prepared to counsel patients on issues related to nutrition, diet, and healthy living practices.

The NHL curricular thread looks to expand students' exposure to and training in nutrition counseling at all levels of the medical school curriculum, including didactics, experiential learning opportunities, exam content, optional online and flipped-classroom learning resources, mentorship opportunities, research opportunities, and sub-internships. The thread also identifies a set of “core competencies” that students should be proficient in upon graduation in the four areas of information literacy, patient assessment, patient management, and interdisciplinary professionalism.

The content of the NHL curricular thread is divided into two broad categories: prevention and management, which run through the entirety of the four-year medical school curriculum. During the first two years, students will be exposed to NHL didactic sessions and NHL content in each of their systems-based blocks. NHL content would be reinforced with NHL-specific questions in the exams students already take upon the completion of each block. During their rotations, students would be trained on how to counsel patients on nutritional recommendations and goals, be required to complete modules on dietary recommendation guidelines, be trained on how to identify special diets like low-sodium and low-fat, and receive nutritional reading and learning objectives in the weekly emails sent by clerkship directors. Proficiency in each of these areas will be assessed during clerkship evaluations, grading of student patient write-ups, and OSCE exams.

Experiential learning opportunities would begin with a session during first-year orientation featuring a healthy meal prepared using food that is readily available in the surrounding community. Other opportunities would include a tour of local farmers markets and grocery stores with healthy food options and information about exercise and wellness resources. During these tours, we also hope to teach students how to shop for special diets such as a renal diet, a diabetic diet, and a hyperlipidemic diet. We have also partnered with Blue Hills Farms to provide students a trip to learn about the Farm to “Pharmacy” experience from their world-renowned chef. Finally, we are working to partner with a culinary institute to provide fourth-year students an elective in which they can learn to cook while also learning how to provide patients dietary counseling.

All together, we believe this system provides an innovative and comprehensive approach to educate medical students in a way that optimizes students’ learning and addresses patients’ needs.
In today’s rapidly changing healthcare environment, medicine is more intertwined with health policy, technology, and management than ever before. The role of the physician has expanded far beyond what is covered by medical education today. As such, physicians-in-training are ill-equipped to practice, innovate, and lead in the new world of healthcare.

Since 2013, Physician Executive Leadership (PEL) has provided students a platform to learn how the healthcare system works, how we fit into it, and how we can change it. Understanding that this information is critical for every medical student, PEL is an open-access program, led by students, for students, making it truly one-of-a-kind.

Our aim is to provide students with (1) the foundational knowledge to effectively work and lead in today's complex healthcare environment, (2) opportunities to cultivate their interests in all aspects of healthcare, and (3) guidance from leaders and innovators in evolving fields integral to medical practice.

The program is designed around and evolves with students' self-identified needs. In 2016, we surveyed 85 students and asked them to assess their interest in and understanding of seven topics:
1. Current events in health care
2. Health finance
3. Health policy
4. Leading in different practice environments
5. Care quality and safety
6. Law and medicine
7. Patient experience

Students reported a gap between their interest and understanding of topics (average gap = 1.4 out of 5 points), with interest at least 1.2 points higher than understanding in each category.

We approach each topic through several modalities, providing students opportunities to actively engage with the material. We host semi-monthly lectures by leaders across domains including healthcare innovation and administration, venture capitalism, emerging technologies, and malpractice. Our online student publication, The Diagnostic, provides members space to direct their own learning and develop ideas on the healthcare topics that interest them most. Students keep up with current events via an “Article of the Week.” Currently, we are developing an “executive experience program” for students to work with physician-leaders through shadowing experiences and internships.

We have seen exponential growth in attendance. 79 students attended PEL events in 2013-2014, growing to 122 in 2014-2015, and 207 for 2015-2016, representing a quarter of our medical student body. Last year, 79 students completed the PEL program (earned at least four credits by attending lectures and/or contributing to The Diagnostic) a 50% increase from the prior year.

PEL receives strong support from Jefferson: it is a recognized extra-curricular program approved by the Curriculum Committee and fully-funded through the Dean’s Office. Students completing the program receive recognition in their Dean’s Letter to residency programs. Jefferson Health’s Vice President of Innovation, Donna Gentile-O'Donnell reflects, “PEL is the pivot point for innovative students to engage the larger world, and reimagine healthcare.”

The PEL program is a model of student-led innovation in a particularly underrepresented and critically important area of medical education. We hope this program will serve as a model for medical student leaders across the country to develop a widely-accessible and foundational curriculum of healthcare education and innovation.
**Project Name:** DOC-4-A-DAY

**Medical School:** University of California San Diego School of Medicine

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DOC-4-A-DAY is a program hosted by UC San Diego medical students to educate adolescents from underserved high schools in San Diego about cardiovascular, neurological, gastrointestinal, nutritional, and pharmacological health issues. Twice a year, 120 high school students travel from all across San Diego County to attend a day-long event at the UCSD School of Medicine campus, learning directly from medical and pharmacy students through interactive lessons, including ultrasound demonstrations, physical exam skills training, and dissection exhibitions.

DOC-4-A-DAY has been a pillar of collaboration between UCSD School of Medicine, UCSD Skaggs School of Pharmacy, and the underserved high schools in the greater San Diego community since the mid-1990’s. Founded by the Latino Medical Student Association and funded by UCSD’s Office of Diversity and Community Partnerships, DOC-4-A-DAY serves to create an environment for high school students to explore their budding interests in healthcare by interacting directly with medical and pharmacy professionals and students.

After welcome festivities, high school students are split into several interactive workshops, including blood pressure training, laparoscopic simulation observation, and suture practice. The curricula for these workshops are developed by medical students, a process that demands them to think critically about what information to include and, furthermore, how to present it in an engaging and relatable way for adolescents to learn. The event itself is entirely organized and led by medical students for high school students, creatively promoting student-led initiatives in education. Moreover, DOC-4-A-DAY has evolved throughout its history due to transformations in healthcare and feedback from participants, teaching medical students to productively react to criticism in the professional setting.

The impact of DOC-4-A-DAY is multi-fold for both the high school students and the medical students who participate. Since the inception of DOC-4-A-DAY, over 4000 high school students have received a hands-on learning experience that has allowed them to engage analytically and gain career planning advice. Over 600 medical students have received the opportunity to communicate medical knowledge to young adults and to acquire practical skills in event planning, curriculum building, and community outreach. This event, taken for elective credit, is a service learning project that gives UCSD medical students the opportunity to create, execute, and deliver a project that seamlessly intertwines community service, student leadership, and medical teaching.

DOC-4-A-DAY provides an environment for medical students to not only learn by teaching, but also to learn to teach, a practical innovation in medical education that provides skills that can be further applied to academic, clinical, and research settings. At the end of each DOC-4-A-DAY, medical students are expected to write a reflection of their experiences, a practice that both hones in on mindfulness in the workplace and contributes to professional and personal development.

DOC-4-A-DAY is a community partnership at its finest: harvesting collaboration between different areas of San Diego, teaching students how to teach AND how to learn, and finally, building innovation by investing in the future of healthcare.
**Project Name:** Asylum Collaborative— Patient History Project

**Medical School:** University of Michigan Medical School

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The U-M Asylum Collaborative (UMAC) was founded in 2013 by medical students at the University of Michigan. Our organization partners with the University of Michigan Law School, Physicians for Human Rights, and local organizations to offer medical students and professionals an avenue through which to advocate for the survivors of human rights violations, such as human trafficking or torture for personal beliefs.

Providers and medical students are first educated to recognize and advocate for victims of torture and abuse in clinical practice through a structured day-long workshop. Once trained, students and providers work in teams to conduct forensic evaluations of survivors and complete medical affidavits for his/her legal application for asylum or a U-visa in the case of human trafficking. Our local partner, Freedom House, attests that these affidavits strengthen the quality of the legal application for asylum status: nationally the asylum approval rate is at 37.5%, but with a medical affidavit to corroborate the testimony of the applicant that rate increases to 89%. Between January of 2014 to March of 2016, UMAC trained 94 pre-clinical and clinical medical students and 22 physicians, and completed 46 medical evaluations and affidavits. Medical students emerge with a better understanding of the legal process, and an awareness of the ways in which the judicial and legal fields interact with health and medicine. Students also gain essential training on how to interact with and care for vulnerable populations, such as traumatized asylum-seekers.

The overwhelming eagerness of U-M’s medical students to support this patient population has led our leadership team to seek way to harness this energy to both expand our services as well as the opportunities available to trained students. While applying for asylum, these persons have no legal status and thus have a truly limited access to resources. Fortunately, Detroit has the unique haven Freedom House, a temporary home for survivors of persecution from around the world who are seeking asylum that helps to coordinate their legal application. We have an established relationship with Freedom House as we routinely complete medical affidavits for their clients. This new Patient Medical History initiative will expand upon that relationship. Medical-student volunteers interview the Freedom House residents and document the past medical and social histories in an electronic medical record (EMR). These EMRs will provide standard, thorough patient medical histories that can be provided to the clients’ current and future medical providers. As residents cycle between various free clinics for care, these records will help connect them to the medical system in the US in such a way that they can consistently receive care better tailored to their past medical histories, and, more broadly, empowering the asylum-seekers to make better use of the limited resources available to them. This program benefits our students by providing an invaluable opportunity to work with and learn from this distinct community so that they may be better prepared to care for immigrant populations as medical professionals. Additionally this provides another avenue for similarly passionate students and physicians to connect and collaborate.
Project Name: A Student Created Course on Advocacy Skills

Medical School: University of Rochester School of Medicine & Dentistry

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The innovation is a medical humanities seminar for first year students interested in advocacy. As a student, I noted that there was very little training in advocacy skills and that many of my peers would embrace this sort of training. A dean encouraged me to develop an elective for first years to meet this need. Since I would not be able provide sustainable direct instruction I planned an 8 session elective taught by a series of guests, both university faculty and community members, who could provide instruction on their area of expertise.

The main objective of the course was to give students a tool kit of skills that they could use to be more effective advocates. Secondary objectives included gaining a better understanding of social determinants of health in the community and to use skills learned in the class to complete an advocacy project on an issue of interest to them.

The course begins with a session on community health led by a faculty member and a session where two different physicians described why they felt a need to become in advocacy beyond their patient care responsibilities and how they advocate for their patients. The next phase of the course focused on teaching students specific advocacy skills. We have a session on writing an evidence-based one pager, a session on writing a letter to the editor with a health reporter for the local paper, a session on having a meeting with a legislator with a staffer for a state assemblyperson, and a session on communicating with the media with the hospital PR department. In the final two sessions, students prepare and present advocacy projects where they have advocated on an issue of importance to them.

The course is currently ongoing and twelve students are enrolled. It is my hope that these students will collaborate in the continuation of the course, modifying and improving it based on their experience.

I am most excited by the opportunity to share this model, because it uses resources already available in most communities. A recent survey from the AAMC Legislative Affairs delegation demonstrated unmet need in the area of policy and advocacy education. By spreading this model, the AAMC can work to promote student driven advances in advocacy training, and ultimately physicians who are better equipped to create positive change on behalf of their patients.