Year One of The New Course, approved by the Geisel Medical Education Committee in April 2015, is currently at the approximate mid-point of the inaugural year of implementation.

As outlined at the time of our MEC presentation in 2015-16, the course is envisioned as a two-year course. We presently, across 2 MEC presentation dates, propose Year 2 of the course. At the January 2016 meeting, we will pre-propose – briefly outlining, and seeking feedback on: 1) Year 1 implementation; 2) Lessons learned; and 3) Plans for Year 2, proposing to implement beginning in 2016-2017.

I. Year 1 Implementation
   a. Course Name. **Patients & Populations: Improving Health & Health Care**: The name of the course reflects a consistent vision, articulated to the MEC in our initial course proposal, of a course that invites students to envision and engage in improving health and medicine at the macro end of the spectrum – addressing challenges to and working collaboratively to improve the health of communities or populations, and health care systems, large and small.
   b. Framing. The course is framed around the idea that the development, through the pre-clinical years, of capabilities students will need to address the clinical problems of patients and families, is complemented and enhanced by the cultivation of capabilities needed to address challenges at the system and population level.
   c. Design. The first year course has been implemented as 4 intersecting modules (Measurement/Biostats/Epi, Leadership/Professionalism/Teamwork, Context, and Systems/Design/Improvement) – corresponding to the first 4 overarching course objectives.
   d. Structure: The 3 terms (Fall, Winter, Spring) each have a distinct flavor, a predominant module (Biostats/Epi, Leadership, and Systems, respectively), and use different teaching modalities and assessment methods, with Context as ‘glue’ throughout Year 1.
   e. Logistics: Administratively challenged by the unexpected departure of our designated course coordinator just prior to course launch, we eagerly anticipate soon filling that position, at last.

II. Challenges and Lessons Learned
   a. On the Big Idea. Starting with a Pre-Course Survey of students during Orientation Week, it has been clear that Geisel students embrace the Big Idea of the course – that as students and future physicians, they take responsibility not only for improving the health and well being of their patients, but in making a difference on a larger scale. The brief expository pieces on a health care or population health challenge they have been moved or energized by were a diverse and inspiring collection.
   b. On the Nuts and Bolts. We continue to learn from students and each other on how we can continue to improve the course going forward:
      – Being transparent about the components of the course and how they fit together.
– Reordering and in some cases reimagining the components of Year 1 to capitalize on students’ engagement with Big Picture issues (e.g. within the Context module), while deferring other content (Biostats/Epi) until later in the year.

– Taking fuller advantage of the human capital of students’ rich experiences in health, health care, and medicine, and as problem solvers and agents of change.

c. Planning a project-focused Curriculum. We have been planning ultimately for a project focused Year 2 of the course (see below); without knowing this, several first year students suggested this idea for the course in their Fall Term course evaluations.

d. Moving forward. Planned Year 1 changes are underway, in collaboration with Dr. Lyons, Year 1 Dean, and with plans to involve interested Year 1 students in planning for the future.

e. Challenges / Caveats. What the past 4 months has also demonstrated, though, is the challenge of designing for the future while learning in real time about the successes and challenges of the present Year 1 course.

III. Year 2 Proposal: The Big Idea. Year 2 of Patients & Populations is planned as:

a. The culmination of a 2-year course sequence with successful realization of the course objectives for enrolled Geisel students.

b. A competency-based course built jointly upon a case- and project-based curriculum.

   – Case-based curriculum. Built on a sequence of three cases in health care delivery science, clinical epidemiology, or public/population health, cases will be modified from existing publicly available cases or developed based on Dartmouth’s unique strengths and resources. Format will include small group work complemented by large group introduction and debriefing discussion.

   – Project-based curriculum. Working in teams of 4, students will work to address a student-initiated project in the realm of health care or community or population health. Project proposals will be developed over the spring term of the first year course, and will subsequently be ‘marketed’ to other students (along the lines of several similar initiatives, including the Tuck First-Year Project). Specific project objectives will depend on the domain; tenor of the final product could include a policy paper, a QI proposal or small project, or data analysis undertaking.

   – Staged Implementation.

   ➢ We propose that in 2016-2017, the case-based curriculum of 15 additional hours in Year 2 will be added to an existing 2 hours (total of 17 hours in Year 2) – in three blocks of approximately 3 weeks each.

   ➢ The project-based curriculum will be offered as an elective to no more than 2-3 groups of 3-4 students each, via a competitive application process. Students will receive close mentorship across all capability domains of the course; faculty will pilot the project-based curriculum while developing resources and knowledge for the ultimate implementation of a parallel project-based curriculum for the full Year 2 course within 2-5 years.

IV. We’ll Be Back.

a. Questions and feedback welcome, now or offline over the next 1-2 months.

b. Materials for MEC review at this time include: P&P Year 1 Syllabus, P&P Year 1 Concept Map, and the current P&P Year 2 Pre-proposal. Update to P&P Course Proposal to follow (April).