Health and Values Curriculum

Goals and Objectives
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I. Overview

The ethical, compassionate, and humane care of individual patients and populations is central to medical practice. Thus, training in these disciplines is a core aim of medical education.

The Health and Values curriculum will integrate related themes, content, and pedagogy from health care ethics, the medical humanities, cultural awareness, human psychology, health equity, resilience education, and other related interdisciplinary areas into the four-year Geisel curriculum and culture. Our goal is to ensure that all student-physicians graduating from the Geisel School of Medicine at Dartmouth have the knowledge and skills to:

- recognize and address common ethical issues in clinical care;
- understand the cultural and social context in which they will be practicing medicine;
- contribute to reducing health disparities experienced by the population;
- be attentive and open to varied perspectives and experiences of patients so as to exhibit compassion for patients, colleagues and themselves;
- think critically and communicate effectively, in order to guide the work of interprofessional teams toward delivering ethically grounded health care for each individual patient and the different communities they will serve; and
- practice reflection and self-care in order to maintain personal resilience over the span of their professional lifetimes.

We believe the most effective approach to training medical students in the ethical and humane care of patients is to integrate topics in ethics and humanities with topics in the basic and clinical sciences throughout pre-clinical and clinical training. Therefore, the Health and Values curriculum we recommend below takes a comprehensive, longitudinal approach, embedding these topic areas within existing courses of the current core medical school curriculum. This proposed approach will lead students through distinct learning phases: an introduction to the themes; immersion in the themes as they relate to specific organ systems; application of and reflection concerning the themes within clinical care; and in-depth exploration of themes through electives, capstone projects, and other activities.

Because the concepts on which we are focusing are integral parts of medical practice, we recommend the interweaving of this teaching into the existing curriculum, rather than establishing standalone courses.

Goals and objectives of the various themes of the Health and Values curriculum are detailed below. Please note that although specific goals and objectives are identified for each theme, they are often interrelated. For example, when students reflect during a
clerkship session on challenging cases, such as patients who do not adhere to treatment recommendations or patients who may be drug seeking, issues of resilience can be intertwined with compassion, the complexity of socio-cultural circumstances of the patient as well as the ethical standards of care. Similarly, a well-constructed problem-based learning (PBL) case will lead students through multiple complementary topics; a single case can include topics in physiology, pharmacology, health equity, ethics, and law, among others.

II. Detailed Health and Values Goals and Objectives
Students are expected to have an appropriate level of proficiency in the following Health and Values curriculum areas taught over four years:

A. Health Care Ethics

*Identify key concepts in health care ethics and demonstrate an ability to recognize ethical issues arising in patient care and population health, and to think critically and systematically in applying an ethical analysis*

- Recognize the physician’s fiduciary relationship in patient care.
- Understand basic ethics principles and professional standards related to the delivery of health care.
- Articulate ethical reasoning coherently to others.
- Recognize, address, and prevent common ethical challenges in patient care, such as (but not limited to):
  - ethical challenges related to reproductive technologies, termination of pregnancy, and genetics;
  - protection of patient privacy and confidentiality;
  - ethically grounded care at the end of life, including patient advance directives, withholding and withdrawing life-sustaining interventions, care for the dying, and determination of death;
  - patient decision-making capacity and issues related to surrogate decision-making;
  - disclosure of information to patients, including medical errors and bad news;
  - conflicts of interest in clinical practice and research;
  - impairment, incompetence, and mistakes in colleagues; and,
  - management of medical trainee issues, including disclosure of student status, the tension between education and best care for patients, and student moral distress.
- Understand the role and functions of ethics committees.
- Apply shared decision making, including informed consent and informed refusal of medical interventions by patients.
- Identify ethical standards in human subject research, including the role of institutional review boards.
• Identify the conflict between rights of individuals and public health.
• Address challenging patients/family members, including recognizing that the clinician may be contributing to the difficulty.

B. Cultural Awareness

*Demonstrate an understanding of and skill in managing patient care of people of diverse cultures, social, economic standing and belief systems*

• Recognize biases in oneself, in others, and in the health care delivery process.
• Appreciate how personal and institutional bias can perpetuate health disparities.
• Recognize and seek to understand the diverse ways in which individuals may perceive and make meaning of health and illness and respond to various symptoms, diseases, and treatments.
• Recognize and describe aspects of and use appropriate terminology related to lesbian, gay, bisexual, and transgender (LGBT) populations.
• Describe cross-cultural communication models and demonstrate the ability to elicit a cultural, social, spiritual and medical history respectfully.
• Use problem-solving skills to optimize clinical decision-making in culturally challenging situations.
• Appreciate the importance of an interpreter, list effective ways of working with an interpreter, and apply them in a clinical situation.
• Recognize core professional attributes (e.g. altruism, accountability) needed to provide effective care in a multidimensional and diverse society.

C. Health Equity

*Identify the root causes for health inequities and the consequent burden of disease locally and globally*

• Recognize key areas of health disparities driven by race, ethnicity, socio-economic, culture, religion or sexual identity, and be able to critically evaluate data describing health disparities.
• Identify root causes for health inequities locally and globally.
• Identify the social determinants of health that contribute to health disparities and impact the individuals, families and underserved communities in a specific service-learning project site.
• Recognize and develop solutions for healthcare inequities.
• Recognize the opportunities, challenges, and ethical considerations in physician promotion of equitable health outcomes.
• Advocate for our society’s most vulnerable populations.
• Experience hands-on advocacy for the equitable distribution of health care resources, locally and/or globally.
• Develop tools for the effective and sustained support of health equity in communities of need.
D. Practice Resilience

*Demonstrate skills and practices to prevent and address stress and foster resilience in caring for patients and oneself; nourish a passion for lifelong learning*

- Integrate knowledge of the physiological basis of stress into personal self-care, interdisciplinary team care, and patient care in order adapt to stress.
- Engage in periodic self-assessment to evaluate and apply personal data in order to increase resilience.
- Develop a working familiarity with cognitive behavioral therapy (CBT), mind-body stress reduction (MBSR) and biofeedback to support personal resilience and to effectively apply these strategies in patient care.
- Develop the capacity for self-awareness in furtherance of achieving a balance between the quality and satisfaction in both personal and professional life.

E. Compassionate Care

*Demonstrate an ability to understand each patient’s experience of illness, adapt appropriate care to conform to that patient’s needs, and communicate in terms that each patient can understand.*

- Demonstrate the ability to focus attentively on an individual patient and elicit patients’ values and preferences.
- Demonstrate the ability to communicate with patients, families/significant others, and interdisciplinary healthcare team members in ways that are accessible and appropriate to their needs.
- Integrate each individual patient’s values and preferences into all relevant care decisions for that patient.
- Relay patient’s values and preferences in all relevant written and verbal communications with the interdisciplinary healthcare team.
- Demonstrate sensitivity, honesty, and compassion in difficult conversations.
- Demonstrate insight into and understanding about emotions and human responses to emotions that allows one to develop and manage interpersonal interactions.

F. Related Themes

- Identify fundamental issues in health law for physicians, health care institutions, and patients.

III. Teaching Pedagogy

The themes under the Health and Values curriculum lend themselves to a wide variety of pedagogical approaches – all fostering active learning methods. We anticipate there will be few didactic sessions included in this curriculum.

The emphasis on case-based learning found in the current curriculum provides an ideal opportunity to achieve the goal of integration between the sciences and humanities in the curriculum. An example of a case that does this might be a homeless mother who
develops a myocardial infarction, prompting students to consider cardiac physiology and anatomy, the pharmacology of thrombolytic drugs, our systems for healthcare financing, health equity, the social determinants of health, and the ethical considerations behind the Emergency Medical Treatment and Active Labor Act (EMTALA).

Other pedagogical approaches in the Health and Values curriculum will include: reflective activities, small group learning and discussions of PBL cases, role-playing or Objective Structured Clinical Exam (OSCE) formats, self-directed learning, and simulations. Additionally, small group reflective discussions and narrative medicine approaches will be used across the Health and Values curriculum. A narrative reflective activity that crosses the disciplines of narrative medicine, sociology, and anthropology is the practice of “close reading” of literature followed by responsive writing. For example, narrative reading, writing, and reflection can be used as tools for examining the patient-physician interaction, understanding of socio-cultural aspects of patients’ experiences of illness, or exploring the vulnerable patient’s experience of health and illness. Visual artwork and the performing arts can also be used as “texts” to develop and strengthen skills of observation, attentiveness, and understanding of human interactions.

Simulations may be used to clarify legal, ethical, cultural awareness, and communication issues. For example, students might be presented with a case and asked to simulate an ethics committee meeting where the case is discussed and a best course of action is determined. Individuals could be asked to role-play the professions of lawyer, physician, nurse, clergy, social worker, and community member, among others. Such exercises in simulation also allow students to reflect on roles they do not feel equipped to play or cannot fully imagine. Additionally, small group discussions can lead students to think critically about how medicine constructs its objects of study, and how perceptions of race, gender, ethnicity and culture may impact the provision of care, patient outcomes, and the emotional life of the physician.

Common to these pedagogical approaches is an emphasis on a high degree of student autonomy and responsibility in all learning activities.
**Action item:**
We ask that the MEC vote to approve:

1) The systematic integration of a curriculum in Health and Values throughout all four years of the Geisel education, mapped to Geisel’s institutional competencies.
2) The theme-based Goals and Objectives of a new Health and Values curriculum at Geisel, as outlined in section II of this document.
3) The identification and creation of sessions which address the Health and Values learning objectives noted above to achieve the following minimum standard:
   a. Year One – 20 hours of sessions which *introduce* the themes of the Health and Values curriculum within pre-clinical courses, either as stand-alone sessions or via integration into other sessions including problem-based learning cases.
   b. Year Two – 20 hours of sessions which *integrate* the themes of the Health and Values curriculum within pre-clinical courses, either as stand-alone sessions or via integration into other sessions including problem-based learning cases.
   c. Year Three – 2 hours of sessions which facilitate the *application* of the Health and Values curriculum in each clerkship and 3 hours of sessions on the Health and Values themes during the Interdisciplinary Clinical Exercises (ICE).
   d. Year Four – 10 hours of sessions which allow *exploration* of Health and Values curriculum themes in required capstone courses.

4) A recommendation to the Dean that a funded Health and Values Program be established within the Department of Medical Education, with support for designated leader(s), staff, and teaching faculty, to oversee the coordination, implementation (including professional development), and evaluation of the Health and Values curriculum.