

## Population Health/Social Determinants of Health (SDH) Curriculum

Approved August 2020

The Department of Population Science and Policy (PSP) will assist SIU SOM OGME in meeting the objectives below through development of a population health & SDH curriculum for residents and faculty. Each clinical department should identify one to two residents and one or more faculty members who will be primarily responsible for implementing this curriculum. Representatives from each specialty will deliver curriculum materials to their respective departments in formats such as core conferences, grand rounds, and through quality improvement projects.

PSP will provide consultation and content materials in the form of PowerPoint slides and online resources to representatives from these departments, and be available for partnership in presenting and modifying lecture content to address specific population health issues that impact SIU SOM and the various clinical specialties. Furthermore, PSP will provide an [introductory session](#) to all new residents at orientation.

REQUIREMENT/STANDARD		PSP SUPPORT	
		Consultation and Content Materials	Resident Orientation
<b>ACGME Common Program Requirements:</b>			
II.A.4.a).(2) (Background and Intent)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core) <i>Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.</i>	X	
IV.B.1.f)	Systems-based Practice Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, <u>including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care</u> <a href="#">View online module here</a>	X	X
VI.A.1.b).(1).(a)	Residents must receive training and experience in quality improvement processes, <u>including an understanding of health care disparities.</u> (Core)	X	X
<b>ACGME CLER Pathways 2.0</b>			
HQ Pathway 5	Resident, fellow, and faculty member education on eliminating health care disparities The clinical learning environment: a. Provides the clinical care team, including residents, fellows, and faculty members with education on the differences between health disparities and health care disparities.	X	X
	b. Educates residents, fellows and faculty on identifying and eliminating health care disparities among specific patient populations receiving care at the clinical site	X	

**For the AAMC QI/PS Competencies listed below, PSP will provide content expertise, not experiential learning activities or assessment:**

<b>AAMC Quality Improvement and Patient Safety Competencies Across the Learning Continuum</b>					
<b>Entering Residency</b>		<b>Completing Residency</b>		<b>Consultation and Content Materials</b>	<b>Resident Orientation</b>
<b>Health and Health Care Equity in Practice</b>					
1a. Demonstrates knowledge of population and community health needs and disparities (HM-SBP2 <sup>1</sup> ). Demonstrates knowledge of local resources available to patients and patient populations with social risk factors.		1b. Participates in changing and adapting practice to provide for the needs of specific populations (HM-SBP2)		<b>X</b>	<b>X (1a)</b>
SIU Content Available: <a href="#">Medical Legal Partnerships on padlet</a>					
2a. Collects data about SDH when taking a patient’s history		2b. Describes how SDH affects quality of care for patients experiencing disparities in health care quality		<b>X</b>	<b>X</b>
3a. Explains the importance of the health care system’s role in identifying and prioritizing community health needs.		3b. Demonstrates knowledge of the hospitals and health system’s efforts to identify and prioritize community health needs		<b>X</b>	<b>X (3a)</b>
<b>Reporting and Using QI Data for Populations Experiencing Disparities</b>					
4a. Describes how stratification (e.g., by race/ethnicity, primary language, socioeconomic status, LGBTQ identification) of quality measures can allow for the identification of health care disparities. <sup>2,3</sup>		4b. Explores stratified QI data for their patient population and uses this data to identify health care disparities		<b>X</b>	
<b>Physician as Advocate for Health Equity</b>					

	10b. Recognizes ways the health system influences health and health care inequities of its local patient population.	<b>X</b>	
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1. HM = ACGME Harmonized Milestone; SBP = Systems-Based Practice. For details, see Edgar L, Roberts S, Holmboe E. Milestones 2.0: a step forward. J Grad Med Ed. 2018;10 (3):367-369. <https://doi.org/10.4300/JGME-D-18-00372.1>.
2. Anderson MB, Cohen JJ, Hallock JE, Kassebaum DG, Turnbull J, Whitcomb. Report I: Learning Objectives for Medical Student Education — Guidelines for Medical Schools. Washington, DC: AAMC; 1998.
3. Batalden P, Leach D, Swing S, Dreyfus H, Dreyfus S. General competencies and accreditation in graduate medical education: an antidote to overspecification in the education of medical specialists. Health Aff. 2002;21:103-111. <https://geiselmed.dartmouth.edu/cfm/education/PDF/Article1.pdf>. Accessed Aug. 8, 2019.

