

Population Health/Social Determinants of Health (SDH) Curriculum

Approved April 2023

The Department of Population Science and Policy (PSP) is available to assist SIU SOM OGME in meeting the objectives below through ongoing implementation and delivery 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, and PSP can provide support to help identify specialty-specific curriculum content. 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 is available to provide consultation and content materials in the form of PowerPoint slides and online resources to representatives from these departments, and 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
ACGME Common Program Requirements:			
II.A.4.a).(2) (Background and Intent)	<p>Program Director</p> <p>Program Director Responsibilities</p> <p>The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care.</p> <p>The program director must:</p> <p>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)</p> <p><i>Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the structural and 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 eliminating health disparities.</i></p>	X	
IV.B.1.f)	<p>Systems-based Practice</p> <p>Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, <u>including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care</u> View online module here</p>	X	X

<p>II.A.4. II.A.4.a) II.A.4.a).(2)</p> <p>Background & Intent</p> <p>IV.B.1.d)</p> <p>IV.B.1.d).(1) IV.B.1.d).(1).(d)</p>	<p>Program Director Responsibilities The Program Director Must:</p> <p>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)</p> <p>Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the structural and 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 eliminating health disparities.</p> <p>Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.</p> <p>Residents must demonstrate competence in:</p> <p>systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement;</p>	X	X
ACGME CLER Pathways 2.0			
HQ Pathway 5	<p>Resident, fellow, and faculty member education on eliminating health care disparities</p> <p>The clinical learning environment:</p> <p>a. Provides the clinical care team, including residents, fellows, and faculty members with education on the differences between health disparities and health care disparities.</p>	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	
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For the AAMC QI/PS Competencies listed below, PSP will provide content expertise, not experiential learning activities or assessment:

AAMC Quality Improvement and Patient Safety Competencies Across the Learning Continuum			
Entering Residency		Consultation and Content Materials	Resident Orientation
Completing Residency			
Health and Health Care Equity in Practice			
1a. Demonstrates knowledge of population and community health needs and disparities (HM-SBP2 ¹). 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)	X	X (1a)
SIU Content Available: Medical Legal Partnerships on padlet			
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	X	X
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	X	X (3a)
Reporting and Using QI Data for Populations Experiencing Disparities			
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. ^{2,3}	4b. Explores stratified QI data for their patient population and uses this data to identify health care disparities	X	

Physician as Advocate for Health Equity			
	10b. Recognizes ways the health system influences health and health care inequities of its local patient population.	X	

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 over specification 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.