



National Center for Medical Education, Development and Research

Communities of Practice Conference | August 10 – 11, 2017 in Nashville, Tennessee

COMMUNITIES OF PRACTICE CONFERENCE OVERVIEW

**Courtyard Marriott –
Green Hills Hotel**
Nashville, TN

Curriculum and Training: Practice Transformation in the Age of Training Millennials

Meharry Medical College was recently funded by the Health Resources and Services Administration (HRSA) to establish a national center to evaluate the evidence base for effective primary care interventions that target vulnerable populations. The goal of the center is to transform primary care training and clinical practice in the United States through curriculum transformation in primary care. For the purpose of this award, HRSA defined vulnerable populations as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTq), homeless persons, and migrant farm workers.

The new center is an academic unit (AU) housed in the Department of Family and Community Medicine at Meharry Medical College through a cooperative agreement with HRSA to evaluate the evidence-base for primary care interventions targeting vulnerable populations to transform primary care training in medical education and clinical practice in Tennessee and the United States.

The National Center for Medical Education, Development and Research agenda is to 1) conduct systems-level research of evidence-based interventions for vulnerable populations to inform primary care training; 2) disseminate best practices and resources to primary care providers and trainees across the mid-South to improve clinical outcomes among vulnerable populations; and 3) establish a community of practice(CoP) that will promote the widespread enhancement and development of a diverse primary care workforce that will produce better health outcomes for LGBT, homeless and migrant worker populations. In addition, this new community of practice will assist the Center in identifying and providing curriculum transformation and innovation. It is anticipated that the CoP will give relevant and timely feedback on the development of toolkits including case studies for simulation, and provide educational models and coaching to primary care faculty to train residents and health professions students to deliver high quality, cost-effective, patient-centered care to vulnerable populations in underserved communities.

The Center anticipate by linking clinical knowledge with the expertise of basic, clinical, and social science faculty and community partners in this new Center that we will strengthen our capacity for engaging in multi-level, transdisciplinary and inter-professional primary care research and training. It is expected this engagement will assist other medical schools as they develop new curriculum to examine health disparities, health services, health equity, and primary care training from a systems framework using a life course model.

Therefore, charge of the *CoP for Vulnerable Populations* is to assist us in the development, research, and the application of new tools in medical education that will enhance teaching and modeling of the provision of health care services to vulnerable populations through feedback and dissemination of ideas on medical education to primary care departments across the United States. Using curriculum transformation and evidence-based approaches, the aim of the center with the assistance and guidance of the CoP is to offer curricular changes about how to better meet the needs of vulnerable populations. Curriculum transformation is driven by the educational research staff in the center focusing on two different topics each year.

The topics for our first year were to:

- Identify how medical schools are teaching students to address implicit physician bias towards vulnerable populations; and
- Find out how they are preparing students to introduce preventive measures such as Pre-Exposure Prophylaxis (PrEP) to vulnerable patients in order to prevent HIV.



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	<p>Our second year topics will include how medical schools are teaching students to address:</p> <ul style="list-style-type: none"> • Interpersonal violence across the lifespan; and • The effects of adverse childhood experiences in these three vulnerable populations. 	
Thursday, August 10, 2017		
12:00 PM – 2:00 PM	Opening Session and Lunch	
	<p>Purpose: To demonstrate the commitment of the leadership of the School of Medicine and the College in support of the Center and its effort to transform clinical practice through curriculum transformation. Additionally to acquaint members of the community of practice with the national medical education landscape and to begin the conference on common principles and understanding of the current and future work of the Center around medical education development and research and the examination of educating and training medical students and residents around ensuring health equity for vulnerable populations.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To provide common ground and a starting place for the content experts with the Community of Practice and faculty and staff of the Center by introducing a systematic approach to health equity, medical education, and the importance of ethics in developing innovative approaches and tools in primary care training, health care delivery and clinical practice. • To present current studies and methodologies used for current projects in Years 1 and Year 2. • Engage a core of content experts for the National Center over the next four (4) years. 	
12:00 PM – 12:05 PM	Opening & Greetings	Veronica Mallett, MD, MMM Meharry Medical College
12:05 PM – 12:10 PM	Greetings	Millard Collins, MD Meharry Medical College
12:10 PM – 12:15 PM	Overview of the Center & Communities of Practice	Patricia Matthews-Juarez, PhD Meharry Medical College
12:15 PM – 12:35 PM	Curriculum Transformation and Medical Education in the Age of Teaching Millennials	Veronica Mallett, MD, MMM Meharry Medical College
12:35 PM – 12:40 PM	Overview of Vulnerable Populations & Current Work on Projects including Methodology	Paul Juarez, PhD Meharry Medical College
12:40 PM – 12:50 PM	The Importance of Training Primary Care Physicians to Provide High Quality Care to Vulnerable Populations, Specifically LGBTQ	Sharon M. Spencer, PhD University of South Carolina
12:50 PM – 1:00 PM	Building in Ethics in Medical Education for Vulnerable Populations	Rueben Warren, DDS, MPH, DrPH, MDiv Tuskegee University
1:00 PM – 1:10 PM	The Importance of Teaching Presentation Tools and Medical Education in the LGBTQ Community Such as PrEP	Leandro Mena, MD, MPH University of Mississippi
1:10 PM – 1:20 PM	Physician Bias in Treatment of Homeless	Beth Shinn, PhD Vanderbilt University
1:20 PM – 1:30 PM	Use of Preventive Tools in Treating Migrant Workers	Thomas A. Arcury, PhD Wake Forest School of Medicine
1:30 PM – 2:00 PM	Moderated Questions & Answers	Rueben Warren, DDS, MPH, DrPH, MDiv Tuskegee University
2:00 PM – 4:00 PM	Content Expert Working Groups on Vulnerable Populations	



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	<p>Descriptor: This is a hands-on review of the work in Center in Year 1 by the Content Experts. The intent is for the content experts to examine the projects to determine if the work that was done in Year 1 explored and test hypotheses using secondary data to assess the effectiveness of new training curriculum or modalities, clinical interventions, case studies, and health care service delivery models on patient outcomes.</p> <p>Objective:</p> <ul style="list-style-type: none"> To have 25 content experts provide detailed and explicit feedback on the process and outcome to determine the effectiveness of using systems research to promote primary care training for transforming medical education and to predict observable changes in patient outcomes arising from the provision of evidence-based primary care health services. 		
2:00 PM – 4:00 PM	<p>Group 1: Homeless</p> <p>Group Members (10) Tene Franklin Tammy Henderson* Wansoo Im Darlene Jenkins* Janella Melius* Christian Neal Linda Redd Natalie Stevenson Cassandra Ward Suzanne Wenzel* Tiffinie Zellars</p>	<p>Matthew Morris, PhD) Meharry Medical College</p>	
		<p>Beth Shinn, PhD (INVITED) Vanderbilt University</p>	
	<p>Group 2: LGBTQ</p> <p>Group Members (10) Carey Bayer* Joy Hunter Gilbert Nick* Freida Outlaw* Aramandla Ramesh Mindi Spencer* Machell Thompson Steven Wakefield* Rueben Warren* Foster Williams Charles Woepfel</p>	<p>Robert Lyle Cooper, PhD Meharry Medical College</p>	
		<p>Group 3: Migrant Workers</p> <p>Group Members (10) Stephanie Bailey Katherine Brown Elochukwu Ezekakpu Virginia Floyd* Adrienne Hicks Darryl Hood* Michael Paul</p>	<p>Leandro Mena, MD, MPH University of Mississippi</p>
			<p>Thomas A. Arcury, PhD (CONFIRMED) Wake Forest School of Medicine</p>
			<p>Paul Juarez, PhD Meharry Medical College</p>



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	Mohammad Tabatabai Susanne Tropez-Sims Eszter Volgyi Julia Watson	
	Group 4: Medical Education	Veronica Mallett, MD, MMM Meharry Medical College
	Group Members (9) Millard Collins Natalie Fleming Digna Forbes Cheryl Holder* Saletta Holloway Cherry Houston Regina Offodile Davis Patterson* Armin Weinberg* Zuay Thompson	Carl G. Streed, Jr., MD University of Chicago
4:00 PM – 6:00 PM	Group Interactive Reception by Vulnerable Populations	
Friday, August 11, 2017		
7:30 AM – 8:00 AM	Breakfast	
8:15 AM – 11:30 AM	Working Groups: Review of Year 1 Projects	
	<p>Project 1: Training for Health Care Providers in the Administration of Pre-Exposure Prophylaxis to Men and Transgender Women who have Sex with Men: A Systematic Review <i>This project examined the efficacy of PrEP and Identified best practices in delivery, to MSM and TG persons in the United States.</i></p> <p>Project 2: Physician Bias Education of Medical Students in providing culturally competent care for Lesbian, Gay, Bisexual and Transgender Patients (LGBT) Populations <i>The research study describes the methodology for establishing an evidence-based curriculum designed to reduce the effects of physician implicit bias among medical students to improve the provision of health care services to LGBT populations.</i></p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide direct feedback and consensus from 25 content experts on the adequateness of the primary care research training process using evidence-based studies and data, methodologies, products and succinct directions on Projects 1 and 2. • Determine the effectiveness and efficacy of the studies, results, findings, and products for curricular change in training medical students and residents in treating vulnerable populations using the PCMH model or any other treatment and reimbursement model that focus on continuing quality of care, team building and value-based pricing. 	
8:15 AM – 11:30 AM	Project 1	Robert Lyle Cooper, PhD NCMEDR
	Project 2	Matthew Morris, PhD NCMEDR
11:30 AM – 11:45 AM	Feedback for National Survey on Medical Education Curriculum for Teaching Vulnerable Populations	
	Descriptor: Limited medical education curriculum knowledge exists for the treatment of the vulnerable population groups that include migrant worker, LGBTQ and homeless populations. Addressing inherent provider behaviors through training is an appropriate tool to improve treatment outcomes.	



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	Objectives: To review the National Survey on Medical Education Curriculum for Teaching Vulnerable Population and make recommendations based on evidence based and experiential information.	
11:30 AM – 11:45 AM	Facilitators	Pat Matthews-Juarez, PhD NCMEDR Aramandla Ramesh, PhD NCMEDR
11:45 AM – 12:45 PM	Working Lunch: A Marketplace of Ideas: What is the Role of Communities of Practice? Descriptor: The Market Place of Ideas will provide an opportunity on how to transform evidence based studies and provide comment on existing products, i.e. published papers, etc. Objectives: Experts, faculty and staff will interact and share ideas for the path forward using information gained about Year 1 projects.	
11:45 AM – 12:45 PM	Facilitator	Kermit G. Payne 1Joshua Group, LLC
1:00 PM – 2:30 PM	Presentation of Year 2 Projects Project 3: Screening and Health Care Services for Vulnerable Populations Exposed to Interpersonal Violence This research project will assess the extent to which medical schools prepare students to address the needs of vulnerable populations exposed to interpersonal violence in primary care settings. It will employ multiple methods to assess current medical school educational practice, identify evidence-based best practices, and develop and recommend curricular modifications, and disseminate information to the broader medical education profession through presentations at professional meetings, policy briefs, and articles in peer reviewed journals. Statement of the problem, gaps in current research. Interpersonal violence (IV) is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, stunted emotional development, or deprivation. ¹ IV occurs across the life course and threatens the life, health and happiness of thousands of persons each year in the United States. IV encompasses a wide range of incidents from child abuse and neglect by caregivers, youth violence (violence by adolescents and young adults aged 10 to 29 years), intimate partner violence, sexual violence, elder abuse, and gun violence. There is a limited evidence base regarding best strategies in teaching medical students how to screen for and address the needs of vulnerable populations affected by interpersonal violence. It is important that medical students understand and are prepared to take steps to address underlying individual, interpersonal, community and societal-level factors that increase the risk for violence among of vulnerable populations. This research project will assess the extent to which medical students are taught about the needs of vulnerable populations and the skills to screen, care, and refer those exposed to interpersonal violence in primary care. Research questions or hypothesis: 1. What is the evidence base regarding education of medical students on screening for interpersonal violence among vulnerable populations for medical students in primary care settings?	



2. What are the core elements of the medical educational curriculum that can be revised and adapted to ensure students have the knowledge and skills to provide culturally competent health care for vulnerable populations exposed to interpersonal violence?

Project goals:

1. To identify the extent to which medical students are trained to screen, treat, or refer persons exposed to interpersonal violence across the life course.
2. To develop model curricular elements that can be used by other medical schools to prepare students to effectively address the needs of vulnerable populations exposed to violence.
3. To disseminate research results on how medical schools are addressing ACEs in vulnerable populations to graduate medical education audience.

Project 4: Screening and Health Care Services for Adverse Childhood Experiences in Vulnerable Populations in Primary Care Settings

The aim of this research is to identify and assess the extent to which medical students are taught about adverse childhood experiences (ACEs): screening, treatment, community referrals and their impact on personal health and health disparities in primary care settings. Based on this aim, we pose several research questions to be answered through systematic review of the literature, curricula, and student surveys about how medical schools are preparing students to address the effects of ACEs, with a focus on vulnerable populations. We will disseminate findings through scholarly presentations at graduate medical education conferences and meetings, peer reviewed publications, our community of practice, and a policy brief and provide technical assistance to programs on how to incorporate ACEs in their curriculum and respond to the needs of vulnerable populations.

Statement of the problem, gaps in current research: Increasingly, studies are showing that adverse childhood experiences (ACEs) influence the health and well-being of a person throughout their lifespan. Yet, there is paucity of information in the literature regarding strategies to teach medical students how to screen for ACEs and be responsive to the needs of vulnerable populations that are impacted by ACEs. While there is a growing body of research that supports a dose-response relationship between number of ACEs experienced during childhood and a range of adverse health outcomes of adulthood, especially among vulnerable populations, relatively little is known about the extent to which medical students are being taught about the effects of ACEs on the health of vulnerable populations, including LGBTQ, homeless persons and, migrant workers, and how to screen for and care for those who have multiple exposures. To date, little systematic attention has been given to ensuring future primary health care providers are trained to screen for ACEs, undertake interventions that can improve long term health outcomes across the life course, or refer patients to community resources that can lead improvements in health and healthcare.

Research questions or hypothesis:

1. What evidence exists regarding what and how medical students are being taught about ACEs: what they are, what impact they have across the life course, how they affect vulnerable populations, and what skills they are being taught to help students address them?
2. What are the core elements of the medical educational curriculum that can be revised and adapted to ensure students have the knowledge and skills to provide culturally competent health care for vulnerable populations exposed to ACEs?

Project goals:

1. To identify the extent to which medical students are trained to screen, treat, or refer persons exposed to ACEs in primary care settings.



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	<ol style="list-style-type: none"> 2. To identify and/or develop model curricular elements that can be used by other medical schools to prepare students to effectively address the needs of vulnerable populations exposed to ACEs. 3. To disseminate research results and curricular modules on how medical schools are addressing ACEs in vulnerable populations to graduate medical education audience. <p>Objectives:</p> <ol style="list-style-type: none"> 1. Provide direct feedback and consensus from 25 content experts on the adequateness of the primary care research training process using evidence-based studies and data, and methodologies. 2. Determine the effectiveness and efficacy of the studies, results, findings, and products for curricular change in training medical students and residents in treating vulnerable populations using the PCMH model or any other treatment and reimbursement model that focus on continuing quality of care, team building and value-based pricing. 	
1:00 PM – 1:15 PM	Project 3	Paul Juarez, PhD NCMEDR
1:15 PM – 1:45 PM	Project 3 Feedback	Paul Juarez, PhD
1:45 PM – 2:00 PM	Project 4	Robert Lyle Cooper, PhD NCMEDR
2:00 PM – 2:30 PM	Project 4 Feedback	Robert Lyle Cooper, PhD
2:30 PM – 4:00 PM	<p>Lessons Learned & Path Forward: Communities of Practice Feedback</p> <p>Descriptor: This session is a summative feedback about the direction of the center, the projects, and the products to be used by the Content Experts to 1) share their opinions, recommendations, and advice; 2) develop overall Communities of Practice; 3) provide guidance; and 4) create 3 small Communities of Practice groups.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Integrate feedback to improve and enhance Years 1 and 2 projects, products, and infrastructure of the center. • Revise and finalize the survey and two papers and submit to HRSA for final approval before journal submission. 	
	Speaker	Patricia Matthews-Juarez, PhD NCMEDR