California Public Health/Prevention Medical Leadership Forum
15th Conference Call Meeting
Tuesday, June 6, 2017, 8:15-9:30 am PDT
MINUTES

Call in: (712) 432-1212 Access Code: 457-029-043#
To reduce feedback, participants were encouraged to mute except when planning to speak, by toggling *6.

Four handouts were attached to the cover email.

1. **Roll Call by Institution, with Introductions of Newcomers**
   A welcome was extended to new members Peter Catona-Newton, Director of the new UCLA joint residency program for Preventive and Internal Medicine, Hala Madanat, Director of the SDSU Graduate School of Public Health, Gustavo Valbuena from UC Barkeley School of Public Health and Joint Medical Program, and Peter Yip from Northstate School of Medicine. Also welcomed were several guests including Assistant/Associate Deans and other faculty dealing with curriculum at medical schools. Patrick Romano from UC Davis will be joining the Forum but was unable to make this call. The latest roster was a handout attached to the email announcement, but additions and corrections were invited. There were 22 participants on the call.

   CAPM: Mark Horton (Chair), Ron Hattis (Secretary), Don Lyman
   HOAC: Kat DeBurgh
   OPSC: Alesia Wagner (also representing Touro SOM)
   UC Davis SOM: Stephen McCurdy
   Northstate University SOM: Peter Yip
   UC Berkeley SPH and Joint Medical Program: Gustavo Valbuena
   Loma Linda SOM: Bonnie Chi-Lum
   Western Univ. SOM: Susan Mackintosh, Maryam Othman, Jerry Thrush (Asst. Dean)
   UC Riverside SOM: Brandon Brown, Paul Lyons (Sr. Assoc. Dean)
   UCLA SOM: Peter Capone-Newton
   USC SOM: Jonathan Samet, Richard Watanabe, Kevin Nash (Asst. Dean)
   UC Irvine SOM: Dean Baker, Jeffrey Suchard (Assoc. Dean)
   UC San Diego SOM: Linda L. Hill
   San Diego State Univ. Graduate SPH: Hala Madanat (Director)

2. **Minutes of March 7, 2017 Meeting (attached to email announcement)**
   These had been pre-distributed to persons named. They were approved with one correction from Dr. McCurdy, which will be included in the final version.

3. **Election of Chair for 2017-19**
   The bylaws (attached to email announcement) call for election of a Chair for the next two years, within one month from now. They allow for email vote. Interested candidates were asked to email Ron Hattis at preventivemed@aol.com within 2 weeks, and he will send out a ballot. The Chair is our only elected officer, and appoints the Secretary-Treasurer and optionally a Vice-Chair.

4. Discussion of Medical School Curriculum Development with Reference to Two Previously Discussed CMA Resolutions

Ron Hattis introduced the subject, which was last discussed in early 2016. He noted that the medical profession has been criticized for insufficient training in prevention including lifestyle and nutrition. When epidemiology and biostatistics are taught in an isolated class, they are not always also discussed in reference to the various diseases. Lectures that introduce the diseases are generally stronger in covering diagnosis and treatment.

The other problem is that medical students often never hear of smaller specialties that do not have rotations at their schools, specifically including Preventive Medicine and Occupational Medicine (two specialties of special interest to this Forum) as well as Physical Medicine and Rehabilitation. In 2015, resolutions on these two subjects were passed by the California Medical Association, and this Forum has been trying to follow up on them.

Ron noted that this Forum is for exchange of information, and cannot pass a resolution that would be binding on anyone. However, if we can inspire one another to pursue promising ideas (as has already occurred to some degree), it would be a great accomplishment.

a. Resolution 607-15: TEACHING ABOUT PREVENTION OF DISEASES IN MEDICAL SCHOOLS

Resolved: That CMA recommend that the teaching about specific diseases or disease groups in medical schools include information on the epidemiology and the primary and secondary prevention of those diseases, including the roles of nutrition and lifestyle as relevant.

Questions for Deans and other staff involved with curriculum development:

- What guidelines are given to lecturers regarding what to include when introducing diseases or disease groups? Would it be difficult to ask that they include epidemiology, risk factors, and prevention (including lifestyle and nutrition as relevant)?
- How does the curriculum integrate the epidemiological, statistical, and preventive concepts learned in separate courses, with clinical knowledge and clinical care? Could it do better?

Nine medical schools were represented and attempted to answer the above questions.

- UC Davis: Stephen McCurdy said that attaining this objective is like "swimming upstream." He was not aware of guidelines for lecturers, but thought this was a good idea and could be feasible. The curriculum is reviewed regularly. He said that the school has reinstated a single course for epidemiology and biostatistics this year, which is being taken over by Patrick Romano and will have a systems approach. Prior to this, it was integrated into Doctoring for about 10 years, which had proven somewhat "cumbersome" because of the many instructors of record. Before that, it had been a separate course as at present.
- Touro: Alesia Wagner reported that these concepts are incorporated into lectures on diseases such as cardiovascular and diabetes. Catherine West teaches epidemiology and biostatistics as part of osteopathic doctoring over 2 years, including a nutrition module, and that 8 lab sessions are incorporated into journal club, with assignments. In addition,

every student does a project related to public health in the third semester. A nutritional module, including both lifestyle and physiology, in the first year is part of Fundamentals of Medicine. Currently, there are 20 students in a dual degree DO/MPH program. In general, lifestyle and prevention are blended very well into the curriculum.

- UC Berkeley Joint Medical Program: Gustavo Valbuena said there are few lectures on diseases, and no format for their content, as these are mostly presented in the third and fourth year at UCSF. Each student also obtains a master's degree that includes epidemiology and biostatistics.
- Loma Linda: Bonnie Chi-Lum reported that although epidemiology and prevention are not necessarily routinely included in lectures on diseases in other courses, she teaches a parallel 35-hour stand-alone second-year "Lifestyle and Preventive Medicine" course with lecture and online components, system-based and correlated with what is being simultaneously taught in other courses. The major causes of death are covered in a standardized format, starting with epidemiology, trends in the U.S. followed by US Preventive Services Task Force recommendations, risk factors, and how to incorporate this information into practice. In answer to a question from Mark Horton, she added that she includes information on health disparities and social determinants. She delivers most of these lectures, having discovered in the past that it was difficult to implement a content format when guest lecturers were invited. Students have told her that some of this content is mentioned by other lecturers in the separate system-based lectures, but not with the same specific emphasis. This format has been used for at least the past 10 years. In addition, epidemiology and biostatistics are taught in the first year as part of "Evidence-based Medicine," with a 2-hour review in the second year, in an attempt to prepare students for Part I of USMLE.
- WesternU: Jerry Thrush said disease experts to lecture to the students are not currently given guidelines on what to cover, but he thought this was a good idea and would love the idea of suggested guidelines. Epidemiology and biostatistics are taught in a stand-alone course, but it they also come up with organ systems and in the "Doctoring" course. There is also there is also a voluntary track in Lifestyle Medicine led by Susan Mackintosh. He added that there is a little on health disparities, but it could be expanded.
- UC Riverside: Paul Lyons reported that lectures given are reviewed after the fact, and that lecturers are encouraged to include disease epidemiology, biostatistics, and public health in their systems-based lectures. No specific guidelines are given to lecturers, however, these suggestions are provided as part of annual follow-up review. There is a comprehensive series entitled "Longitudinal Ambulatory Care Experience" given over 3 years that includes epidemiology, biostatistics, and public health.
- UCLA: Peter Capone-Newton did not have information about guidelines for lecturers or how epidemiology and biostatistics are taught in the curriculum, but he said that the curriculum is under review. He will bring back more information later. He did announce that residency training in Preventive Medicine has been restarted. This is the first year of a joint Preventive Medicine/Internal Medicine residency program which follows a fellowship model, which has started with 2 residents.
- USC: Kevin Nash reported that there are no guidelines for lecturers, but USC considers the inclusion of epidemiology and risk factors to be best practices, expected to be there.

He is intrigued by the idea of guidelines for lecturers. For the coming academic year, new sections on wellness including prevention of disease, and nutrition as a preventive measure disease, which will be integrated into the curriculum for years 1 and 2. Epidemiology and biostatistics used to be a free-standing course but are now integrated comprehensively into "Foundations of Medicine" starting at the beginning of the first year. Jonathan Samet has been spearheading this. There has been less progress in integrating this into journal clubs, but that is a long-term goal.

- UC Irvine: Jeffrey Souchard said that UCI has no guidelines for lecturers and that this would be a difficult thing to implement because it would be taken as an academic freedom issue; but nevertheless these topics are typically mentioned. There is a thread called "Health and Wellness," including nutrition, included in Doctoring, and the faculty member in charge of this promotes the concept of "saludogenesis," generating health.
- Jeffrey Souchard drew attention to Liaison Committee on Medical Education (LCME) Standard 7.2 requiring that medical schools prepare students (at some point in undergraduate medical education) to "recognize wellness, determinants of health, and opportunities for health promotion and disease prevention," and to "recognize the potential health-related impact on patients of behavioral and socioeconomic factors." Schools could reference this standard and point out to faculty that inclusion of these principles in introductory lectures on diseases would present the school in the best light. Ron Hattis suggested that a subtle approach, suggesting rather than ordering that topics be included, might raise fewer hackles. Dean Baker recently attended a meeting at the CME Office on guidelines for faculty development including the ACGME requirements relating to graduate medical education, so there are apparently stricter standards for faculty in residency programs than in undergraduate medical education.
- UC San Diego: Linda Hill agreed that there was not enough awareness of prevention in medical school. UCSD has established an elective in "Lifestyle" in the first and second year, as well as an elective in the fourth year that may be used for Preventive Medicine.

b. Resolution 608-15: EXPOSURE TO SPECIALTIES IN MEDICAL SCHOOLS

Resolved: That CMA support that medical schools provide medical students with access to information about all recognized medical specialties, through a range of mechanisms including, but not limited to clinical rotations, online resources, physician mentors, and exchange programs with other medical school programs.

Question for Deans and other staff involved with curriculum development (all schools were not solicited for comments, in view of time constraints):

- How do students find out about smaller specialties if no rotations at the medical school, particularly those with residency training starting directly after graduation or after a transitional year (e.g., Preventive Medicine, Occupational Medicine, Physical Medicine and Rehabilitation)? Are there ways in which this could be done more systematically?

  - UC Riverside: Paul Lyons recommended the Web site of the Association of American Medical Colleges (AAMC), which describes the specialties and even lists the average Step 1 scores of accepted residents and has tools for matching interests with specialties. An account must be started but all medical students in the U.S. and Canada are eligible for free registration. Ron Hattis said that a listing of accredited specialties is also available on

the Website of the American Board of Preventive Medicine, and that additional information is available on Websites from Washington University and a Canadian agency. However, in his review of these sites, he could not find which specialties had residency programs that could be entered directly after medical school, or after a transitional or other PGY-1 year. Those are the ones that students most need to know about while still in medical school, so that they can apply if interested. Paul Lyons said that this information is all available on the AAMC site. Medical students might need some instruction in using it.

- USC: Kevin Nash reported that USC has started in the last year or so an office in Student Affairs run by an Assistant Dean for career advising for medical students, and will be evaluating its effect on the residency match. During the year, events are run to provide information to students.
- Touro: Alesia Wagner said that Touro does not have any course that specifically addresses the various specialties of medicine.
- Ron Hattis suggested that schools offer a lecture or lab to inform students of available resources and to provide general information on the specialties.

5. Open Discussion: Clinical Care by Physicians with MPH Degrees or Trained in Preventive Medicine/Public Health

Ron Hattis noted that 8 of the 11 medical schools in California have active dual-degree programs currently for MD or DO degree combined with an MPH. Three of these dual-degree programs are arranged with Schools of Public Health, and the other 5 schools have initiated their own MPH programs with a 6th pending. A 9th has a School of Public Health on campus and some students informally work on both degrees, while a 10th school has had discussions with a graduate MPH program. But there has been little evaluation of how valuable an MPH degree (or a Preventive Medicine residency) is for physicians who choose to pursue a clinical practice rather than a public health or academic career.

Questions for open discussion (based on personal experiences):

- How Does an MPH degree (or Preventive Medicine residency) Influence Clinical Practice? What Should be Special or Different About Clinical Care Delivered by Preventive Medicine Specialists, or by Those with MPH Degrees? Particularly when Combined with Training in a Primary Care Specialty?
- What Role Can Physicians with PM Training or MPH Degrees Play in Systems of Primary and Other Clinical Care?
- Do Current MPH Programs Provide Relevant Information for Physicians and Medical Students? Could this be improved?

  - Mark Horton said that his MSPH (similar to an MPH, done as part of a fellowship in his Pediatric training), with a Maternal and Child Health emphasis, influenced his pediatric practice. It stimulated him to undertake a number of prevention projects during clinical practice, and assisted him in counseling parents.
  - Dean Baker mentioned the culture or ethos of public health and prevention are transmitted during this training. Less than 1% of total U.S. health funding goes for prevention and

public health, so MPH training conveys a different emphasis. In the past 20-30 schools of public health were thought to be enough for the country, but there has been a trend toward medical schools developing their own MPH training. Alesia Wagner, Jonathan Samet, and Dean Baker verified that this is true for Touro, USC, and UCI, respectively. (The same is true for UC Davis, and UC San Diego is working on developing its own MPH.)

- Ron Hattis suggested that more information could be obtained from a survey of MD/MPH graduates in clinical practice. He mentioned differences among schools of public health in terms of how much attention is given to the training needs of physicians and medical students.

6. **Roundtable for News and Announcements from the Schools and Agencies Represented**
   This was deferred due to lack of time, but will be resumed at the next Forum call.

7. **Next Meeting**
   A Tuesday in September 2017 (12th, to Avoid Labor Day Return?); agenda ideas include CDC's 6/18 Program, to be presented by Mark Horton. Updates from participating schools and agencies should be included, as per item 6 above.

Submitted by Ronald P. Hattis
Forum Secretary

Minutes were approved at 9/2/17 meeting