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Integrating Public Health and Policy Education in Medical Curricula

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Part I: Literature Review of Public Health Education in Medical Schools

The integration of public health and policy education into medical school curricula has become increasingly recognized as essential in shaping future physician-leaders. Traditionally, medical education has focused on clinical and scientific training, but the need for broader contextual understanding of health systems, policy, and social determinants of health has been acknowledged in recent years. Medical professionals are now expected to navigate a landscape that extends beyond individual patient care recognizing that social and economic determinants of health are much greater drivers of patient outcomes.

Several key frameworks have informed the inclusion of public health education in medical programs. The **Public Health 3.0** initiative, introduced by the U.S. Department of Health and Human Services, emphasizes a modernized approach where physicians are viewed as community health leaders [1]. Similarly, the **Health in All Policies (HiAP)** framework encourages physicians to consider the broader impact of public policy on health outcomes [2]. The **AMA Accelerating Change in Medical Education** initiative, launched in 2013, aimed to reform medical curricula by integrating health systems science, centers on public health, policy, and interdisciplinary care. This initiative provided \$1 million in funding to 11 medical schools to implement systems-based education, emphasizing team care, patient safety, and health care system dynamics. The initiative expanded to more schools in 2016 and 2019, eventually inspiring the Reimagining Residency program, which focuses on adapting residency training to current health care needs [3]. Implicit in these interventions is the acceptance that the traditional, exclusively clinical focus is insufficient. Despite this awareness and significant work by organizational bodies, there remains limited guidelines and competing curricular demands.

Recent studies have underscored the benefits of early exposure to public health concepts. Programs that incorporate policy discussions, population health, and health systems management into their core curriculum have shown promising results in developing physicians who are well-prepared to engage in systemic health reforms [3]. However, there remains a gap in translating this knowledge into actionable skills. Some medical students express a desire to go deeper into real-world applications of public health knowledge, such as health policy, technology, and leadership. Moreover, traditional didactic lectures often fall short of capturing the dynamic and interdisciplinary nature of public health and policy-making.

Part II: Proposed Solution – Narrative-Driven Memos and Design Thinking Sessions

To address these gaps, we propose an innovative educational model that combines **narrative-driven memos** and **design thinking sessions**. This method fosters deeper engagement and equips students with practical skills for health policy leadership. Students are broken into small groups, for 2 hour sessions. Each session is led by a student who picks a topic and creates a memo for education and discussion. Sessions are divided into a memo-driven discussion of the topic, followed by a design-thinking session intended to create solutions.

Drawing inspiration from **Jeff Bezos' memo-driven meetings**, this approach shifts away from traditional PowerPoint lectures and instead uses well-structured memos to stimulate thoughtful discussions [4]. These memos, prepared by the session leader in advance, offer a concise yet comprehensive exploration of relevant public health issues, policies, and case studies. By focusing on a narrative summary, they provide a more immersive and reflective learning experience compared to bullet-point slides.

Narrative-Driven Memos in Medical Education

Incorporating narrative-driven memo writing into medical education allows students to have a deeper, more contextual understanding of public health issues. Each memo is designed to reflect real-world challenges faced by public health professionals and policymakers, such as negotiating healthcare reform, addressing health disparities, or managing crises like the COVID-19 pandemic. Students, as memo writers in a session they lead, are encouraged to craft these memos critically, drawing connections between policy decisions and clinical outcomes. Furthermore, memos create a springboard where students can debate different viewpoints, propose solutions, and collaborate on strategic approaches.

The memo format fosters accountability for the student-leader and flexibility for the student-participants as there is protected time to thoroughly read and understand the memo at the beginning of class. This method also allows for more nuanced discussions, where facilitators can delve deeper into the complexities of health policy without the constraints of pre-work or a time-limited lecture. Furthermore, memos can be tailored to reflect current issues, making the learning experience highly relevant and adaptable.

Design Thinking Sessions: A Framework for Problem-Solving

In conjunction with narrative-driven memos, **design thinking sessions** are employed to guide students through a structured problem-solving process. Design thinking, traditionally used in fields like engineering and business, is increasingly being recognized for its applicability in healthcare innovation. This process emphasizes empathy, ideation, and iteration – critical components for addressing public health challenges [5].

The design thinking model is divided into several key stages:

1. **Empathize:** Students begin by understanding the needs and challenges of stakeholders involved in the issue at hand, such as patients, healthcare providers, policymakers, and insurers.
2. **Define:** They then clearly define the problem, focusing on the specific public health issue being addressed..

3. **Ideate:** Students brainstorm potential solutions, drawing from interdisciplinary knowledge and collaborative discussions. They are encouraged to think creatively, considering both conventional and unconventional solutions.
4. **Prototype:** Students develop a tangible representation of their proposed solution. This might include drafting policy proposals, designing health interventions, or creating new healthcare delivery models.
5. **Test:** Finally, students test their solutions by presenting them to their peers or external experts, receiving feedback, and iterating on their ideas.

The integration of design thinking sessions into medical education serves several purposes. First, it provides students with a structured methodology to tackle complex public health problems. Second, it fosters teamwork and collaboration. Third, it encourages creative and critical thinking.

Case Study: Implementing the Model in Health Policy Education

A pilot program incorporating narrative-driven memos and design thinking sessions was implemented in a medical school curriculum, focusing on health policy and technology. The program consisted of two-hour sessions over the course of a semester, with each session dedicated to a specific topic, such as the integration of **artificial intelligence (AI)** in healthcare, correctional health justice, or health insurance reform.

In one session, students received a memo detailing the challenges of incorporating AI into clinical decision-making. The memo outlined the benefits, risks, and ethical considerations associated with AI technology. During the design thinking session that followed, students were tasked with developing a policy framework for the safe and effective integration of AI in healthcare.

Feedback from students and facilitators indicated that this approach fostered a deeper understanding of the intersection between clinical care and health policy. Students reported that the narrative-driven memos were engaging in a different way compared to traditional lectures, allowing for a more nuanced exploration of complex issues when paired with follow-up design thinking sessions. Furthermore, the design thinking sessions provided an opportunity to apply their knowledge in a practical, problem-solving context, reinforcing their learning and enhancing their leadership skills.

Conclusion: Redefining Public Health Education in Medicine

The integration of narrative-driven memos and design thinking sessions represents a novel and effective approach to public health education in medical schools. This model addresses the limitations of traditional curricula by providing a dynamic, interactive learning experience that equips students with the skills necessary to navigate the complexities of health policy and leadership. By encouraging critical thinking, collaboration, and real-world problem-solving, this approach prepares future physicians not only to excel in clinical practice but also to drive meaningful change in the healthcare system.

As the healthcare landscape continues to evolve, the need for physician-leaders who are capable of shaping policy and advocating for system-wide improvements will only increase. By integrating these

educational innovations into medical curricula, we can empower the next generation of physicians to lead with vision, empathy, and creativity.

The authors have no conflicts to report

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