

Curriculum Content Query Report: Preventive Care

September 20, 2016

Definition: Preventive Care focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death – as defined by [ACPM](#).

Related Topics / Key Words: Preventive health services, health maintenance, evidence-based medicine, epidemiology, public health, wellness, determinants of health, and opportunities for health promotion and disease prevention (immunizations, colonoscopy, breast cancer screenings).

LCME Standard 7.2: The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and **preventive**, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:

- Recognize wellness, determinants of health, and opportunities for health promotion and disease prevention.
- Recognize and interpret symptoms and signs of disease.
- Develop differential diagnoses and treatment plans.
- Recognize the potential health-related impact on patients of behavioral and socioeconomic factors.
- Assist patients in addressing health-related issues involving all organ systems.

QCOM Institutional Educational Objectives:

- 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
- 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
- 1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.
- 2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care.
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- 3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals.

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- 3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.
- 6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.

Curriculum Content Query:

Year	Course / Clerkship	Depth	Content at Session Level (via NI or other data query)
M1	Cell & Molecular Medicine	B	Nutrition: vitamins and minerals, macronutrients and micronutrients, vitamin requirements, symptoms of deficiency, dietary sugar, saturated fat, cholesterol, energy balance and obesity.. Diabetes: complications of poor glucose control. Alcohol metabolism: adverse effects of excessive consumption. Lipid metabolism: dietary lipids, cholesterol and obesity. Assessment: quizzes / exams
	Communication Skills	B	Scenarios utilize standardized patients (SPs) to focus on communication skills that address aspects of prevention in two areas. One case discusses mammograms as a screening and diagnostic tool. A detailed case emphasizes exploring tobacco cessation with the SP, as an example of motivational interviewing, a core skill for any behavioral or lifestyle choice that a directly related t many prevention issues. Instruction is provided in a module reviewed before the session, and during the small group process. Assessment is also during the session, and a handout with specific data and faculty feedback provided afterward
	Physiology	B	Lecture on long term or chronic effects of hypertension on cardiovascular and renal function. Lecture on importance of maintaining normal blood glucose levels on neural and vascular health and insulin sensitivity. Assessment by course developed multiple choice exams.
	PoM:PPS	B	Introduction of Chronic Care lecture in terms of etiologies of chronic diseases; also in required readings, online IHI modules and lectures about population health and the socioeconomic determinants of health. Assessed via online module quiz required to pass in order to obtain certificate of completion. Assessed online quiz.
M2	Immunology	B	Lecture encompassing the following concepts in vaccination: <ul style="list-style-type: none"> - Definition of herd immunity. - Description of the impact of vaccination on public health and review of pre- and post-vaccination morbidity and mortality statistics for select infectious diseases. - Comparison of passive and active immunization as disease prevention strategies. - Overview of scientific principals underlying vaccination:

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			<p>i) how vaccines evoke protective immunity; ii) the general characteristics of effective vaccines; iii) how vaccine composition (adjuvants and protein versus carbohydrate antigen) influences immune memory; iv) routes of vaccine administration; iv) vaccine failure and adverse effects.</p> <p>Group class discussion: How public perception has influenced recent vaccination rates. Assessment: Exam</p>
	Intro to Clinical Psychiatry	B	<p>Prevalence of modifiable risk factors for eating disorders, suicide, smoking, hypertension, alcohol and other substances of abuse. Stages of change model discussed in “Behavioral Medicine,” “Motivational Interviewing,” and both “Substance Abuse” lectures.</p> <p>Assessment: Each lecture topic assessed by written exam: one quiz and one Comprehensive Final exam on each lecture.</p>
	Pathology	B	<p>Nutrition and environment: lectures on nutrition, diet, exercise, and obesity and how they relate to disease and health maintenance.</p> <p>Assessment: written exam</p>
	Microbiology Virology	I	<p>Prevention, diagnosis and treatment of infectious diseases. Example: GI Overview / Nutrition, Bacterial Overgrowth Syndrome, Food Borne Illnesses Assessment: exams</p>
	Practice of Medicine	I	<p>Pathophysiology cases where students interview patients and focus on differential diagnosis building, basic science integration, and initial management issues. Cases that include components that have a preventive care or health maintenance aspect include peripheral vascular disease, acute coronary syndrome, pneumonia, peripheral neuropathy, diabetes mellitus, and anemia. Assessment: graded written H&Ps, an essay style mid-term exam, and a final oral examination.</p>
	Pharmacology	A	<p>Lectures on smoking cessation, obesity management, lipid management, control of hypertension, food-drug interactions, pharmacotherapy of mood disorders Assessment: Exam</p>
M3	Surgery	B	<p>preventive care with trauma injury prevention and postop hernia counseling in clinic with lift restrictions and clinic follow up Abnormal Processes: Health and health maintenance, Screening, Diagnosis, Management, Risks, Prognosis Assessment: Direct faculty observation / assessment of students</p>
	Transitions to Clerkships	I	<p>Skills workshops held on wound care covers basic care of a wound and proper dressings. A skills station held on living the life of a diabetic educates students on presenting life style changes to patients, delivering insulin, checking sugars, nutrition, etc. Assessment: demonstration at skill station OB/GYN preventive care is covered with a brief lecture, followed by simulated pelvic & breast exams (assessment).</p>

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Family Medicine	A	-Lectures on Smoking Cessation, Health Care Reform. Smoking cessation often addressed/assessed with Behavioral Change Assessment -fmCASES on Female and Male Preventative Health Maintenance. Assessed on written exam
Pediatrics	B	Health Promotion/health maintenance/Disease Prevention/Wellness [Pulmonology / Febrile Infant / HPS Session I]
Psychiatry	A	These are covered in the various lectures on Mood Disorders, Psychotic Disorders, Anxiety Disorders, and Alcohol and Drugs Disorders. These are also covered informally on the various inpatient psychiatric units at Woodridge Hospital and VAMC. Assessment: Final Oral Examination, informally on service rounds at Woodridge Hospital and VAMC.
Internal Medicine		Preventive care is emphasized in the noon lectures. They also address preventive measures during hospitalizations and frequently address immunization status as part of H and P and implement necessary updates to the immunization status. They also address preventive measures during discharge planning and address patient safety measures like medicine reconciliation with the Internal medicine team. Assessment: Quiz sessions include preventive topics like travel medicine and immunizations.
OB/GYN	A	Preventive care for women of all ages is emphasized on the clerkship, including screenings for breast, cervical, endometrial, vulvar, vaginal, and colon cancers; screenings for hypertension, diabetes, dyslipidemia, and thyroid disorders; screenings for obesity, physical inactivity and poor nutrition; screenings for urinary and fecal incontinence, sexual dysfunction, sexually transmitted infections, drug, alcohol, tobacco abuse, depression, mood disorders, intimate partner violence, and familial cancer syndromes. This material is covered in didactic and in the clinic. Assessment: Direct observation (through the observed H&P) and through the oral and written examinations.

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Outcome Data: AAMC Graduation Questionnaire:

2016 Medical School Graduation Questionnaire

9. How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?

Note: Respondents had the option to select "Not applicable"; these data are not included in the report calculations and counts. (Continued)

		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
Immunology						
All Medical Schools	2016	3.6	15.8	45.8	34.8	14,831
East Tennessee-Quillen	2016	0.0	3.6	14.3	82.1	56
East Tennessee-Quillen	2015	0.0	3.0	16.4	80.6	67
East Tennessee-Quillen	2014	0.0	1.5	49.2	49.2	65
East Tennessee-Quillen	2013	0.0	8.8	42.1	49.1	57
East Tennessee-Quillen	2012	0.0	2.3	23.3	74.4	43
Introduction to Clinical Medicine/Introduction to the Patient						
All Medical Schools	2016	1.8	6.9	29.9	61.4	14,712
East Tennessee-Quillen	2016	0.0	1.9	32.7	65.4	52
East Tennessee-Quillen	2015	1.5	6.2	36.9	55.4	65
East Tennessee-Quillen	2014	1.6	11.1	34.9	52.4	63
East Tennessee-Quillen	2013	0.0	9.1	32.7	58.2	55
East Tennessee-Quillen	2012	0.0	2.6	25.6	71.8	39
Microanatomy/Histology						
All Medical Schools	2016	6.0	20.7	43.0	30.2	14,800
East Tennessee-Quillen	2016	1.8	8.9	46.4	42.9	56
East Tennessee-Quillen	2015	3.0	16.4	43.3	37.3	67
East Tennessee-Quillen	2014	0.0	10.6	54.5	34.8	66
East Tennessee-Quillen	2013	7.0	17.5	54.4	21.1	57
East Tennessee-Quillen	2012	2.3	11.6	37.2	48.8	43
Microbiology						
All Medical Schools	2016	4.0	13.1	41.0	41.9	14,866
East Tennessee-Quillen	2016	0.0	3.6	8.9	87.5	56
East Tennessee-Quillen	2015	0.0	1.5	23.5	75.0	68
East Tennessee-Quillen	2014	0.0	4.5	31.8	63.6	66
East Tennessee-Quillen	2013	0.0	10.7	33.9	55.4	56
East Tennessee-Quillen	2012	2.3	9.3	34.9	53.5	43
Neuroscience						
All Medical Schools	2016	3.4	11.7	38.3	46.5	14,883
East Tennessee-Quillen	2016	17.9	26.8	28.6	26.8	56
East Tennessee-Quillen	2015	22.1	35.3	32.4	10.3	68
East Tennessee-Quillen	2014	40.0	38.5	13.8	7.7	65
East Tennessee-Quillen	2013	19.6	25.0	39.3	16.1	56
East Tennessee-Quillen	2012	9.3	23.3	41.9	25.6	43
Pathology						
All Medical Schools	2016	2.5	10.7	39.3	47.5	14,833
East Tennessee-Quillen	2016	1.8	7.1	41.1	50.0	56
East Tennessee-Quillen	2015	2.9	17.6	41.2	38.2	68
East Tennessee-Quillen	2014	0.0	12.1	33.3	54.5	66
East Tennessee-Quillen	2013	1.8	19.3	43.9	35.1	57
East Tennessee-Quillen	2012	0.0	9.3	23.3	67.4	43

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		Percentage of Respondents Selecting Each Rating				
		Poor	Fair	Good	Excellent	Count
Pharmacology						
All Medical Schools	2016	6.3	16.1	39.6	38.1	14,905
East Tennessee-Quillen	2016	0.0	5.4	21.4	73.2	58
East Tennessee-Quillen	2015	0.0	4.4	29.4	66.2	68
East Tennessee-Quillen	2014	3.1	4.6	23.1	69.2	65
East Tennessee-Quillen	2013	0.0	5.3	47.4	47.4	57
East Tennessee-Quillen	2012	2.3	4.7	34.9	58.1	43
Physiology						
All Medical Schools	2016	1.6	7.5	37.1	53.8	14,842
East Tennessee-Quillen	2016	0.0	5.4	35.7	58.9	58
East Tennessee-Quillen	2015	1.5	4.5	38.8	55.2	67
East Tennessee-Quillen	2014	0.0	13.6	43.9	42.4	66
East Tennessee-Quillen	2013	1.8	14.0	52.6	31.6	57
East Tennessee-Quillen	2012	0.0	4.7	44.2	51.2	43
Behavioral science						
All Medical Schools	2016	2.4	12.1	44.0	41.5	14,737
East Tennessee-Quillen	2016	0.0	5.4	46.4	48.2	58
East Tennessee-Quillen	2015	0.0	9.0	40.3	50.7	67
East Tennessee-Quillen	2014	3.0	12.1	42.4	42.4	66
East Tennessee-Quillen	2013	0.0	10.5	59.6	29.8	57
East Tennessee-Quillen	2012	0.0	26.2	45.2	28.6	42
Pathophysiology of disease						
All Medical Schools	2016	1.1	5.0	34.2	59.7	14,719
East Tennessee-Quillen	2016	0.0	3.8	47.2	49.1	53
East Tennessee-Quillen	2015	4.9	3.3	36.1	55.7	61
East Tennessee-Quillen	2014	0.0	3.4	44.1	52.5	59
East Tennessee-Quillen	2013	0.0	5.6	53.7	40.7	54
East Tennessee-Quillen	2012	0.0	2.7	37.8	59.5	37

LCME Document Collection Instrument (CDI):

Table 7.2-1 General Medical Education				
Provide data from the independent student analysis on the percentage of students in each class who were satisfied with the adequacy of their education in the following content areas.				
	Year/Phase One	Year/Phase Two	Year/Phase Three	Year/Phase Four
Education to diagnose disease				
Education to manage disease				
Education in disease prevention				
Education in health maintenance				

Curricular Changes related to topic: None

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National Standards, Article(s) and/or models for curricular topic / content:

[AAMC's Public Health and Medical Education](#) Identifies models for preventive care

[The Regional Medicine-Public Health Education Centers \(RMPHECs\)](#) are a collaborative effort of the Association of American Medical Colleges and the Centers for Disease Control and Prevention to improve population health, public health, and prevention education for medical students and residents. [Medical student competencies](#) to contribute to **improving the health and health care** for defined populations.

[Integration of Public Health \[includes preventive health\] Into Medical Education](#)

[American College of Preventive Medicine](#)

AAFP http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint267_Health.pdf