Why a Clinical Prevention and Population Health Curriculum Framework?

Richard K. Riegelman, MD, PhD, Clyde H. Evans, PhD, David R. Garr, MD

The accompanying article[1] describes the Clinical Prevention and Population Health Curriculum Framework (Framework), unanimously approved by the Healthy People Curriculum Task Force representing seven clinical health professions. The Task Force was convened by the Association of Teachers of Preventive Medicine and the Association of Academic Health Centers with support from the Department of Health and Human Services' Office of Disease Prevention and Health Promotion and Health Resources and Services Administration. It represents a unique collaborative effort aimed at developing a common framework and common strategy for improving clinical health professional education.

To understand the construction of this document, its selection of content, and its future potential, it is important to appreciate the strategy and goals behind its development. The required level of core content in this area was assumed to be similar enough across key health professions that a common curriculum framework could be developed while still allowing each profession to tailor its own curriculum.

The goal of the Framework is to provide a structure for (1) communication and collaboration within and among health professions, (2) organizing curriculum, and (3) monitoring curriculum. A consistent title and common terminology were considered essential to facilitate communication among the professions. It is strongly recommended that all participating clinical health professions adopt the terminology "clinical prevention and population health" to describe this content area. It is also recommended that the four components be called evidence base for practice, clinical preventive services–health promotion, health systems and health policy, and community aspects of practice.

The four components of the Framework are designed to provide a common structure for the curriculum. The 19 domains organized under these four components serve as a checklist for monitoring curriculum and potentially for ensuring that students' knowledge is appropriately examined using standardized testing methods.

A number of compromises were inherent in the process of developing the Framework. The first compromise was between incorporating the Framework content into the overall curriculum versus teaching the materials as discrete courses. The Framework encourages inclusion of components of the Framework throughout the degree program, but also stresses the need for integration and synthesis of the materials near the end of the health professional degree program using case studies, experiential learning, or other active participation teaching methods.

A second compromise was between providing basic knowledge and skills and providing an introduction to more advanced or specialized content areas. Basic knowledge and skills are emphasized. Introductions to selected issues relevant to all health professionals such as health policy, global health, and environmental health are included in the Framework. Hard choices were made to ensure that the curriculum is realistic and acceptable to the participating clinical health professions. It was decided to exclude other important but more specialized curricula such as leadership skills, administrative knowledge, and program planning and evaluation.

Finally, it was recognized that there are limitations in the ability to create a common curriculum framework. Thus, the Task Force intentionally avoided recommendations regarding the number of curriculum hours as well as the specific methods for instruction or testing.

Despite some inherent limitations, the Clinical Prevention and Population Health Curriculum Framework is expected to serve as a vehicle for communication, organization, and monitoring of curricula. It is a work in progress that is intended for ongoing discussion and revision. We invite the readership of the *American Journal of Preventive Medicine* to actively participate in this process.

The collaboration among health professions demonstrated in the development of the Framework will hopefully mark the beginning of a continuing effort to make clinical prevention and population health a central feature of clinical health professional education and an opportunity for interprofessional education.

From the George Washington University School of Public Health and Health Services (Riegelman), and American Network of Health Promoting Universities Association of Academic Health Centers (Evans), Washington, DC; and Medical University of South Carolina (Garr), Charleston, South Carolina

Address correspondence to: Richard Riegelman, MD, PhD, George Washington University School of Public Health and Health Services, #119, 2300 Eye Street NW, Washington DC 20037. E-mail: sphrkr@gwumc.edu.

Reference

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