



**CENTER FOR  
PRIMARY CARE**  
HARVARD MEDICAL SCHOOL

# **Student Leadership Committee**

## **2017-2018 Annual Report**



*August 2018*

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## **Executive Summary**

Dear Readers,

In this Annual Report, we proudly present the work of the 2017-2018 Student Leadership Committee (SLC) of the Harvard Medical School Center for Primary Care. The SLC operates as the student arm of the Center, building a student-led primary care community while working with students and faculty to advance the mission of the Center.

This was the SLC's largest and most interdisciplinary year to date, with 34 members from Harvard Medical School, MGH Institute of Health Professions (Physician Assistant, Nurse Practitioner, and Nursing programs), Harvard School of Public Health, Harvard Business School, and Harvard Kennedy School of Government.

This year's SLC featured five teams continuing from the 2016-2017 term: Advocacy, Communications & Narrative Medicine, Community Health, Innovations, and Medical Education. All teams were interdisciplinary.

The SLC Teams continued to tackle groundbreaking projects. The Communications & Narrative Medicine team conceived of a large-scale community arts project, "Boston Resilient," featuring everyday heroes of the opioid epidemic. The Community Health team continued operating its innovative learning series, Community Health in Action, to create community health learning opportunities for students and pursued conversations to move this series into the permanent Harvard Medical School MD program curriculum and embarked on a longitudinal partnership with Primary Care Progress by participating in the Catalyst program. The Advocacy team hosted a gun violence op-ed contest and recorded a podcast in conjunction with [RoS podcast](#). The Innovations team contributed to a novel research project evaluating the evidence base behind ever-more-prevalent quality metrics. The Medical Education team designed and implemented a survey of HMS students to evaluate whether current training equips students with evidence-based competencies in primary care.

The SLC continued to enhance its training of future leaders in primary care. This year, the SLC incorporated experts from within the SLC members as well as Center staff and faculty into its leadership training sessions. The SLC continued to foster primary care scholarship, sponsoring six students to attend primary care-related conference opportunities with four poster presentations at national conferences resulting from this generous and unique source of support.

As a whole, the SLC continued to build a strong community within itself while helping grow the primary care community in Boston. The SLC continued its annual tradition of hosting the 6th Annual Fall Primary Care Reception and opened its flagship experiential learning opportunities, the annual Washington, DC trip and a new trip to Navajo Nation, to eligible students in both of our MGH IHP and HMS communities. We are proud to have contributed to this community, and we hope you enjoy learning more about our work through this report.

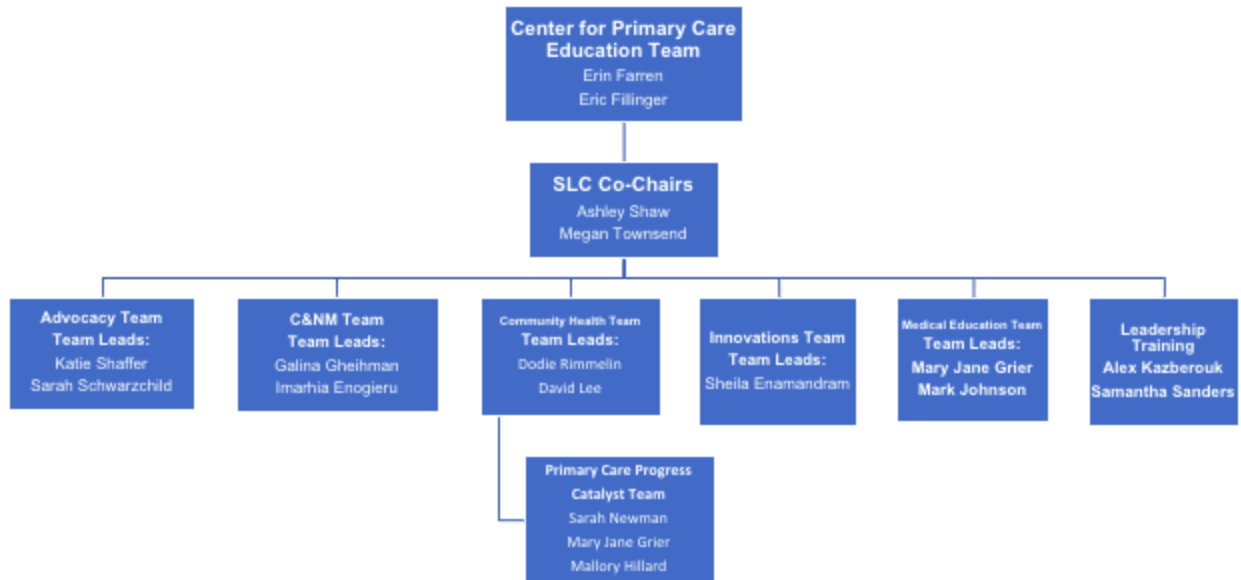
Sincerely,

Ashley Shaw and Megan Townsend  
Co-Leaders of the 2017-2018 Student Leadership Committee

## Our Teams

Name	School Affiliation(s)	Degree Program and Year
<b>Advocacy</b>		
Katie Shaffer	Harvard Medical School	MS1
Sylvia Brandenburg	MGH Institute of Health Professions	PA3
Alana Scheibe	MGH Institute of Health Professions	NP2
Sarah Schwarzchild	MGH Institute of Health Professions	NP2
Jonathan Fried	Harvard Medical School	MS3
Vihang Nakhate	Harvard Medical School	MS3
Lisa Ngu	MGH Institute of Health Professions	NP3
<b>Medical Education</b>		
Mark Johnson	University of Minnesota Medical School, Harvard Medical School	MS4/MMSc Medical Education
Jenna Levesque	MGH Institute of Health Professions	Adult Primary NP3
Deyang Nyandak	Harvard Medical School	MS4
Mary Jane Grier	MGH Institute of Health Professions	Pediatrics NP3
Helen Jack	Harvard Medical School	MS4
<b>Community Health</b>		
David Lee	Harvard Medical School, Harvard T.H. Chan School of Public Health	MS4, MD/MMSc-GHD, 6th year
Mallory Hillard	MGH Institute of Health Professions	NP3, AGPCNP (MGH-IHP)
Sarah Newman	MGH Institute of Health Professions	NP3, AGPCNP (MGH-IHP)
Dodie Rimmelin	Harvard Medical School, Harvard T.H. Chan School of Public Health	MS4, MD/MPH
Hema Pingali	Harvard Medical School	MS1
Rohit Abraham	Michigan State University College of Human Medicine, Harvard T.H. Chan School of Public Health	MS4, MD/MPH
Tiantian White	Harvard Medical School	MS1
Lena Ismail	MGH Institute of Health Professions	NP2
Emily Thatcher	MGH Institute of Health Professions	PA2
<b>Innovations</b>		
Sheila Enamamdram	Harvard Medical School, Harvard Business School	MS4, MD/MBA
Jordan Anderson	Harvard Medical School	MS4
<b>Communications &amp; Narrative Medicine</b>		
Galina Gheihman	Harvard Medical School	MS3
Mimi Yen Li	Harvard Medical School	MS1
Evgeniya Larionova	MGH Institute of Health Professions	NP3, Family Nurse Practitioner
Imarhia Enogieru	Harvard Medical School	MS4
Katherine Kester	Harvard Medical School	MS1
<b>Leadership Training</b>		
Samantha Sanders	Harvard Medical School, Harvard Business School	MS3, MD/MBA
Alexander Kazberouk	Harvard Medical School, Harvard Business School	MS4, MD/MBA

## Organizational Structure<sup>1</sup>



Each Team has 1-2 Team Leads and 2 to 9 team members with monthly internal meetings, working towards a core set of projects for the year. Some Teams also encompass sub-Teams which in turn have 1-2 Team Leads, such as the Primary Care Progress Catalyst Team under the Community Health Team umbrella. Teams often recruit students from the broader community of health professions students on a project-by-project basis. All meetings and events organized by a Team are open to the full SLC and are almost always open to the broader community of health professions students from HMS and MGH IHP. Teams often collaborate on shared projects so that several students are involved on projects across multiple Teams.

The full SLC comes together for monthly meetings which include announcements, Team project updates, primary care leadership trainings, cross-team collaboration, and SLC-wide brainstorming discussions. There are also multiple SLC-wide social and professional events occurring throughout the year.

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<sup>1</sup> Adapted from Andreas Mitchell & Alexander Kazberouk, 2016-2017 SLC Annual Report

The SLC also maintains close contact with the Center, primarily through Eric Fillinger, the Center's liaison to the SLC. SLC co-chairs also meet regularly with Center leadership and ensure continued alignment of SLC and Center efforts.

### **Mission & Vision**

This year, the SLC Co-Chairs emerged with three pillars for re-interpreting the vision behind the SLC's long-standing mission:

***“The mission of the Center for Primary Care Student Leadership Committee is to empower and train students to become leaders in primary care practice, education, research, advocacy, and community engagement.”***

The Co-Leaders presented the three below pillars to the SLC teams who in turn were invited to respond to them in forming their Team missions:

- 1. Expand professional opportunities for SLC members and primary care interested students at HMS and MGH IHP through opportunities for 1) Mentorship, 2) Research and Dissemination, and 3) Travel and conference attendance.***
- 2. Recommit to serving Boston's underserved communities through SLC Team projects and programming.***
- 3. Maintain and expand a positive culture of primary care interest and innovation at HMS and MGH IHP by supporting committee-driven programming.***

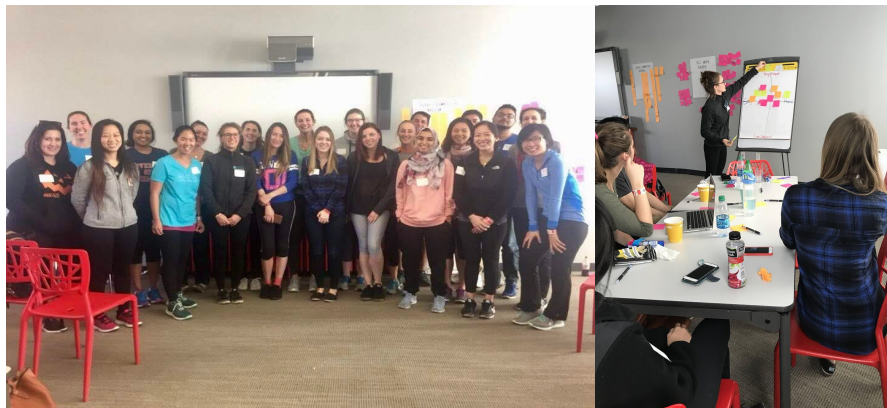
## **SLC-Wide Events**

### **1. Fall Primary Care Reception**

The SLC hosted an opening dinner for the year and invited faculty, residents, and students to join in a celebration of our Harvard Primary Care community. Dr. Katherine Miller delivered our keynote for the year, speaking about the fulfillment she finds in her practice of community-based family medicine. Dr. Omar Amir from the MGH Rural Health Leadership Fellowship spoke about his commitment to providing primary care in underserved communities and most specifically his work with the Rosebud Reservation in South Dakota.



### **2. SLC Retreat at Boda Borg, Malden**



The SLC welcomed its new members with a day retreat after the completion of the Fall 2018 SLC Recruitment cycle. Members spent the morning working setting goals for the semester, discussing group norms, and brainstorming potential projects. After lunch, the group separated into committees to complete group challenge exercises at Boda Borg.



Through a series of “Escape the Room” type activities, group members had fun learning more about each other and solving complex problems together.

### 3. SLC Spring PlantNite

A core goal of the SLC is to create a community of support and mentorship for students interested in primary care at Harvard. As part of achieving this goal, the SLC hosted periodic social events for members. Our largest social event was a Plant Nite on April 6, 2018. The SLC invited members and their partners to eat dinner together and create plant terrariums during an evening of fun at the Green Briar Pub in Brighton, MA.





#### 4. HMS Revisit

Every year HMS hosts a weekend of activities for newly admitted students, and the SLC again hosted a panel for students interested in primary care as part of Revisit's official programming. The panel included SLC students from multiple levels of training and provided advice and information on primary in general as well as primary care at Harvard. The SLC also hosted an open house at the Center for Primary Care that featured interactive clinical skills stations as well as an introduction to primary care research and innovation opportunities.



## **SLC Scholarship**

### **SLC-Related Poster and Abstract Presentations**

1. Chen L, Johnson M, Chiappa S, Hill V, Goodell K, Inzana R. Student Self-Assessment of Interprofessional Competencies in a Case-Based Interdisciplinary Workshop. Poster session presented at: Primary Care 2020: HMS Center for Primary Care Innovations Conference. 2017 Oct 10; Boston, MA.
2. Rimmelin D, Lee D. [Community Health in Action \(CHiA\): A Pilot Experience-Based Educational Series in Community Health Education for Medical and Health Professional Students](#). Poster session presented at: Primary Care 2020: HMS Center for Primary Care Innovations Conference. 2017 Oct 10; Boston, MA.
3. Chen L, Johnson M, Chiappa S, Hill V, Goodell K, Inzana R. Student Self-Assessment of Interprofessional Competencies in a Case-Based Interdisciplinary Workshop. Poster session presented at: Harvard Medical School Academy Medical Education Day. 2017 Oct 24; Boston, MA.
4. Mitchell A, Reiger S, Brandenburg S, Kusner J, Warren K, Duarte M, Delgado D, Gottlieb B, Kenney B. Results of a Voter Registration Intervention at a Community Health Center in Boston, Massachusetts. Poster session presented at: Society of Internal General Medicine National Meeting. 2018 Apr 11-14. Denver, CO.

### **SLC Conference & Travel Grant Awardees**

1. Katherine Warren (Advocacy) & Mark Johnson (Medical Education) for the Gregg Stracks Primary Care Progress Annual Meeting, Minneapolis, August 18-20, 2017
2. Galina Gheihman (C&NM) for the Association of American Medical Colleges Annual Annual Meeting :Learn, Serve, Lead”, November 3-7, Boston, MA
3. Dodie Rimmelin (C&NM) for the Beyond Flexner Alliance Annual Meeting, Atlanta, GA, April 9-11, 2018
4. Andreas Mitchell (SLC Co-Chair Emeritus, Advocacy) & Sylvia Brandenburg (Advocacy) for the Society of General Internal Medicine National Meeting, Denver, CO, April 11-14, 2018

### **SLC Supported Gun Violence Opinion Pieces Published in Spring 2018**

1. 1) "Do We Love Guns More than Children" - Mike Rose, University of Minnesota MS4, HSPH 2018 graduate, piece published online on Fargo Forum  
<http://www.inforum.com/opinion/columns/4450601-rose-do-we-love-ducks-more-we-love-children>
2. "Arming doctors with a tool to save lives"- Alexander Pomerantz and Suhas Gondi (both HMS class of 2021), piece published online in Commonwealth Magazine.  
<https://commonwealthmagazine.org/opinion/arming-doctors-with-a-tool-to-save-lives/>
3. "Can the Free Market Help Prevent Another Stoneman Douglas?" -Dara Khatib, piece published on RealClearPolicy  
[https://www.realclearpolicy.com/articles/2018/03/28/can\\_the\\_free\\_market\\_help\\_prevent\\_another\\_stoneman\\_douglas\\_110566.html](https://www.realclearpolicy.com/articles/2018/03/28/can_the_free_market_help_prevent_another_stoneman_douglas_110566.html)
4. Team recorded a *Review of Systems Podcast* episode that can be found at  
<https://primarycare.hms.harvard.edu/rospod/ros-gun-violence-as-a-public-health-issue-health-professionals-as-advocates/> to recap the contest and examine the role of health care providers as public advocates

## **3rd Annual SLC Trip to Washington, DC**

### ***Report by Alana Scheibe***

SLC Chairs: Alana Scheibe & Jonathan Fried  
With Gratitude to Dr. Quyen Ngo-Metzger

This past March, seven SLC members had the opportunity to visit D.C. and meet with agencies who are improving the access and quality of primary care in our country. The trip focused on how these agencies are working together to improve the quality and delivery of primary care to reduce health disparities in underserved populations. The first day was spent visiting the various D.C monuments and Smithsonian museums, including the new African American History Museum and National Portrait Gallery. On Monday, SLC had the opportunity to meet with individuals at the Robert Graham Center, which aims to improve individual and population healthcare by incorporating family medicine and primary care perspectives into health policy deliberations. We also met with Dr. Carrie Klabunde, the senior advisor at National Institute of Health's Office of Disease Prevention (NIH ODP), and four other significant women to learn about how their office is working to improve preventative health services. That afternoon, we met with Dr. Quyen Ngo-Metzger, the director of the U.S. Preventive Task Force (USPSTF) and other officials from the Department of Health and Human Services (HRSA), Agency for Healthcare Research and Policy (AHRQ), and Substance Abuse and Mental Health Administrative Services (SAMHSA) to hear about how each of their agencies is working to reduce health disparities in primary care delivery. At that meeting, we also got a chance to hear from the Chief Medical Officer of Indian Health Services, Capt. Dr. Michael Toedt. On Tuesday, SLC met with Dr. Barry Kramer from the National Cancer Institute (NCI) before our final meeting with officials at Privia Health to learn about their unique approach to clinically integrated primary care delivery. Although the impactful meetings and networking were the focus of the trip, SLC had a great time learning and bonding together in our nation's capital.



## **Inaugural SLC Navajo Nation Trip**

SLC Chairs: Mimi Yen Li, Tian Tian White, and Megan Townsend  
With Gratitude to Dr. Sara Selig

### **Overview**

In winter 2017, three current members of the SLC started planning for the inaugural Center for Primary Care 5-day student trip to the Navajo Nation under the guidance of Dr. Sara Selig, a Center faculty who also serves as the Associate Director for the Community Outreach and Patient Empowerment (COPE) Program. With input from Dr. Selig, Center staff, as well as our community partners from COPE, the trip organizers formulated goals and agenda for the trip, recruited 8 students from HMS, HSDM, and MGH-IHP, and completed team orientation in May 2018. The main objective of the trip is to provide an inter-professional learning opportunity for students to gain more exposure to primary care delivery in rural underserved settings and inspire students to become future leaders in this field.

### **Trip Goals**

1. To create opportunities for future healthcare professionals to gain a deeper understanding of the models of primary and preventive care delivery in a rural underserved setting
2. To provide health professional students an opportunity to delve into the history and culture of Navajo Nation and explore how historical, political, social, and other structural contexts play into how healthcare is provided in the Navajo Nation
3. To provide an overview of the key players in the healthcare ecosystem in Navajo Nation and how they fit/or not fit together in working towards better health for the Navajo people
4. To encourage health professional students to consider a potential career in working with rural underserved populations while providing a balanced perspective on the real and complex challenges of working in such settings
5. To provide a select group of HMS, HSDM, and MGH IHP students a chance to bond at a deeper level and foster professional collaborations across disciplines

### **Recruitment**

To engage as many students as possible, organizers of the trip solicited applications from HMS, HSDM, and MGH-IHP. All students interested in learning more about Native health and primary care delivery in rural contexts are encouraged to apply. More than 40 applications were received from the three schools. Subsequent selection was made based on criteria including but not limited to demonstrated commitment to primary care, commitment to serving underserved communities, and compelling reasons to join the trip. Fifteen students were interviewed for the final round of selection and eight were selected. Students on the trip roster represent a diverse set of backgrounds and interests and included 5 current SLC members.



## Trip Activities

Trip participants started their time in Albuquerque with a stop by Deb Haaland's Congressional Campaign Office to learn more about local health policy issues and practice the advocacy skill of asking questions of elected and campaigning officials. After driving to Gallup, New Mexico, the group began its journey to learn more about primary health care delivery in rural and underserved environments. Along the way, the team visited with community health workers, health care providers, and community members in clinics, schools, and public events. The trip concluded with a final day of cultural immersion in Canyon de Chelly where the group learned more about the Navajo people's history in the Southwest and the religious and cultural traditions of the Canyon. Participants each contributed to a blog entry about activities during the trip which is to be published on the Center for Primary Care's website.



## **Leadership Training**

The SLC Co-Chairs developed a three-pronged approach to the SLC Leadership Training Curriculum this year and invited a larger group of stakeholders to be involved in planning and delivering trainings. Each session of the Leadership Training Curriculum was carefully developed for the audience of the 34 SLC members to be delivered over a period of 30-45 minutes during the monthly all-SLC meeting. All presenters were coached by returning Leadership Training Team member Samantha Sanders and Alexander Kazberouk, SLC Co-Chair Emeritus. Each Leadership Training session was also evaluated by SLC members immediately after the session.

The three prongs of our approach were:

1. Drawing on Center for Primary Care staff and faculty members' expertise for leadership skills training central to primary care
2. Drawing upon the diverse lived experiences of SLC members to encourage them to lead TED-style Talks
3. Leveraging SLC conference support for SLC members and other students by requiring them to "share their learning" by leading a session based on a conference presentation topic

### **SLC 2017-2018 Leadership Training Sessions (Color Coded to Match "Prong" Approach)**

**June 2017:** "Public Narrative" - Ashley Shaw

**July 2017:** "Setting "SMART" Leadership Goals" - Megan Townsend

**August 2017:** "Team Building" from the Primary Care Progress Gregg Stacks Leadership Conference by Katherine Warren & Resiliency by Galina Gheihman

**September 2017:** "Making Naloxone Rescue Part of Basic Life Support Training for Medical Students" by Helen Jack

**October 2017:** "Public Speaking" by Megan Prock, Center for Primary Care Director of Communications

**Retreat 2017:** "Lessons from the Rosebud Reservation and Indian Health Service" by Sylvia Brandenburg

**November 2017:** "Design Thinking" by Paola Abello, Center for Primary Care Director of Innovations

**December 2017:** "Being a leader versus being a boss: working as a technician on an interprofessional team" by Sarah Newman

**January 2018:** "Perspectives on Prison Health" by Sarah Schwarzschild & George Karandinos

**February 2018:** "Lean" by Erin Farren and Eric Fillinger, Center for Primary Care Education Team

**March 2018:** "VMTS" at the MFA with Galina Gheihman

**April 2018:** "Structured Problem Solving" by Samantha Sanders

**May 2018:** Ethical Reasoning in Medicine with Dr. Wes Boyd, HMS Faculty

## Advocacy Team

**Members:** Jonathan Fried, Lisa Ngu, Vihang Nikhate, Alana Scheibe, Sarah Schwarzschild, Katie Shaffer, Megan Townsend



*“Advocacy Team at our social at Trapology in April!”*

**Goals and Objectives:** The advocacy team’s goal is to lift up voices that are traditionally silenced in healthcare settings, and to work toward an inclusive and just healthcare system for all. As healthcare trainees, we understand we have much to learn about the communities around us, but also about how to be advocates for our patients. Our projects this year aimed to educate our peers about providing the best care to historically marginalized groups, and about how to use our voices to continue to create change throughout our careers.

### **Initiatives and Events:**

- **Resistance School:** Resistance School is an online curriculum that teaches community members how to mobilize and create change in their communities. Advocacy team gathered together several times throughout the fall and winter to watch and discuss Resistance School videos. We focused in particular on defining our personal advocacy narratives and communicating them effectively. As we move forward in our training, we hope that we can continue to practice the advocacy skills we began to develop with Resistance School.
- **Trauma Informed Care:** This year one of our goals was to create safer spaces for patients in healthcare environments, and spent time exploring the framework of trauma informed care. These efforts culminated in an inter professional “Perspectives in Primary Care” event, where we heard from physicians, social workers, nurse practitioners, and patients about best practices in trauma informed care.
- **FMC Devens Trip:** As another way to explore how we can help improve care for historically marginalized groups, Sarah Schwarzschild led a trip to FMC Devens to learn about healthcare for incarcerated persons.
- **Gun Violence Op-Ed Contest:** As gun violence continues to be a pressing issue in the United States, we wondered what we could do as healthcare trainees. We wanted to promote the idea of gun control as a health issue, and also provide an opportunity for our classmates to develop their voices as physician advocates. We held an op-ed contest with physician and journalist judges, with the hope of the winner and finalists being able to publish their pieces in local and national news outlets.



## **Community Health Team**

The Community Health Team led and contributed to three projects this year: ***The Community Health in Action (CHiA) Series; the Catalyst Project; and, the Carter Project.***

### **Community Health in Action (CHiA)**

#### **Team Members**

David Lee (HMS 2019); Dodie Rimmelin (HMS 2018); Emily Thatcher (MGH IHP 2018); Lena Ismail (MGH IHP 2019); Hema Pingali (HMS 2021); Tiantian White (HMS 2021); Daniel Mason (HMS 2020)

#### **Project Summary**

*Background:* As health professionals-in-training, we encounter patients with complex health needs that are inevitably influenced by a constellation of broader social factors. While we receive some topical exposure to the social determinants of health in our curricula, many students feel that they are left without expert guidance, diversity of experiences, and skills to actually engage in this work. The Community Health in Action (CHiA) Series was created in response to this need to understand the broader social context that influences our patients' health to enable us to provide more holistic and effective care. CHiA programs are organized so that health professional students at Harvard Medical School, MGH Institute of Healthcare Professionals, Harvard T.H. Chan School of Public Health and others can not only learn some of the skills required to address the broad spectrum of a patient's needs, but also have hands-on opportunities to engage with the greater Boston community and put those skills into practice.

#### *Objectives:*

1. To expose students to community groups and organizations addressing the spectrum of social determinants of health so they can learn from and work with these groups to better serve their patients.
2. To provide students with opportunities to learn about the experiences of various populations in the Boston community and to gain skills to address their health and social needs. □

#### *CHiA Workshops and Experiential Sessions 2017-2018:*

Core Series: The CHiA Core Series was introduced this year and was intended to provide students with a skills and theory-based foundation for work and research in and with the community. The co-facilitation of CHiA sessions, in which faculty/practitioners and students plan and teach the workshop together was also started this year.

- **Community Assets Mapping** (facilitated by Dr. Gottlieb)
- **Community Health Program Design** (facilitated by Dr. Gottlieb)
- **Community Health Program Evaluation** (co-facilitated by Dr. Gottlieb and Tiantian White)

Theme- and Special Population-Based Sessions: The topics and structure of these workshops are decided by students on the CHiA leadership team, based on their interests and on the evaluations received on in previous sessions where participants can express their ideas and interests for future topics.

- **Environmental Health and Community Advocacy Workshop** (The Poisoning of Ashland, MA: Environmentally-Related Cancer Clusters: a multimedia-based case discussion.) Facilitated by: Dr. Rose Goldman and Professor Richard Clapp, with student leaders Hema Pingali and the HMS Students for Environmental Awareness in Medicine Group.
- **Adolescent Health Workshop** (a skills-based workshop on interviewing adolescents, taught by adolescents.) Facilitated by: Adolescent Peer Educators from Boston Children's Hospital and Dr. Forman, with student leaders Hema Pingali and Mary Jane Grier.
- **Rural Health Weekend Trip:** (site visits to facilities in Central and Western Mass, including Heywood Hospital, Barre Family Health Center, the Franklin Recovery Center,

and a Dental Community Health Center. Facilitated by Dr. Steve Martin, with student leaders Hema Pingali and Dodie Rimmelin.

- **Immigrant Health, *upcoming*** (Immigration, Policy, Health and Community Organizing): Facilitated by Dr. Lara Jirmanus, with student leaders Daniel Mason and David Lee.

### **Research**

The CHiA team presented research posters at the Center for Primary Care Innovations Conference in the Fall of 2017 in Boston and at the Beyond Flexner Conference in the Spring of 2018 in Atlanta.

### **Future Plans**

The CHiA team will continue the workshop and experiential opportunities the coming year, including the Core Series and Theme- and Population-Based Series. We plan on introducing a certificate of completion to acknowledge students who have participated in many of the workshops and experiences. In addition, we look forward to continuing to develop faculty and student co-teaching models and expanding the workshop topics to new themes and populations in community health and social determinants of health.

## **Catalyst Project**

### **Team Members**

Sarah Newman, Mary Jane Grier, Mallory Hillard, Lena Ismail, Tiantian White, Hema Pingali, Jenna Levesque

### **Project Summary**

*Goals:* This chapter's project began in September 2017 and has a two year timeline.

The project has students use a Community Health Needs Assessment (CHNA) created by a local hospital to identify the needs of our community, and then create an intervention to improve patient care/outcomes.

The Catalyst Project is part of a large national group directed by Primary Care Progress (PCP) and HMS sponsors our local chapter. PCP provides the timeline, deadlines, deliverables, and professional training for group members. A student from PCP consultant coach acts as a team resource and liaison to PCP for questions and concerns. From the HMS side, a faculty liaison supports our team work, provides connections to the hospital, and facilitates project progress.

*Mission Statement:* The Center for Primary Care Student Leadership Committee is passionate about interdisciplinary collaboration, where team members bring diverse perspectives and experiences. Our goal-oriented interventions will have a sustainable impact on community members' health resulting in culturally compassionate changes.

### *Objectives and Accomplishments:*

1. Team launch toolkit including establishing the team mission statement, norms, roles, expectations, and completion of 5dynamics (results from a questionnaire completed each member was put into a visual, reflecting team members approach to projects).

Objective: students should experience the process of team creation, understand team dynamics, and how different personalities make a team stronger.

2. Evaluation of CHNA - our team considered any CHNA produced by the Boston area hospitals, eventually deciding to use the Brigham and Women's Hospital (BWH) CHNA.

Objective: students read CHNA created by hospitals, learn to navigate components of CHNAs, and decide which 3 needs identified by the CHNA align with team member interests.

3. While the CHNA identifies many needs in the community, it is important to interview stake holders to determine if their perception of the community needs were reflected in the CHNA. Team members initiated contact with the BWH CHNA authors for interview.



Objective: students experience and learn the process of working with a hospital organization. Students practice interviewing skills.

- in this phase, our team met some resistance from the CHNA authors. Additional meetings between PCP, our faculty liaison, and the BWH CHNA authors to explain the student learning process includes performing interviews and then creating an intervention.

4. Interviews with additional BHW CHNA stakeholders are in progress.

5. Team leaders prepared for transition with four members graduating, the replacement with one team member, maintaining multidisciplinary representation.

6. The future of Catalyst? Once stakeholder interviews are complete, Catalyst members will consider their individual interests, the CHNA identified community needs, and stakeholders identified community needs to determine which need will be addressed with a created intervention. Students will then create and implement an intervention to improve the health of community members.

*Specific team leadership trainings included:*

- 5dynamics
- CHNA analysis
- Primary contact interview skills
- Leadership transitions
- Stakeholder mapping

## **Carter Project**

### **Team Member**

Rohit Abraham

### **Project Summary**

The Carter Project is an initiative to create a new role for community health workers (CHWs) in high-risk care management. As a sort of "public health EMS," such specialized CHWs would perform home visits to target patients with medical and psychiatric comorbidities to address their primary care needs before they escalate to ED visits. This year, we wrote a literature review and conducted stakeholder analysis through focus groups of local CHWs and key informant interviews with mental health providers. By the end of the summer, we will submit a PCORI grant to fund the coming implementation of these specialized CHWs in Boston area ACOs.

## **Communications & Narrative Medicine Team**

### **Roster:**

Galina Gheihman (Team Leader), Katie Kester, Evgeniya Larionova, and Mimi Yen Li  
Summer Team: Imarhia Enogieru (Summer Captain), Katherine Warren, Sandhira Wijayaratne

### **Team Photos:**

The CN&M Team plans out our year, then prepares to take on the challenges at Boda Borg! (SLC Retreat, October 2017)

**Vision & Mission:** The ability to tell meaningful human stories and communicate effectively through writing is essential to primary care leadership. Through medical humanities workshops and creative narrative medicine projects the Communications and Narrative Medicine Team aims to foster the leadership development of our team, use storytelling to showcase the strengths of our communities, and inspire students to see the important role of humanities in medicine.



**Goals & Objectives:** We will take a three-tiered approach to achieve our aims. We will begin with ourselves (Third Thing reflections at team monthly meetings), then expand trainings to our internal community (skills-based workshops and writing opportunities for SLC members, HMS, and MGH-IHP students), and finally reach out to our wider external community in Boston (through collaborations, publications, and an outside-facing creative narrative medicine project).

## Initiatives and Events

### Boston Resilient

The Communications and Narrative Medicine Committee has begun a year-long project titled Resilient: Narratives of Hope Amidst Boston's Opioid Epidemic, a collection of photo portraits and stories from the people of Boston whose lives have been touched by the opioid epidemic. Through their words, this exhibit explores the complex medical, policy, and societal challenges posed by the opioid crisis. While the predominant discourse of the epidemic has been one of disconnection and disarray, this exhibit serves to showcase and celebrate the powerful ways our own Boston community is coming together to tackle the many facets of this epidemic. We hope this project will capture the narrative of hope that parallels the narrative of tragedy the opioid crisis has brought to our community. The individuals, family members, doctors, lawmakers, and advocates featured in this project are all finding ways to bring awareness, hope, and understanding to one of our country's most stigmatized health conditions.

Opening our eyes and ears to the faces and voices of the opioid epidemic is the first step to understanding how we can move forward from here. While this project recognizes the progress our community has made in addressing the opioid crisis, there is still much more we need to do. The opioid epidemic has torn apart our community, but it is up to us to heal it. Together.

We will be collecting ~60 portraits and interviews and curate a life-sized poster to be displayed publicly in the Boston area in September for National Recovery Month.

- We recruited a project co-lead and coordinator, Joyce Zhou (HMS MS1). We assembled and trained a team of 28 students, including 17 interviewers, 6 photographers, and 5 interviewer-photographers from HMS, Harvard College, and MGH-IHP. We are also working with an animator who is interesting in animating stories from our interviews.
- We currently have 21 interviews underway and many more coming up over the summer of 2018. Our interviewees include physicians at the forefront of addiction medicine, Massachusetts's leading legislators, inspiring advocates heading grassroots organizations, and people who are actively using and who are in recovery.
- Advisers include Dr. David Jones (Department of Global Health and Social Medicine at HMS. His work has revolved around history & medicine and bringing humanities and medicine together) and Dr. Arlene Katz (Department of Global Health and Social Medicine at HMS and teaches at the Cambridge Health Alliance. Her work focuses on cross-cultural care, reflective practice, and understanding human experience).
- Collaborations: We connected with the [Institute for Healthcare Improvement](#), a Boston-based non-profit organization that maintains an enormous network of students and professionals across the US working on healthcare improvement measures. We are working together to determine whether there are ways for us to grow Boston Resilient beyond the Boston community and across the US.
- Launch: The project launch is being supported by the Center for Primary Care as well as the Brigham and Women's Hospital, who has offered to support a public launch and display of the project to coincide with "Recovery Month" activities in September 2018.

### Narrative Medicine Workshops

This past year, we hosted several workshops designed to show the connection between medicine and the humanities. Workshops from this past year included:

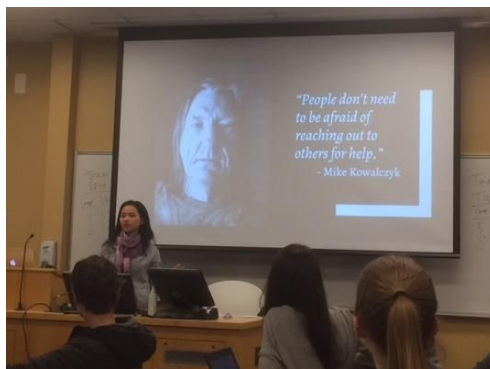
- **Poetry Slam: Hidden Truths:** We collaborated with the Office for Diversity, Inclusion, and Community Partnerships to co-host an open-microphone poetry slam for HMS students. Team members Evgeniya Larionova and Galina Gheihman made their debut!

- **Getting Beyond the Draft: Tips for Editing Your Medical Writing with Dr. Suzanne Koven:** MGH primary care doctor and renowned writer, Dr. Suzanne Koven, shared with us her writing tips for taking a piece from “draft to final product”.
- **Oral Storytelling with Ellis Avery:** We collaborated with the Arts and Humanities Initiative at HMS to host a workshop with MGH-IHP student Ellis Avery on her studies in narrative medicine. Workshop participants shared meaningful clinical stories.
- **Beyond the Clinical Interview: How Listening to Patient’s Stories Can Inform Our Work as Clinicians and Advocates:** Second year HMS student Shyam Akula shared his work on a project to audio record people’s life stories. We learned from him how biographical interviewing skills could inform our work as future clinicians and advocates.
- **Sharing Your Story in Medicine: Medical Journalism with Dr. Jennifer Okwerekwu:** Dr. Jennifer Okwerekwu, a second-year resident in psychiatry at CHA, writes about her experiences as a physician in a regular column for STAT News. Dr. Okwerekwu taught us to use personal writing as a tool for advocacy and social justice.
- **Anatomy of a Code Blue with Dr. Samuel Slavin:** Dr. Samuel Slavin, a current first year resident in internal medicine at MGH, spoke about his experience creating an audio documentary about a code blue in the hospital. By using an audio documentary format, he was able to more fully capture the experience of illness through the voices of those on the frontlines of healthcare, including patients, families and a diverse range of hospital staff.
- **Visual Thinking Strategies at the MFA:** Third year HMS student and C&NM team leader, Galina Gheihman, led a workshop for the SLC at the Museum of Fine Arts on Visual Thinking Strategies. Galina led a tour of the museum and taught us to look at art and medicine in a new way, illustrating the importance of observation in critical thinking.
- **Gratitude and Reflections Evening:** We collaborated with the Student Wellness Initiative to offer the opportunity for students to create art and reflect on their experiences thus far in medical school. We offered a range of arts supplies and materials that students could use to create, reflect, and give thanks for their time as medical students thus far.
- **Professional Development Week Workshop with Dr. Susan Koven:** Given the popularity of Dr. Koven’s first workshop, we invited her back for a session during the first year class’ PDW week, representing our first foray into the formal HMS curriculum.

**Other achievements and cross-SLC collaborations:**

- We supported the Advocacy Team in developing and running the first annual **SLC Op-Ed Contest**, focused on the issue of Gun Violence in the US
- We continued to publish pieces on the SLC Blog, *Primary Care Considered*, including three pieces in a new series entitled *Faces of Community Medicine* and a forthcoming piece on community health at HMS in collaboration with the Community Health Team
- We developed a survey tool to assess the impact of our workshops and hope to continue to evaluate the quality of our workshops and continuously improve them

**Additional Photos:**



CN&M member and project lead Mimi introduces the SLC to Boston Resilient (February 2018)



SLC members attend leadership training in *Visual Thinking Strategies* (MFA, March 2018).

## **Innovations Team**

**Roster:** Sheila Enamandram, Ashley Shaw, Jordan Anderson

### **Goals:**

1. Get a better understanding of ongoing value based healthcare changes--specifically in quality measurement and reporting efforts, payment reform, new innovative models of care--at the regional and national level.
2. Learn more about burgeoning technology trends that will affect healthcare and build an ecosystem for learning and collaboration at Harvard.

### **Initiatives & Events/Accomplishments & Highlights:**

#### **1. Checking the Checkboxes evaluation of 2017 MIPS Criteria, in collaboration with Dynamed Plus.**

In 2017, CMS announced a set of performance criteria to evaluate and reward quality care -- the Merit Based Incentive Payment System (MIPS)-- as part of the Quality Payment Program. We connected with a Section Editor of Dynamed Plus, EBSCO's evidence-based medicine resource, and learned of a project they were initiating on systematically evaluating the new MIPS criteria. To date, clinical quality measures had not been subject to systematic, objective evidence based review and critical appraisal. We helped the effort of reviewing all 271 measures in the 2017 MIPS set using a threshold-based methodology DynaMed developed and outlined [here](#).

Our team independently completed evidence based literature review and authored summaries evaluating 8 MIPS quality measures covering topics in orthopedics, cardiology, physical medicine & rehabilitation, ENT, etc. The entire evaluation project is slated for completion and publication this summer 2018.

#### **2. Help start an ecosystem for collaboration across Harvard schools for students enthusiastic about healthcare and innovation.**

Harvard is home to world class institutions that teach health policy, healthcare business, public health, medicine, engineering, and more. We are working towards building an ecosystem for cross pollination of ideas, and have begun attending the Docs and Hackers events in the Boston area. We have also recently connected with Zach Malchano, who has been working with the Center for Primary Care on developing a biodesign curriculum and community at Harvard.



## **Medical Education Team**

**Roster:** Mark Johnson, Helen Jack, Jenna Levesque, Deyang Nyandak, Mary Grier, Hema Pingali, & Tiantian White

### **Events**

- **Interprofessional Case Workshop (November 2017)** led by Rebecca Inzana, MS, CCC-SLP, speech-language pathologist at MGH and clinical instructor at MGH Institute of Health Professions
  - Interactive cross-disciplinary discussion of a complex patient case to develop a comprehensive care plan and assign roles and responsibilities to team members
  - 13 trainees from many health professions: SLP, NP, MD, and PT.
  - Data collected pre/post workshop (see Appendix) and shared with HMS Center for Primary Care and MGH Institute of Health Professions
  - Established ongoing collaboration with MGH IHP Center for Interprofessional Studies and Innovation to discuss future collaboration
  
- **Transgender Health Panel (April 2018)**
  - Interdisciplinary Transgender Health panel provided information and answered questions from HMS, MGH IHP, and Emerson students in regards to caring for transgender patients
  - Panel members included: Barbara F. Worth, MS-CCC SLP Senior Voice Specialist/Speech LAnguage Pathologist, Cynthia Tavilla, Psy.D. Licensed Psychologists, Gender Specialists, Lisa Kegan, MSN, AGPCNP-BC, WHNP-BC, and Quill Etoy, Trans non-binary human.

### **Initiatives**

#### **Addiction Education Project**

In response to the opioid epidemic, HMS has substantially revised its preclinical curriculum to better cover addiction. However, there are few mandatory clinical experiences in addiction care. The student-faculty HMS Substance Use and Pain Curriculum Committee determined that students should get at least 8 hours of exposure to evidence-based addiction care during their core clinical clerkships. Members of the MedEd Team reached out to all clerkship sites and compiled a list of providers who are doing addiction care and would be open to having medical students work with them. This spreadsheet will be given to primary care, medicine, pediatrics, and psychiatry clerkship directors as part of a comprehensive effort to provide more addiction training opportunities. The Team also wrote an advocacy letter that will accompany the spreadsheet.

#### **HMS Primary Care Curriculum Project**

In 2016, a number of faculty and students affiliated with the Center for Primary Care published "Blueprint for an Undergraduate Primary Care Curriculum," an article in which they outlined core competencies in

primary care that all students in medical school, regardless of their career interests. In response to this article, the SLC MedEd Subcommittee is working with Dr. Sara Fazio and Dr. Barbara Ogur to develop surveys that will be sent to all HMS students. These surveys will assess whether HMS students are learning the competencies set forth in the “Blueprint” article at the pre-clerkship, clerkship, and post-clerkship levels. The information thus gathered will be used by HMS faculty to improve the four-year primary care curriculum.

### **Accomplishments & Highlights**

The Med Ed team developed a spreadsheet documenting all of the addiction clinical training opportunities at HMS. The spreadsheet will be presented at a meeting of clerkship directors in June 2018 and may shape the future of addiction clinical training at HMS.

## **Thank You**

The 2017-2018 SLC would like to thank the Center for Primary Care for supporting its activities, providing mentorship, and encouraging the creativity and initiative of students. At all turns, the Center staff and faculty have gone above and beyond to make sure the SLC has had all it needs to create opportunities for student growth and exploration in primary care fields.

We wish to thank Russ Phillips, Catherine Smith, Eric Fillinger, and Erin Sullivan for their unwavering support of the day to day activities of the SLC. We are also enormously grateful to Katherine Miller for her support as the SLC faculty mentor. The Catalyst and Navajo Nation teams also wish to thank Sara Selig for her support of both teams throughout the year.

As the co-leads transition their responsibilities to the 2018-2019 team, we wish to thank our incredible SLC members for their commitment, reliability, creativity, and friendship over the year. We are grateful to have had the opportunity to serve as co-leads, and we wish next year's SLC the best of luck.