The Maturation of the Primary Care-Population Medicine (PC-PM) Program at the Warren Alpert Medical School of Brown University

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Almost four years ago in this journal, there were several articles describing a new program at the Warren Alpert Medical School of Brown University (AMS), the Primary Care-Population Medicine (PC-PM) Program.[1,2] Population medicine, as defined by the Institute for Healthcare Improvement, is the design, delivery, coordination, and payment of high-quality health care services to manage the Triple Aim for a population using the best available resources within the health care system.[3] Increasing knowledge and skills in population medicine for physician trainees has been endorsed by the American Medical Association.[4] A vital component of AMS's program is having enrolled medical students obtain a Master of Science (ScM) in Population Medicine degree by successfully completing a nine-course curriculum to develop skills in this new field. Also, part of the curriculum is completion of a population medicine research project that pairs a student with a research mentor and is done longitudinally over the students' medical school years culminating in a manuscript for a peer reviewed journal. In addition to their mentor, ScM students have access to quantitative and qualitative faculty experts, stipend-funded time during the summer after the first year to work on their project and senior faculty to assist them in navigating their project to successful completion.

The first cohort of 15 students will graduate this May with a dual degree of MD and ScM in Population Medicine. Throughout the development of this novel program we had concerns that although this additional curriculum was important, it might negatively impact the students' traditional medical education. Although we have a limited sample, that is not the case by all objective measures. The PC-PM students have statistically equivalent scores compared to students in the traditional medical school curriculum on Step 1 and Step 2 National Board exams, as well as on exams for each clinical clerkship.

This month's *Rhode Island Medical Journal* contains five manuscripts from this pioneering group of PC-PM students. These manuscripts were chosen for this issue as they all examine a Rhode Island health concern. Recently, Accountable Care Organization-based payment models have grown nationally and within Rhode Island. **JONATHAN STALOFF**, et al. describe Rhode Island physicians' knowledge, attitudes, and confidence regarding Accountable Care Organization. Fundamental to population medicine work is having accurate health data. **JULIA SOLOMON**, et al. compare two databases of health in Rhode Islanders and finds differences between them that gives caution in selection of data to utilize moving forward. Providing healthcare to a prison population is unique in its challenges. **ALEXA KANBERGS**, et al. probe being incarcerated and having a chronic illness. Mindfulness has been utilized as an adjunct therapeutic modality for health and **MATTHEW PERRY** examines participants' perspectives of it being incorporated into addiction treatment. The Rhode Island Food Bank is a valued community resource and **FAIZ KHAN**, et al. study its contribution to addressing food insecurity of older Rhode Islanders.

These five manuscripts are just a sample of the excellent research projects done by this initial cohort of MD-ScM students with other students in this group having also submitted manuscripts to other peer reviewed journals There are more AMS students rising through the years working on interesting research with many of them focused on Rhode Island-specific health issues. We celebrate the research of the students in this current issue of the *Rhode Island Medical Journal* and anticipate further research from students in this program positively impacting the health of Rhode Islanders in the years to come. More importantly, we are pleased that nine of the 15 students in this group are committed to doing a residency in primary care, with many of these hoping to stay locally.

References

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