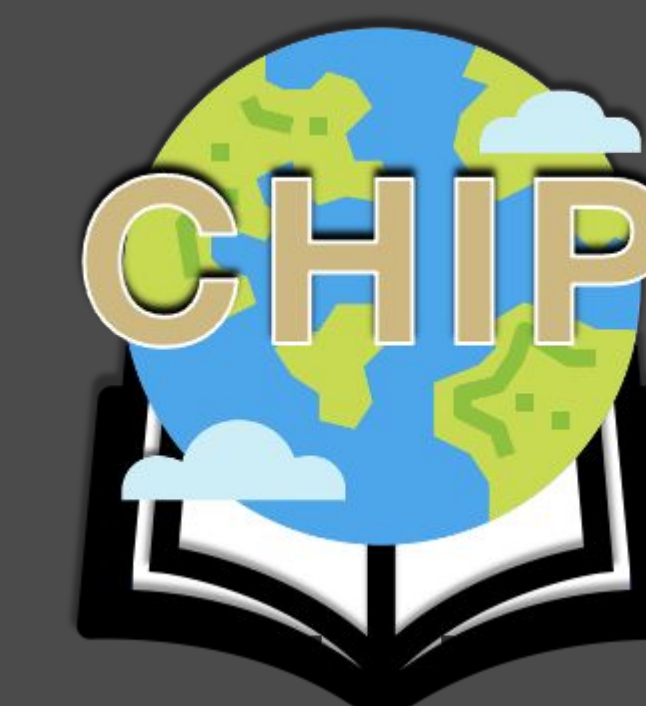


Planetary Health Curriculum Integration:

5 Step process to teach climate medicine at your Med School

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Background

- **83.9%** of students believe Planetary Health and Climate Change effects should be a **core component** of medical school curriculum¹
- **6.3%** of students feel “very prepared” to address these effects in a clinical setting¹
- UCSF and Emory excel by providing an integrated Planetary Health 4-year thread²

The vast majority of med students feel untrained and unprepared to manage the adverse health effects of climate change¹

Pework: Benchmark Your Current Success

 PLANETARY HEALTH REPORT CARD	SCORES	2022	2023
	OVERALL	C+	B
	CURRICULUM	C+	B-

- PHRC is a global, student-led initiative
- 52 international and 44 domestic medical schools scored on: curriculum, research, community outreach, campus sustainability and institutional support.

- What are you currently doing?
 - Climate Health Electives?
 - Waste Reduction on Campus?
 - Teaching on planetary health?
 - Workshops?
 - Student activism?

Pework: Identify Institutional Support

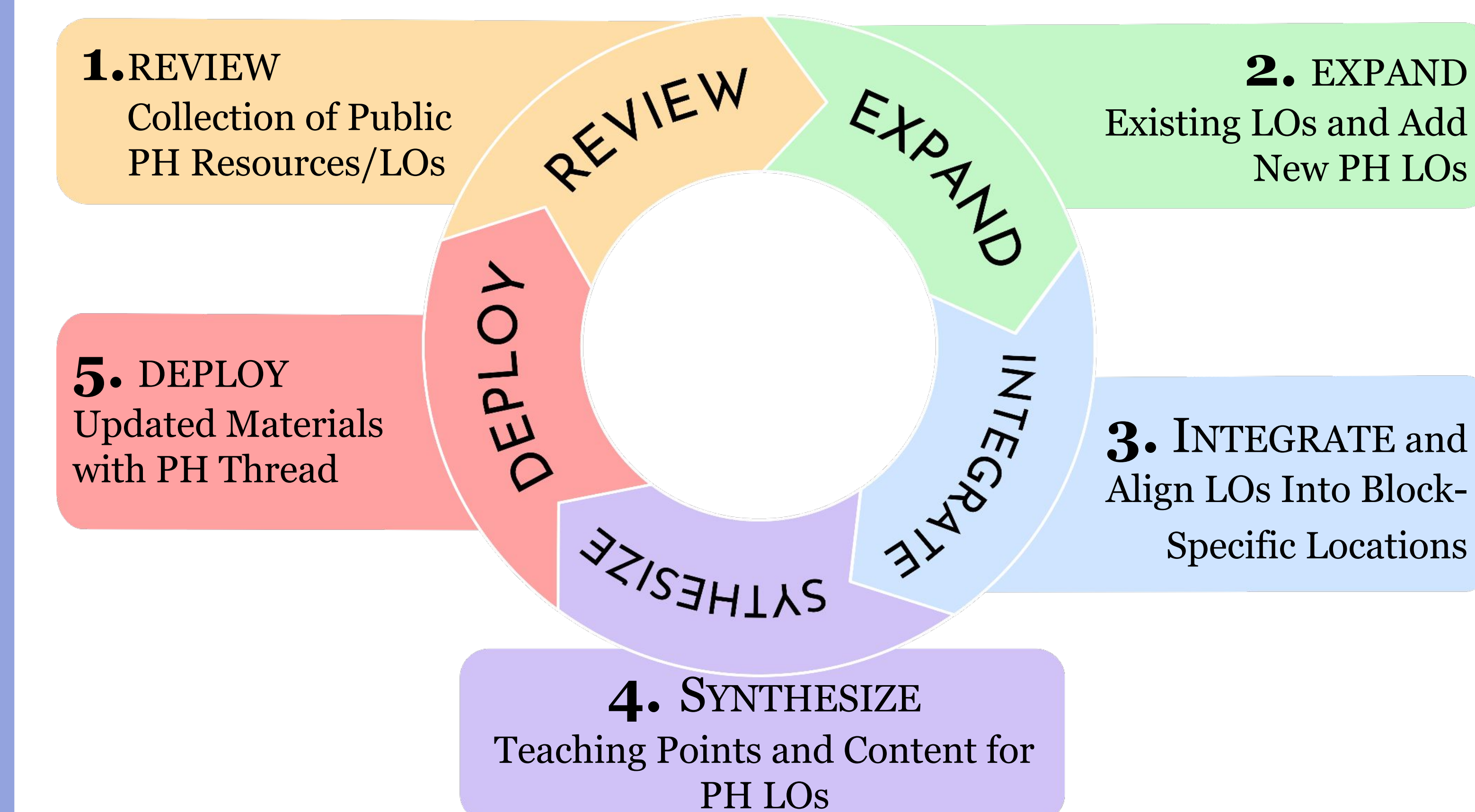
Who makes the changes?



Who can help?



Iterative Process:

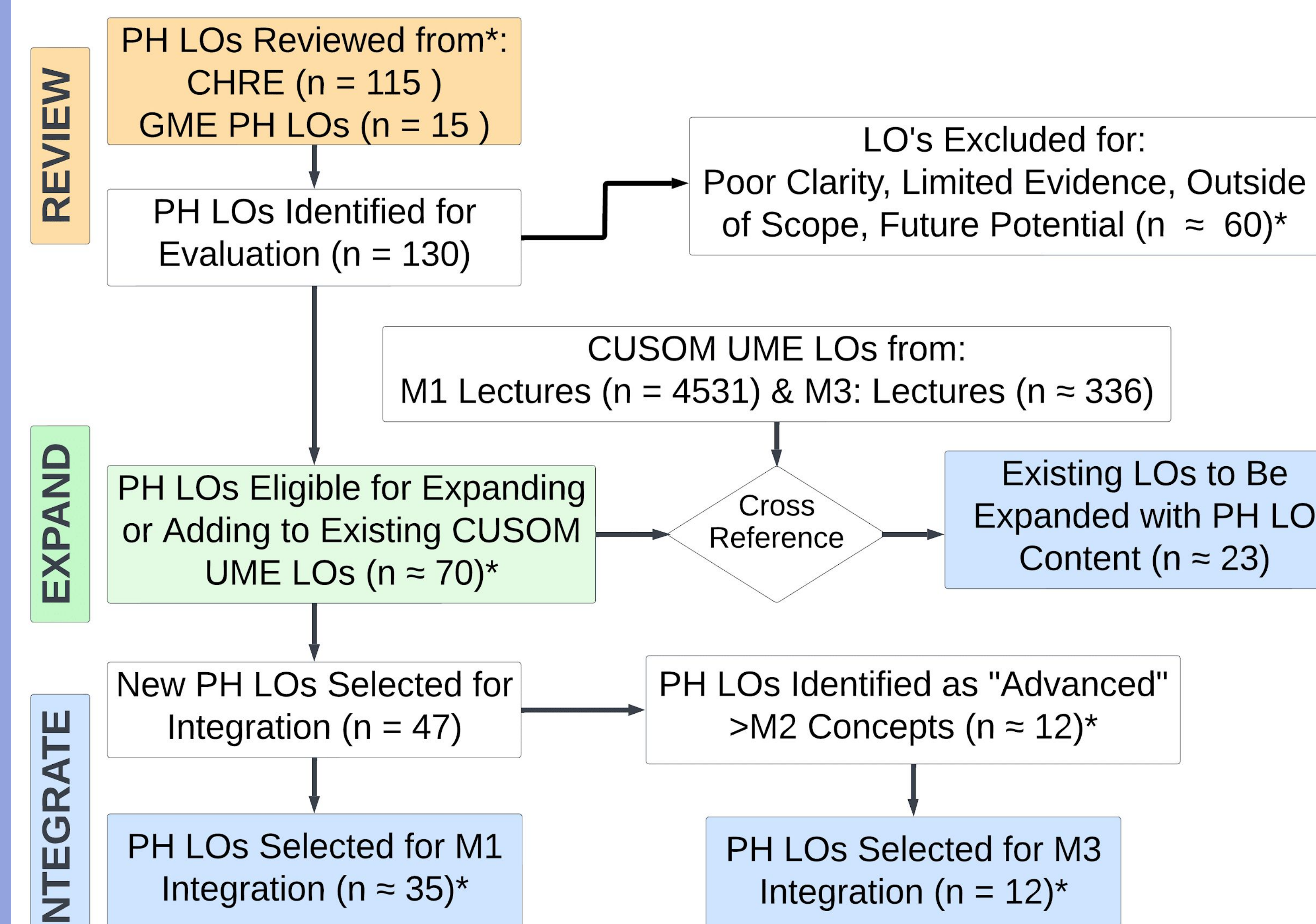


STEP 1: REVIEW Plug & Play Resources

- Climate Resources for Health Education (CRHE):
<https://climatehealthed.org>
 - Free, Public Educational Resources on Climate Change and Health
 - Learning objectives, Slide Decks, Case-Based/PBLs in 18+ Specialties and Organ Systems
 - Peer Reviewed



STEPS 2 & 3: EXPAND Existing Learning Objectives and INTEGRATE New Ones

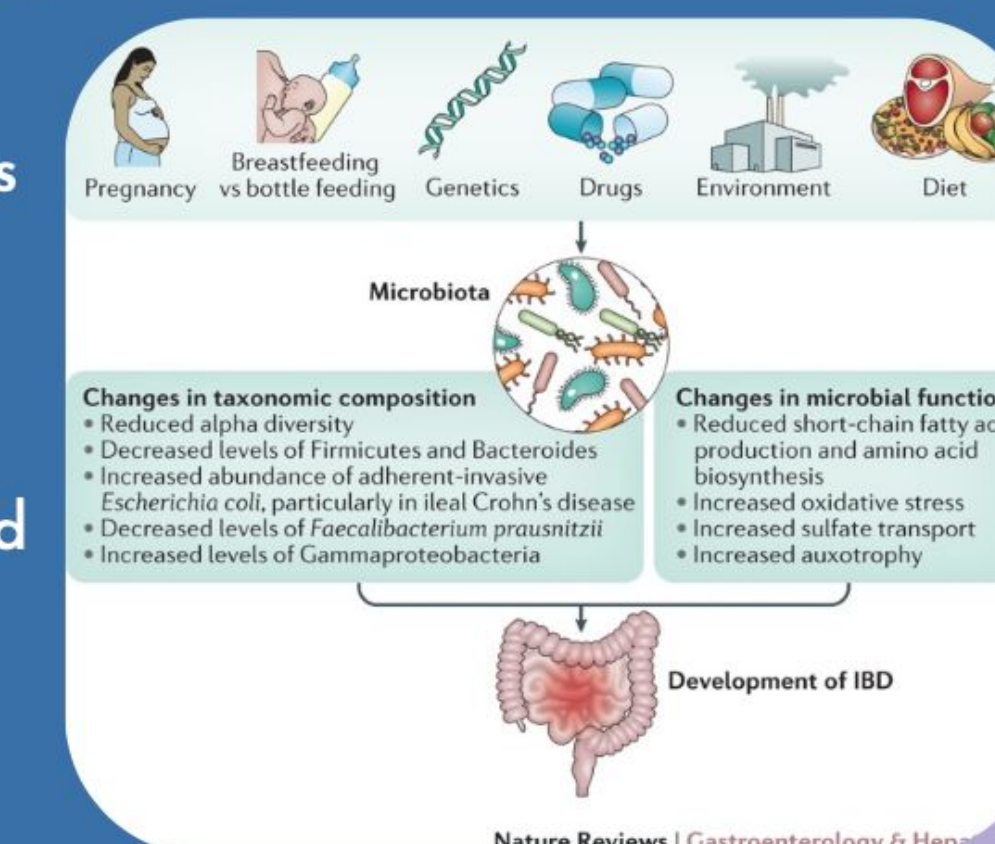


STEP 4: Synthesize New Content

- Example Slide for IBD lecture

LO2: Examine the relationship between psychosocial stressors, such as events related to climate change, and increased flare ups of inflammatory bowel disease

- Forms of stress induce bowel inflammation and is known to trigger flares
 - Diet (monoculture and processed foods, low fiber intake)
 - Environment (air pollution, urbanization, and high car traffic cities)
 - Stress: higher levels of perceived stress
 - High Altitude (!)
 - NSAID Use



REF: Ananthakrishnan, A., Bernstein, C., Iliopoulos, D. et al. Environmental triggers in IBD: a review of progress and evidence. *Nat Rev Gastroenterol Hepatol* 15, 39–49 (2018). <https://doi.org/10.1038/nrgastro.2017.136>

STEP 5: Deploy!

- Update Assessment Questions
- Faculty Development on Emerging Data
- CQI

Progress & Future Work

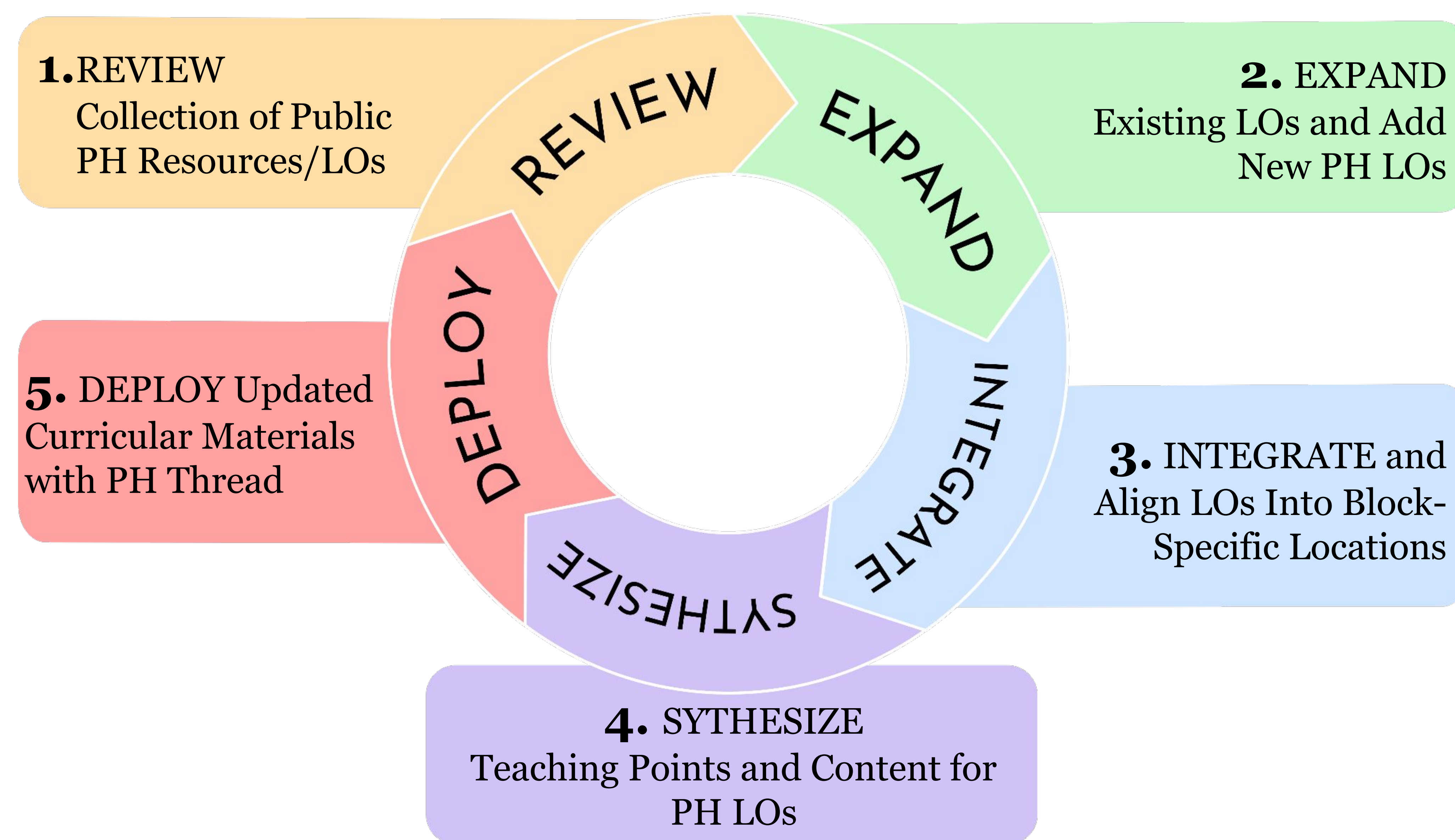
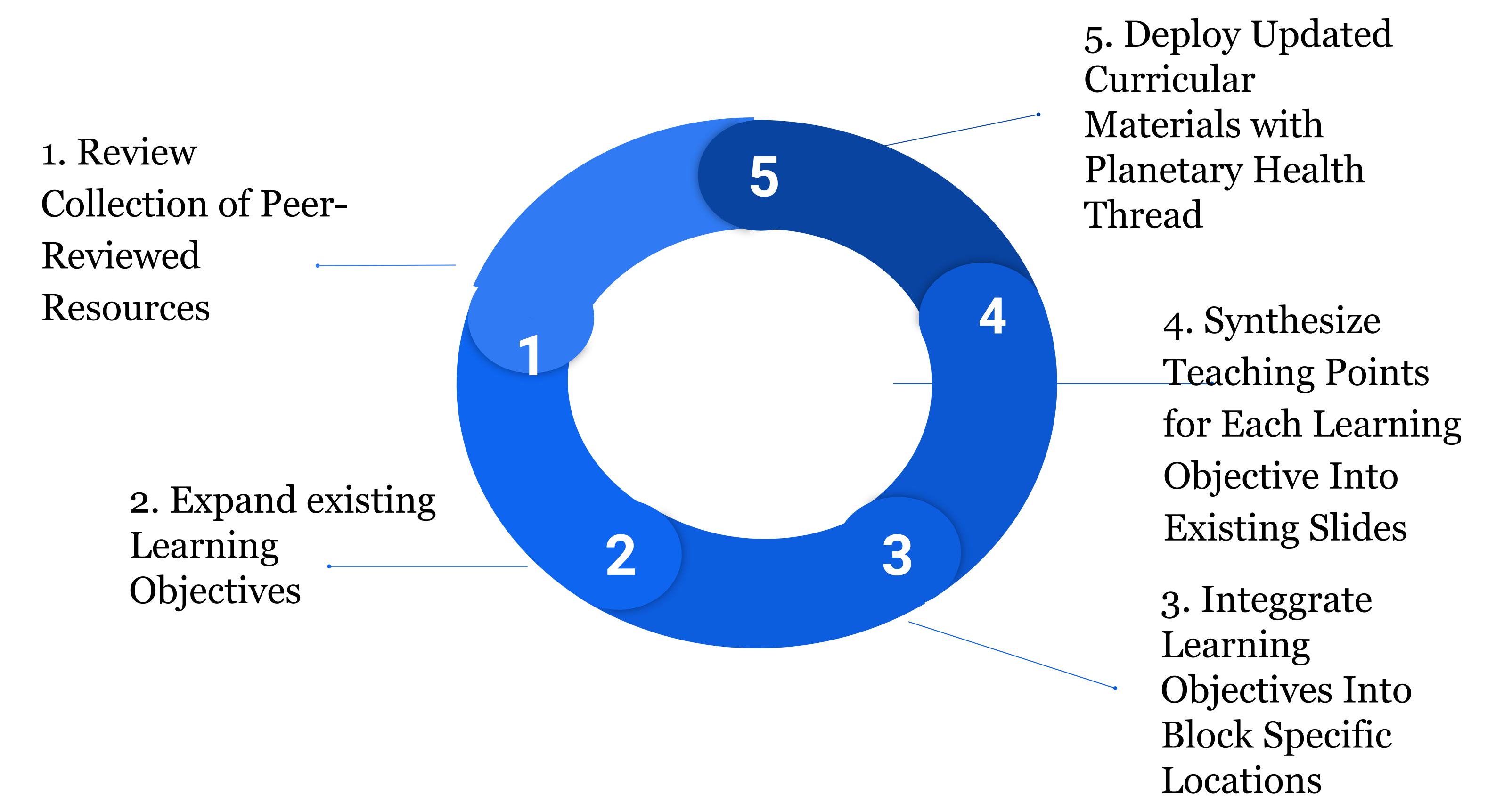
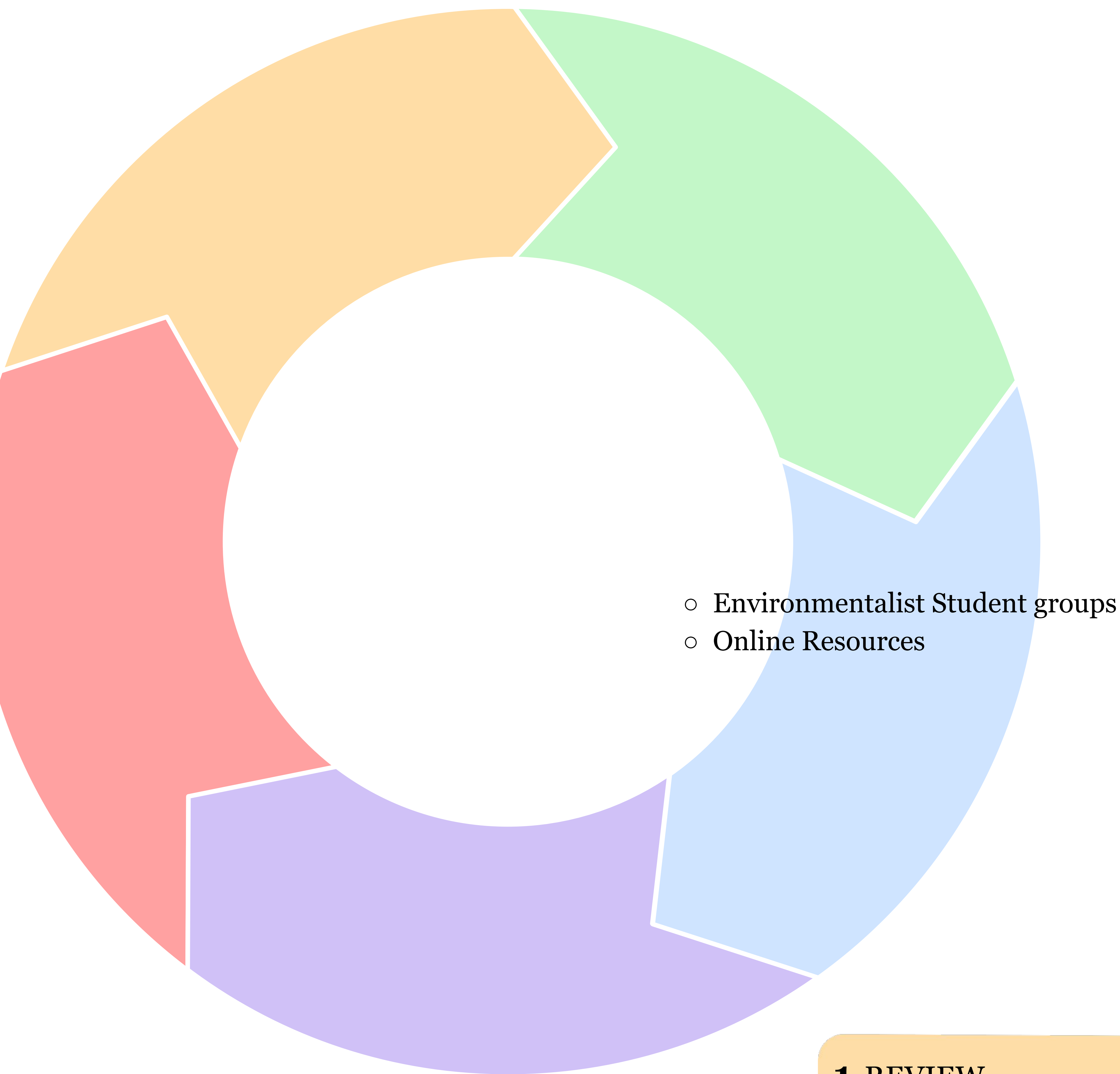
- Expand M3 and M4 curriculum
- Continued discussion of integration

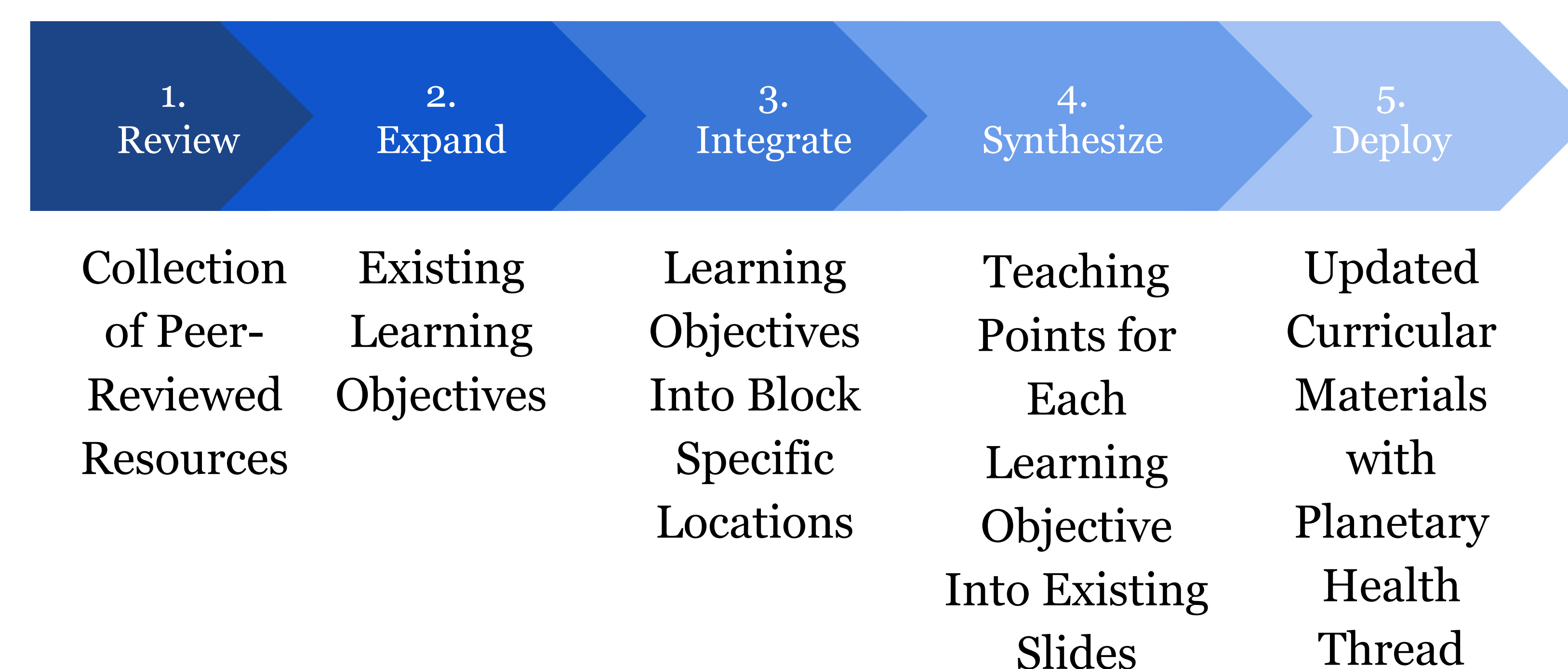
Why It Matters

CU Med Students Trained in Planetary Health Will:

- **Fulfill school's mission** to address environmental determinants of health
- **Address a present and a future** that demands planetary health knowledge
- **Be leaders** and advocates in addressing this aspect of community health
- **Save Lives**, Write Op-Eds, Get Grants, Find Cures
- Prevent the next disaster (Flint Water, Love Island, Droughts)

**Think This Would Never Work at Your Institution?
TALK TO US!**





Assess

Assessment of existing pre-clinical learning objectives (LOs)

Identify

130 planetary health LOs identified from CRHE and GME

Review

Review for overlap in existing learning objectives and planetary health LOs

Refine

CRHE and GME LOs narrowed to 47 key planetary health LOs and matched to specific pre-clinical blocks

Integrate

Learning resources compiled for each LO for easy integration into existing teaching materials

FIGURE BUILDING

Abstract: Planetary Health Curriculum Integration: A 5 Step process to teach climate medicine at your Med School

Objectives: Addressing the escalating threat of climate change to global health, this study aims to present a comprehensive approach for seamlessly integrating planetary health (PH) concepts into medical education curriculum in a turnkey approach that could be deployed at any medical school. Recognizing that medical professionals feel woefully unprepared to tackle climate-related health challenges, this research seeks to outline a practical, low effort, and effective strategy for UME curriculum development by relying on publicly available educational resources and minority expanding existing Learning objectives (LOs) to include discussion of PH impacts.

Design: The study proposes a 5 step methodology for integrating planetary health into medical education, while meeting UME and GME Learning objectives by seamlessly weaving PH into all four years of medical training. Starting with existing public resources, expanding non-PH LOs into PH LOs, integrating new LOs within curriculum blocks, and creating the content material for each objective, this framework showcases the potential for comprehensive integration with minimal faculty effort, fostering physicians who grasp the intricate interplay between climate and health.

Results: 130 PH LOs were reviewed from publicly available resources. Of them 70 were selected as eligible for integration. Those 70 were cross referenced with the roughly 5000 UME LOs at our institution to identify 35 new LOs to be added to the preclinical curriculum and 12 advanced LOs selected for post-clinical didactics with an additional 23 existing LOs easily expanded to include PH with minor changes.

Conclusions: This framework highlights the ease of use and potential of integrating planetary health concepts into medical education, underscoring its interdisciplinary importance and empowering healthcare professionals to address complex health challenges in a rapidly changing world. By following the proposed stepwise approach, institutions can equip medical students with the knowledge and skills needed to champion public health needs, mitigate health disparities, advance planetary health access and research, and promote equity.

