Developing Health Science Educators’ Skills in Reshaping Education Activities that Translate into Improved Health Outcomes
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### SESSION OVERVIEW

<table>
<thead>
<tr>
<th>Session Activities</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Introduction &amp; Overview of Session Goals</td>
<td>3 mins</td>
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<tr>
<td>Background</td>
<td>7 mins</td>
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<tr>
<td>Identify the Health Issue &amp; Activity/Intervention</td>
<td>10 mins</td>
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<tr>
<td>individual and large group</td>
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<tr>
<td>Apply the Translation Framework to the Activity/Intervention</td>
<td>20 mins</td>
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<tr>
<td>breakout</td>
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<tr>
<td>Debrief</td>
<td>10 mins</td>
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Disclosures & Conflict of Interest

• The work being presented was supported by pilot funding from the University of Michigan Medical School.
• We have no conflicts of interest to disclose
Our Goals

At the conclusion of this problem-solving session, we hope:

• Participants may consider the **translational medical education** model as a framework for understanding the impact of education activities/interventions.

• Participants will **think about this framework in the future**, as a stimulus for medical education and measurement of impact, towards improved health.

When we have discussion as a large group, please:
  - Use the ‘raise hand’ feature, or
  - type your reflections in the chat (we will monitor and read aloud)

Background
Considering the Connection of Education to Health
RISE framework for understanding and assessing change from education innovation *ideas*:¹-²

**Impact**
HSE innovation represents a continuum of adjustments, modifications, or transformations of resources, processes, or systems.

**Scalability**
HSE innovations can be adopted by others at single institutions, multiple ones, or broadly across the nation (and beyond), and can also scale across the learner continuum.

**Translation**


Our Philosophy: Translating Education to Improve Health

- An observation: Education researchers often identify innovative pedagogical strategies, with impact, yielding important findings, but are not scaled.
  - This gap between what is known about effective education activities/interventions and implementing them is far too large.
- An analogy
  - Failure to translate evidence-based clinical interventions into patient care practice leads is a “know-do gap”
  - On average, it takes 17 years for 14% of research to translate to practice

*Question: Could an analogous framework in translational clinical research help us close this gap in education innovation?*
For consideration: A framework

TRANSLATIONAL BIOMEDICAL RESEARCH (T1) applies knowledge from basic research to clinical research to (T2) enhance adoption of best practices in clinical settings to (T3) improve health.

TRANSLATIONAL MEDICAL EDUCATION demonstrates improvement in knowledge, skills, or other attributes (T1); is transferred into the healthcare or science setting to yield improved healthcare or science practices (T2); and results in improved health of individual and populations (T3).


Translation in Health Science Education Innovation

<table>
<thead>
<tr>
<th>T1</th>
<th>T2</th>
<th>T3</th>
</tr>
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<tbody>
<tr>
<td>An education innovation that results in improved knowledge, skills, or other attributes</td>
<td>An education innovation that results in improved healthcare or science practices</td>
<td>An education Innovation that results in improved health or science outcomes</td>
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*T denotes each distinct “translational level”
Assumption: The ultimate goal of medical education is to improve health

**Question: What do we mean by health?**

- The absence of any disease or impairment
- A state that allows the individual to adequately cope with all demands of daily life
- A state of *balance*, an equilibrium that an individual has established within their self and between their self and their social and physical environment


Identify the Health Issue & Activity/Intervention
What health issue you would like to improve?

What education activity/intervention do you believe will drive change toward improving this health issue?

Apply the Translation Framework
What level of translation does/will your activity/intervention achieve?

The Education Activity/Intervention...

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Examples of Education Activities/Interventions and Their Translation Level

<table>
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<th>Example 1</th>
<th>Example 2</th>
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<tr>
<td>Novel curriculum delivers knowledge and skills training for graduate students in interdisciplinary teaching through didactics</td>
<td>Training modules encourage critical reflection on unconscious bias</td>
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<td>Same curriculum delivers didactics, but the innovation also incorporates peer review of teaching in the classroom, with feedback after each session</td>
<td>Trainees use their individual clinical practice data to stimulate critical reflection on unconscious bias in health care practices.</td>
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<tr>
<td>Same curriculum delivers didactics, direct observation and critique in the applied setting, and also directly measures impact on learning by the students of the grad students, and is situated to endure over time</td>
<td>Critical reflection on clinical practice data improves equity in clinician-specific health care practice and patient outcomes.</td>
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Small Group Breakouts – 15 minutes
Discuss your education activity/intervention and your health outcome, along with your current level of translation. Discuss what key changes would you need to implement to push your level higher? Think about changes to the intervention, or your planned measurement.

Debrief
Share one way your idea has evolved as a result of today’s activities

AND/OR

Share how the model may (or may not) contribute to our work in advancing the impact of education innovation.

Reference List

Thank you