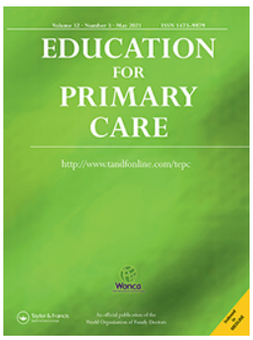

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RESEARCH ARTICLE

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Incorporating the interaction between health and work into the undergraduate medical curriculum – a qualitative evaluation of a teaching pilot in English medical schools

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ABSTRACT

Introduction: There is a growing recognition of the impact of work on health both positive and negative. It is important that all health care professionals are equipped to understand the effects of work and worklessness on health and help patients remain in work or manage a healthy return to work where appropriate. Despite explicit reference to health and work in the General Medical Council's *Outcomes for Graduates*, currently, this is not a theme that is integrated across the undergraduate medical curricula.

Aim: This study evaluates medical tutors' and undergraduates' perspectives of a selection of health and work topics in a teaching pilot to consider the suitability and appropriateness for delivery, integration into the curriculum, tailoring of the resources, and appropriateness and expected attainment of learning objectives.

Methods: Qualitative, semi-structured interviews and focus groups were carried out with five medical tutors and 36 undergraduates. Interviews and focus groups were recorded, transcribed and thematically analysed.

Results: Medical tutors and undergraduates identified suitability of appropriate subject specialities and years of teaching, whether learning objectives were important and if these had been achieved, and recommendations for future delivery.

Discussion: Medical tutors were committed to delivering the health and work topics with the flexibility of tailoring the resources to existing subject specialities and with respect to the year of study. Learning objectives were perceived appropriate by tutors, despite ambivalence about their importance from some undergraduates. Resources were identified as having relevance to public health undergraduate teaching and during general practice placements.

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Health; work; medical education; undergraduate curriculum; clinical training; pedagogy

Introduction

The General Medical Council's (GMC) Outcomes for graduates [2018] states that all newly qualified doctors should be able to carry out a fitness for work conversation with patients [1]. Despite the explicit requirement for the inclusion of health and work in the undergraduate curriculum, medical schools face great challenges with incorporating these principles due to timetabling constraints on students and staff, which relegates this professional outcome to the fringes of the curriculum [2]. Although medical tutors acknowledge the importance of health and work consultation skills, there are significant barriers that limit the extent of its inclusion. These barriers include: the lack of expertise and familiarity on how health and work can be incorporated into core subjects; the lack of space in the curriculum; the lack of demand from students and until recently (prior to the publication of *Outcomes for graduates*), the lack of direct reference to health and work topics as a required qualification standard [2].

Interest in health and work has grown in salience with UK healthcare professionals culminating in the 2019 Healthcare Professionals' Consensus Statement for Action for Health and Work recognising the relationship between employment and health noting it as enduring, close and complex [3]. In 2017, the UK Government set out a policy aimed at supporting disabled people and people with long-term conditions to enter and stay in work in the command paper *Improving Lives: The future of work, health and disability* [4]. It identified the need to integrate health and work into undergraduate healthcare curricula and improve the skills of healthcare professionals to support people into

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work and to stay in work, reflecting the positive effects of work on health [3,5]. There are a range of possible types of work including paid employment, volunteering, caring and studying that may be considered work in the sense of meaningful activity and carry similar benefits to work as paid employment [4,5].

Frequently, health and work are regarded as topics that fall under the speciality of Occupational Medicine (OM) [6]. Evidence suggests that the teaching of OM is poorly represented in undergraduate training, partly due to perceived difficulties in teaching the subject, and the challenges posed by accommodating large numbers during workplace visits [6]. Its decline in the curriculum is leading to a loss of experience of tutors able to teach about work-related illness or advise on fitness for work [7]. Topics covered in OM are relevant to nearly every speciality especially to primary care and public health [8], yet it has not been a compulsory part of the undergraduate curriculum [7]. Teaching health and work to undergraduates is therefore vital as they will be required to manage most work-related problems as general practitioners or hospital doctors [7].

This paper discusses the findings of a qualitative evaluation of a pilot of a newly developed set of curriculum resources on health and work carried out in English medical schools. A selection of topics was taught at five medical schools across one term (Autumn 2019). The resources were designed by a team based at the University of Kent (authors of this paper) in consultation with the 'Health and Work Curriculum' (HaWC) writing group, and commissioned by Public Health England and the Work and Health Unit (Department for Health and Social Care and Department for Work and Pensions), as part of the Work as a Health Outcome Programme. The overall aim of this programme is to support healthcare professionals to: feel more confident and discuss health and work with patients; have conversations with patients leading to some sort of work as a meaningful activity; and enable patients to feel more supported to understand the value of work to their health.

The resources were designed by the research team, clinicians, academics and service users assembled in the HaWC writing group. The HaWC was involved with identifying topics, developing learning objectives, determining curriculum content and contributing to writing core components of the curriculum. The materials consisted of 16 PowerPoint slide-sets (with PowerPoint notes) divided into three learning frameworks. None of the researchers were involved in the teaching. The tutors adapted the resources with the relevant GMC *Outcomes for Graduates* embedded in each slide-set, with lecturer notes as guidance. Table 1 shows where the topics were used in each curriculum. Following piloting, the teaching resources were made available on Health Education England's (HEE) *e-Learning for Health* website: Health and Work in Medical Education without any restrictions on access.

This study aimed to explore medical tutors' and undergraduates' perspectives on a selection of piloted teaching materials to identify the suitability of appropriate subject specialities and years of teaching, importance of learning objectives and if these had been achieved, and key recommendations for future delivery. Both sets of views helped with amending the teaching materials before being launched in July 2020 on HEE's *e-Learning for Health* website.

Methods

Research design

We utilised qualitative methods associated with the interpretivist research paradigm [9,10]. One to one interviews (face-to-face or telephone) were undertaken with medical tutors following teaching delivery to encourage exploratory conversations with the researchers to gain an in-depth understanding of the tutors' perceptions of the teaching and learning dynamics. Focus groups were carried out face-to-face with undergraduates to facilitate peer discussion to enable the researchers to understand the interaction between individuals and the group when discussing their learning experience [11,12].

Table 1 indicates which topics were piloted, the year group and class size at each of the medical schools.

Table 1. Topics piloted, year groups and class size.

Medical School Site Code	Year	Class size	Topic	Where best delivered in the curriculum
1	Year 2	~100–160	Work and health; Talking about work with patients (Learning Framework 1)	Epidemiology & Public Health
2	Year 2	120 (over two classes)	Recognising illness that may be caused by work (Learning Framework 2)	Lifestyle medicine
3	Year 2	~100–150	Work & health; Talking about work with patients (Learning Framework 1)	General Practice
4[a]	___	___	___	___
5	Year 3	10	Work & health; Talking about work with patients; (Learning Framework 1) Fitness for work and the fit note (Learning Framework 2)	General Practice
6	Year 4	~100	Work & health (Learning Framework 1)	Public Health

[a]Unable to proceed with pilot

Sampling medical schools

Purposive sampling was used to recruit medical schools with a mixture of snowballing techniques, general email circulars to medical school Deans and through personal contacts. One medical school dropped out due to timetabling constraints and delays in approval via its University ethics committee (Site 4), with five schools completing the pilot. The schools were based across England: one in the South East, two in the East of England and two in the West Midlands. Our purposive sampling approach was based upon curriculum type, teaching approach, core syllabus content, and assessment of pre-existing health and work topics in the curriculum, centred upon a mapping exercise undertaken prior to the pilot (https://kar.kent.ac.uk/77926) [13].

Participants and recruitment

Course tutors directly involved in teaching for the pilot were sent a participant information letter by the research team asking them to take part in a semi-structured interview. Due to constraints on medical tutors' time, we were unable to interview tutors from all schools. Only lead tutors who taught the topics were interviewed. Informed written consent was obtained from all interviewees. Semi-structured interviews were undertaken by researchers with tutors following teaching and took place at their medical school, general practice surgery or over the telephone.

Medical undergraduates were invited to take part in one focus group after their teaching session by their course tutors who sent them a participant information letter by email. The course tutors were the gatekeepers to the student participants. Only students who were taught using the resources were invited to participate. Informed written consent was obtained at the focus groups taking place at students' medical schools or general practice surgery and was facilitated by a researcher.

Data collection

One-to-one interviews with course tutors were facilitated by the use of a semi-structured interview guide designed by members of the team (SJ and CM) (see Appendix A). The interviews lasted approximately 30 minutes. The interviews were audio-recorded and transcribed.

All focus groups with undergraduates were facilitated by a topic guide designed by members of the team (SJ and CM) (see Appendix B). The length of the focus groups ranged from 32 minutes to 72 minutes. These were audio-recorded and transcribed. All data was collected by two members of the research team (SJ and CM) with research experience in health promotion, medical school curriculum and health communication, and wellbeing, organisational and occupational health psychology respectively [11,12]. Data collection dates for focus groups and interviews are given in Table 2.

Data analysis

Interview and focus group data were analysed using thematic framework analysis including the following steps [14]: familiarisation of the transcript, identifying themes, indexing the data including highlighting quotes and comparing within and between participants, and charting and mapping the quotes according to the themes identified. Interpreting frequency of comment, and achieving internal consistency and reliability was attained between researchers (FH, SJ and CM) by comparing and contrasting analysis, and refuting areas of disagreement to reach a consensus [15]. Analysis was aided by the use of a qualitative software analysis programme (NVIVO Pro 12) [14,16].

Results

Five medical tutors took part in a one-to-one interview after completing their pilot teaching. Thirty-six medical undergraduates took part in five different focus groups (see Table 2).

Suitability and appropriateness

The medical tutors were asked where they felt the teaching resources could be interwoven within the existing curriculum at their medical schools. One tutor in Site 2 noted that he was able to adapt the resources on the topic *Recognising illness that may be caused by work* and combined it into another topic on lifestyle medicine.

Table 2. Data collection dates and number of participants.

	Post-pilot interview with medical course tutors		Focus group with medical undergraduates	
Medical School Site Code	Date	No.	Date	No.
1	7/1/2020	1	24/1/2020	4
2	10/12/2019	1	10/12/2019	9
3	04/12/2019	1	27/11/2019	8
4[a]	18/12/2019	n/a	–	–
5	15/11/2019	1	15/11/2019	10
6	5/12/2019	1	5/12/2019	5
Total		**5**		**36**

[a]Interview with medical tutor at Site 4 was a follow-up exploratory interview to understand reasons for non-continuation of pilot

Two tutors (at Sites 3 and 6) commented that the materials on *Work & health* would also be suitably delivered within public health. The tutor at Site 6 explained that she included the new materials as part of an improving health course within public health, despite topics included in an occupational health module:

> . . . the fit note that sort of thing that's all new. But it tied in very nicely with this being public health delivery because it's related isn't it . . . because [we] think about wider determinants, so . . . [it] fits really
>
> nicely in there, and worklessness and health, and work and health . . .
>
> Site 6 Post-pilot interview – Course Tutor

One tutor at Site 5 spoke about incorporating topics on *Work & health, Talking about work with patients* and *Fitness for work and the fit note* during the undergraduates' general practice placements when they had increased clinical contact based in the community (at his University in year three). He explained that having the resources delivered in a relevant context and environment was vital, which he felt should be during students' training in primary care:

> . . . all medical students they say will have a primary care attachment in their training . . . if you want all medical students to have this training they're all going to be in primary care . . .
>
> Site 5 Post-pilot interview – Course Tutor

One undergraduate in Site 5 reflected upon their three sessions and what year of medical school training they felt the health and work topics would be best suited to:

> . . . if you want to add on to that then come back to that in the third year but I think first year might be a bit early.
>
> Site 5 Post-pilot focus group – Year 3 Undergraduate Student

This student's view concurs with their tutor's judgement (see above in Site 5), but also felt that introducing the materials in year one would be premature, as the materials could not be covered in depth. This resonates with the comments below from another student who thought years three or four would be suitable, as an assessment could also be introduced:

> . . . if they want to implement it in their undergraduate curriculum obviously it's too late for us because they can't assess us so it would have to be in year three or year four.
>
> Site 3 Post-pilot focus group – Year 2 Undergraduate Student

The tutors at Sites 5 and 6 thought the materials were suited to public health and general practice explaining how the topics linked with existing content and context. The comments from students in Sites 5 and 3 suggest that the positioning of the materials was appropriate in years three or four.

Attainment and appropriateness of learning objectives

The tutors (four out of five) perceived that the learning objectives were achieved. One tutor in Site 5 provided explicit reference to specific areas where and how he believed these were achieved during the sessions on *Work and health* and *Talking about work with patients*.

> Yeah, I think the . . . yeah, the overarching learning objectives, there were four . . . I think the slides achieved that . . .
>
> Site 3 Post-pilot interview – Medical Tutor

Without any specific assessment being included during the actual pilot, it is difficult to establish from the findings categorically if the learning objectives had been achieved. What can be deduced from the data is that the tutors considered that the learning objectives had been attained.

When exploring the undergraduates' views on the learning objectives, some of them commented upon how useful they found these:

> . . . *when I look at a lecture I look at the learning objectives because I look at* this is what I need to know
>
> Site 2 Post-pilot focus group – Year 2 Undergraduate Student
>
> I think the first one and the last one; the characteristics of good work and
>
> discussing it with the patient were covered a lot. It might just be that I've
>
> forgotten. I don't remember much about the other two.
>
> Site 1 Post-pilot focus group – Year 2 Undergraduate Student

However, one undergraduate was less concerned about whether the learning objectives were achieved:

> Myself I never looked at the learning objectives. I find them a slide of information I don't need to know.
>
> Site 2 Post-pilot focus group – Year 2 Undergraduate Student

The above statement suggests that some of the undergraduates were ambivalent about attainment of learning

objectives, while others felt that they were a critical part of their training.

Tailoring and enhancing impact for future delivery

One tutor spoke about finding it hard to identify where to incorporate the health and work topics at first, but had the foresight and personal autonomy to decide which sets to use:

> I had to be quite ruthless and then really pick and choose how I arranged them … to make sure that it would make sense to me as a presenter … So once I had done that it was ok because I'd picked out the slides that I felt would work as a story for me …
>
> Site 6 Post-pilot interview – Medical Tutor

The informant at Site 2 explained how he felt having the health and work resources empowered tutors with a set of tools to tailor-make and introduce them at their schools, which could be adapted in future for different types of curricula:

> … it's a good start to introduce the topic and we could all develop it further according to our taste and how it fits into each particular curriculum in the different medical schools …
>
> Site 1 Post-pilot interview – Medical Tutor

Another two tutors spoke about enhancing impact of the slide-sets by creating new resources such as *videos, role-playing activities* and *simulated patient teaching* for teaching undergraduates (Site 5 Post-pilot interview – Medical Tutor; Site 3 Post-pilot interview – Medical Tutor).

One student at Site 1 explained that having the topics on *Work and health* and *Talking about work with patients* would be valuable and relevant if delivered at a local level on their general practice placement:

> I value that clinical exposure a lot more when I'm on placement and I'd rather have these sorts of slides in the morning like delivered to us
>
> Site 1 Post-pilot focus group – Year 2 Undergraduate Student

Another undergraduate at Site 6 spoke about improving the topic on *Health and work*. This respondent felt that more case studies were needed and the material could be delivered to smaller groups:

> … if you wanted a bit more engagement maybe at the end have one or two case studies and do small group work at the end of the content
>
> Site 6 Post-pilot focus group – Year 4 Undergraduate Student

In response to the feedback from this student, extra case study exercises have been included to this topic and a separate resource of case studies and small group exercises have been included as a separate resource.

Discussion

This study offers insight of a set of curriculum resources on health and work piloted at five English medical schools. The teaching pilot brought up issues around how and where the slides could be incorporated into the years of study and within an existing area in the timetable, pedagogical questions on tutors' and undergraduates' views on the attainment and appropriateness of learning objectives, and the importance of the learning environment and context to engage students.

The tutors amended and incorporated appropriate topics where they felt the health and work content fitted into an existing module and year of study. The autonomy the tutors were given at their institutions to pilot the materials meant that the health and work topics were delivered around the years and areas deemed suitable by them. Once tutors adapted and amended the resources to complement their own teaching content, they were able to embed the topics into the existing timetable. Of paramount importance is a sense agency that is fostered in those involved in medical education, and for the tutors in our pilot they had an observable perceived level of autonomy in their work [17].

Four out of five tutors perceived that the learning objectives had been attained during their sessions. Yet, we found some of the students paid little attention to them. Learning objectives serve an important purpose to encourage new adult learners, including undergraduates, to move away from a teacher centred approach to a learner centred approach, and acquire learning skills to take them through their clinical training [18]. This raises the question of whether students can be expected to know what they need to know and make decisions about their learning needs. However, if the principles of adult learning are to be upheld for this resource, students' responses are important to inform elements of the curriculum, but not to prescribe whole-scale changes to the learning objectives, which are essential to train and deliver safe doctors to society in order to uphold basic minimum standards [19,20].

The resources were identified as having greatest relevance for students in public health undergraduate teaching and during general practice placements. Often public health is kept in strict isolation from clinical subjects, due to the broad and complex nature of the discipline, with public health teaching commonly integrated with general practice [21]. In our study, both tutors and medical

students emphasised that the material would be more valuable if delivered on students' general practice placements closer to clinical exposure. Pearce et al. [22] note how teaching in the general practice setting provides the opportunity to expose students to the speciality granting breadth of exposure to health conditions, unique settings and allows for the acquisition of new skills. They also suggest that having students at practices provides GPs a stimulus that encourages reflective practice [22] and a richer GP-teacher experience [23].

Strengths and limitations

The small number of medical tutors interviewed following the pilot drawn from only five English medical schools may impact on the generalisability of the results. We acknowledge that it is possible the tutors may have responded positively about the teaching materials due to links established with the authors. Medical schools who agreed to pilot the resources may have found it easier to incorporate them in a curriculum with specific links to health and work. The number of undergraduates was not evenly spread across the focus groups so participants in larger groups may have been reluctant to share their views, despite efforts from the researchers to minimise the influence of group members. We were unable to collect information on the background of the undergraduates such as socio-economic status, which may have affected their views of the topic and their learning experience. The curriculum topics chosen by the medical course tutors varied, and whilst four out of five tutors taught the same topic (*Work and Health*), the delivery of the content was not always taught as a stand-alone topic, but sometimes combined with others. It is acknowledged that there are limitations using tutors' perceptions about student learning being achieved without a specific assessment being undertaken. Not all of the 16 topics were piloted and therefore feedback was only limited to specific modules and not the entire resource package.

The strength of the study is that the teaching pilot has provided an appreciation of both tutors' and undergraduates' responses to the developed materials in an open, reflective and honest environment. The perspectives of the participants have been pivotal in refining and amending the resources before being shared more widely.

Conclusion

This study offers an insight into the responses of medical undergraduates towards purposefully selected materials on health and work chosen by medical tutors at their respective medical school. The tutors amended and incorporated appropriate topics where they felt the health and work content fitted into an existing module and year of study, and also perceived that the learning objectives had been achieved. We would recommend that consideration is given to including the topics in undergraduate public health teaching and during teaching at general practice placements to enable greater coherence with developing clinical skills.

A selection of authors (FH, SJ, CM and LF) of this paper compiled the final report. A full report of the results of the pilot evaluation with a set of recommendations are available here.

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Disclosure statement

The authors report no conflicts of interest.

Ethical approval

The University of Kent School of Social Policy, Sociology and Social Research SRC Panel [SRCEA id 214] reviewed and approved the evaluation data collection activity in November 2018. Two further amendments were approved in August and November 2019.

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Appendix A Semi-structured interview schedule for course tutors

Developing Undergraduate Curriculum Resources on Health and Work (Post Pilot Phase)

Background

(I) Please could you tell us a about your experience with teaching undergraduate medical school students? What courses have you previously and/or currently teaching at the undergraduate level?

(II) How long have you been a course tutor at this specific institution?

a. What other courses have you taught to undergraduate medical school students?

b. What teaching approach do you employ when teaching (i.e. traditional, integrated, problem-based learning, course-based learning, enquiry-based learning)? *(Provide a definition of each learning approach)*

c. Are you aware of the overall teaching approach employed at this intuition (i.e. traditional, integrated, problem-based learning, course-based learning, enquiry-based learning)? *(Provide a definition of each learning approach)*

d. Is the teaching of undergraduate medical school curriculum based on a spiral curriculum? *(Provide definition of spiral curriculum: spiral curriculum is a course of study in which students will see the same topics throughout their schooling. Each encounter will increase in complexity thus reinforcing the previous learning)*

Health and Work in the Medical Curriculum

(I) What is your first thought when you think of 'health and work'? What does that term mean to you?

(II) Have you seen elements/have you taught elements of health and work previous to these Health and Work Curriculum Resources being piloted at this institution?
(III) Do you feel there is a natural fit for the topic of Health and Work within the undergraduate medical school curriculum?
(IV) How best could this resource engage students if there was not an assessment attached to the health and work module?

The Curriculum Resources on Health and Work (participants will be shown a few of the slide sets on health and work topics they were taught in order to remind them)

(I) What were your first impressions of this slide set?
  a. Do you think this format allowed you to better understand the material?
  b. What changes would you make to this set of resources if they were to become widely utilised in undergraduate medical schools in the UK?
(II) Did the resources address the learning objectives as outlined at the outset of the slide set?
(III) Where in the curriculum was this resource taught and was the content at an appropriate level given the year of study it was taught in?
(IV) What worked well and what still needs to be improved with this resources set?
(V) Can you recall and explain briefly how you taught this resource set?
(VI) How did you find the supplementary lecture notes? Did you feel you needed additional training requirements to teach this slide set?
(VII) How do you think this resource slide set should be taught (i.e. online only, mixed approach etc.)?
(VIII) What do you feel are the limitations with introducing the health and work teaching materials to the cohort it was taught to?

Feasibility

(I) Can you see such a resource becoming a standard part of the learning curriculum? Please elaborate.
(II) Where in the overall curriculum could you see this resource being best placed (i.e. where in the overall undergraduate medical school curriculum and what format i.e. large classes, tutorial sessions)?
(III) What aspects of this curriculum do you think have the potential to improve undergraduates' understanding of approaching health and work conversations with potential patients?
(IV) What does this resource set need in order to have longevity within the medical schools?
(V) **As a course tutor, where do you feel this content should be hosted for ease of access?**
(VI) **Are you familiar with Health Education England's (HEE) e-Learning for health care?** *(If no, provide the interviewee with a brief description and show one of the programmes i.e. cultural competence).*
  a. **What are your thoughts on having the content being hosted on this platform?**
  b. **Do you have a preference with how the content should be accessed via HEE (i.e. login/password)?**

Final Question: Is there anything else you would like to add that you think would be helpful to this discussion?

Thank you for your time

Appendix B Student focus group topic guide

Developing Undergraduate Curriculum Resources on Health and Work (Post Pilot Phase)

Background

(I) Please could you tell us where you study and what year of your studies you are currently in?
(II) Are you aware of the teaching approach employed at the medical school you attend (i.e. traditional, integrated, problem-based learning, course-based learning, enquiry-based learning)? *(Provide a definition of each learning approach)*
(III) Are you aware if the teaching is based on spiral curriculum? *(Provide definition of spiral curriculum: spiral curriculum is a course of study in which students will see the same topics throughout their schooling. Each encounter will increase in complexity thus reinforcing the previous learning)*

Health and Work in the Medical Curriculum

(I) What is your general view of health and work topics in undergraduate medical education?
(II) Have you come across such topics in your undergraduate medical education before the health and work resource slide set was piloted with your university/institution?
  a. If yes, can you elaborate (i.e. description of what was taught, what year, were you assessed on this competency)?
(III) Health and Work resources aside, how would you rate the topic of health and work in terms of importance (10 being very important and 1 being not important at all)? Has that number/rating changed since being introduced to this resource slide set? Please explain.

Placements

(I) Does your school offer student placements? Are you aware where the placements are, if so could you elaborate?
  a. xIf a placement on 'health and work' was offered at a GP surgery or at the Department for Work and Pensions would you be interested? Please explain.

The Curriculum Resources on Health and Work (participants will be shown a few of the slide sets on health and work topics they were taught in order to remind them)

(I) What were your first impressions of this slide set?
   a. Do you think this format allowed you to better understand the material?
   b. What changes would you make to this set of resources if they were to become widely utilised in undergraduate medical schools in the UK?
   c. Was the content at an appropriate level given your year of study?

(II) Did the resources address the learning objectives as outlined at the outset of the slide set?

(III) Where in the curriculum was this resource taught to you?

(IV) What worked well and what still needs to be improved with the resources?

(V) Can you recall and explain briefly how this resource was taught?

(VI) Based on your experience do you think your course tutor had enough time and resources to teach this content?

(VII) How do you think this resource slide set should be taught (i.e. online only, mixed approach etc.)?

(VIII) What do you feel are the limitations with introducing the health and work teaching materials to your cohort?

Feasibility

(I) Did you find the health and work topics to be a useful/less useful to your learning?

(II) Can you see such a resource becoming a standard part of your learning curriculum and that of other undergraduate medical students? Please elaborate.

(III) Where in the overall curriculum could you see this resource being best placed?

(IV) What aspects of this curriculum do you think have the potential to improve undergraduates' understanding of approaching health and work conversations with potential patients?

(V) What does this resource set need in order to have longevity within the medical schools

Final Question: Is there anything else you would like to add that you think would be helpful to this discussion?

Thank you for your time