



KERN NATIONAL NETWORK

FOR CARING & CHARACTER IN MEDICINE

Supplemental Q&A for “Human Flourishing 2030: Flourishing in the Community”

On January 25, 2022, community members and leaders from Dell Medical School at the University of Texas at Austin gathered for a session in the Kern National Network for Caring & Character discussion series, “Human Flourishing 2030.” Throughout the session, three presenters discussed ways to advance human flourishing beyond direct patient care and explored how human-centered design approaches can be used to create systematic change. Using Dell Medical School as an example, they noted that the curriculum and building design has greatly contributed to creating a sense of community internally and externally. (To explore more about Dell Medical School’s design, see this [Metropolis article](#) or this [video presentation](#).)

The presenters also offered lessons and strategies for improving wellness and health in diverse local communities. The following is a summary of questions and responses from the presenters:



Larry Speck, MArch, FAIA

W.L. Moody, Jr. Centennial Professorship
Distinguished Teaching Professor
Academy of Distinguished Teachers Fellow
University of Texas Austin



Sue Cox, MD

Special Assistant to the Dean
Professor of Medical Education
UT Austin Dell Medical School
Sr. Director for Strategic Engagement, KNN



Zack Timmons, MD

Emergency Medicine Resident
McGovern Emergency Medicine at UT Houston
Co-Founder, Good Apple LLC

Building Culture and Community

Q: COVID aside, is it built into the culture for students to attend large-group lectures in person?

Timmons: Lectures are very well attended by the students, and there are no recorded lectures—I think this helps place an emphasis on the importance of learning from your fellow medical students while tackling a new topic.

Cox: We do not video our lectures; the lectures are really interactive.

Q: Any ideas for how to build community without the baked-in support that you were able to implement?

Timmons: Creating opportunities for group work/collaboration is a theme across the curriculum at Dell Med—it not only encourages students to develop good interpersonal skills, but also creates mini communities within the student body, which can potentially be a more overwhelming learning environment (e.g., during large-group

lectures). Assigning small groups for students to work through cases during a larger lecture is an easy, cost-effective way to begin building that community.

Cox: We designed the curriculum around teamwork and community. Our IPE course is very community heavy.

Q: Class size seems to promote this engagement and sense of community. How might we keep the collaborations with more students?

Cox: At UTSW we created academic colleges for small groups and socialization. Several larger schools have created learning communities within their school. LCs include multiple activities, from teaching clinical skills and role modeling professionalism to enhancements in advising, student-faculty relationships and student wellness. In particular, LCs foster student-faculty communication, building academic and social support networks and promoting teamwork.

Methods and Curriculum

Q: I would like to know the perception of students on the limited class time pre-clerkship—what are suggestions for medical students in that kind of curriculum moving forward and being able to continue faculty buy-in?

Timmons: This was one of the most rewarding parts of my experience as a Dell Medical student. We must remember that students come to medical school with different experiences and abilities, so creating more free time for students to use their own time effectively is important to student success and wellness. As an example, I had a full career prior to joining Dell Medical School where I worked as a management consultant—I appreciated the opportunity to schedule my own study time, focusing extra hours on topics I struggled with, and minimizing time spent on topics I already knew well. This flexibility allowed me to maximize the use of study time and gave me the freedom to pursue outside scholarly activities when I felt I had time to commit to them.

Q: Did Dell Medical School use simulation not only for healthcare scenarios/interactions but also others such as process or flow?

Cox: At Dell, simulation is mainly used to support the curriculum.

Q: Does the curriculum have street medicine or homeless care rotations?

Timmons: There are multiple opportunities for street medicine and working with populations experiencing homelessness. Aside from our clinical work as students at Austin's safety net hospital, where we have the opportunity to care for many patients experiencing homelessness, there are opportunities throughout all four years to: 1) work in the [student-run clinic](#) for people experiencing homelessness, and 2) schedule time at the [Arch Clinic](#) for a student's primary care rotation (longitudinal), and opportunities during [the] fourth year for dedicated elective time to work with these populations.

Encouraging Service and Advocacy

Q: How might we socialize/integrate the passion, service, advocacy and agency that Zack demonstrated as a student so that his success is not a one-off?

Timmons: Medical educators are some of the most influential levers in encouraging student service and advocacy—one of my mentors, Dr. Michael Hole, told me from day one of medical school that my interest in this work was important and that he would support me in my pursuits. Similarly, when I came to the Dell Med undergraduate education faculty with an idea to launch a social enterprise during my third year, I was asked, “how can we help?” and not “why won’t this work?”. If we want efforts like these to become the norm, we must celebrate these opportunities and encourage other students to pursue them. This begins at the faculty level and might include incentivizing faculty promotion based on the “fourth pillar” of the [Healthscape](#), which is traditionally outside the normal incentivized areas of research, teaching and clinical care, but is a key area of development at Dell Med.

Q: Because structural determinants of health are the upstream impacts that lead to social determinants of health, how can we pair local community efforts with advocacy at the policy level to encourage food and housing equity?

Timmons: This is such an important question. When I think about what I hope to achieve through Good Apple, it is not ending food insecurity. Rather, it is showing how an innovative idea, in this case food delivery for people living in poverty, might be expanded to make a more permanent impact at the level of state and federal policy. As an example, prior to the COVID-19 pandemic, SNAP benefits did not allow for the online ordering of food from grocery stores. However, because of important shelter-in-place orders that were placed during the pandemic, the federal government opened benefits so that families who used SNAP could order their groceries online or for curbside pick-up. This is game changing policy, when you consider that up [to 90% of urban food service tracts are already located within grocery delivery service areas](#). I hope that we can use opportunities like the pandemic, and my work at Good Apple, to bring the stories of patients to law makers to further support initiatives like these, making healthy food more widely available for everyone. ■

Access More Materials

For additional resources related to this event, please visit:

<https://knnaringcharactermedicine.org/KNN/Events/Past>

