The purpose of this informational session is really to give a high level overview of the new structure for the MHS program. And it’s important to know that what we’re presenting today is for the professional MHSS. So this is for the folks who have already completed their MD or or PhD and are doing the stand alone two year MHS. You can go ahead.
00:00:33.194 --> 00:00:35.564 high level overview of the
NOTE Confidence: 0.969961138333333
00:00:35.564 --> 00:00:37.492 structure of the program overall,
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00:00:37.492 --> 00:00:40.608 and then hand it off to our track
NOTE Confidence: 0.969961138333333
00:00:40.608 --> 00:00:43.286 leaders to give an additional short
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00:00:43.286 --> 00:00:45.916 overview of their specific tracks.
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00:00:45.920 --> 00:00:49.400 In the new MHS structure,
NOTE Confidence: 0.969961138333333
00:00:49.400 --> 00:00:51.554 the applicants will apply to a
NOTE Confidence: 0.969961138333333
00:00:51.554 --> 00:00:53.425 specific track that aligns with
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00:00:53.425 --> 00:00:55.639 their academic and and career goals,
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00:00:55.640 --> 00:00:58.545 and the tracks are the Advanced Health
NOTE Confidence: 0.969961138333333
00:00:58.545 --> 00:01:01.200 Sciences Research track led by Carrie Gross,
NOTE Confidence: 0.969961138333333
00:01:01.200 --> 00:01:02.888 Clinical Informatics and Data
NOTE Confidence: 0.969961138333333
00:01:02.888 --> 00:01:04.998 Science led by Cynthia Brandt,
NOTE Confidence: 0.969961138333333
00:01:05.000 --> 00:01:08.036 clinical Investigation led by Roy Herbst,
NOTE Confidence: 0.969961138333333
00:01:08.040 --> 00:01:10.994 and Medical Education led by Janet Haffler.
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00:01:15.960 --> 00:01:17.364 Regardless of the track,
there are some common elements that provide the sort of the backbone and the core of the Masters of Health Sciences program. The program is now open to trainees that hold professional degrees, so not just M, DS, but pH, DS or other doctoral level degrees. And there's a central admissions process to the MHS program overall and then you'll be sort of you'll apply to the within that process to the track that you're interested in. The MHS, as I mentioned, is a two year degree. The courses are specific for the track.
to really align with the programmatic goals of training in each track. But they’ll be a 30 course hour requirement, which generally translates to somewhere in the order of seven courses or course equivalents. And you’ll see that later on in the presentation that sometimes there are fewer course names, but they’re longer, more intensive courses. Also, during those two years, you’ll also have a mentorship committee. You’ll have a lead mentor and then other members of your mentorship committee.
and be expected to meet with those mentors periodically to ensure progress.
The track leaders will also be overseeing progress in the program.
you’ll have both track level support as well as your mentor level support.
And then as I mentioned, there’s a thesis and research requirement for each track
to enroll in the MHS,
you need some protected time to complete a degree.
And so within the research tracks,
there’s a minimum of 50% protected time for the degree program.
And some who are funded federally during training grants will have higher amounts of protected time. So it’s important to have compliance with the funding sources and there’s a minimum of 35% protected time for the medical education pathway. Also common across the tracks will be core competencies in Biostatistics, ethics and regulatory affairs and research methods. And then there’ll be a longitudinal interdisciplinary seminar series that brings all the tracks together to share ideas, create cross fertilization of
NOTE Confidence: 0.897607191818182
00:03:34.371 --> 00:03:36.040 research methods and really
NOTE Confidence: 0.897607191818182
00:03:36.040 --> 00:03:38.320 created a cohort of our future
NOTE Confidence: 0.897607191818182
00:03:38.320 --> 00:03:39.760 research and educational leaders.
NOTE Confidence: 0.814305732857143
00:03:43.440 --> 00:03:46.113 I’m going to hand it off to Carrie to
NOTE Confidence: 0.814305732857143
00:03:46.113 --> 00:03:48.520 talk about the HSR pathway. Greetings,
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00:03:48.520 --> 00:03:51.160 everyone. Yeah, I’m Carrie Gross.
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00:03:51.160 --> 00:03:55.100 I’m a general internist and I lead a
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00:03:55.100 --> 00:03:57.440 separate fellowship program which is called
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00:03:57.440 --> 00:03:59.958 the National Clinician Scholars Program.
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00:03:59.960 --> 00:04:02.759 As you see it’s named at the bottom here.
NOTE Confidence: 0.822937494
00:04:02.760 --> 00:04:08.433 This AHSR curriculum arose from the
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00:04:08.433 --> 00:04:11.598 this long standing NCSP curriculum.
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00:04:11.600 --> 00:04:15.896 So basically, the trainees who opt for
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00:04:15.896 --> 00:04:18.200 this AHSR track or advanced Health
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00:04:18.271 --> 00:04:20.617 Sciences research track take many of
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the same classes as the NCSP fellows. Although that is a different and distinct program, the AHSR curriculum, it’s a terrific opportunity for people who are interested in outcomes and effectiveness research. Many of our trainees have a strong interest in community engagement, health policy or clinical outcomes research with the these days are very strong focus on on HealthEquity as well with the underlying objective of improving health and in healthcare Next.

So the coursework for the this MHSASAHSR pathway, sorry for all these acronyms,
involves pretty intense Biostatistics training.
So that's in in the year 1.
Biostats, which includes a lab session is in all three periods,
the summer, fall and spring.
And then in year two there is no biostats intense curriculum.
We have a quantitative and qualitative research method
which is throughout year one,
a short course on principles
of health policy and management
just in the summer of year one,
just to provide a basic framework
of how our health system works,

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going through the public and

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private sector to understand the

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context within which we’re working.

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We have another class that we’re

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really proud of which is called the

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Foundations of Community Engaged Research,

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which has been a core element of

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the Scholars Program over the years.

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We’re the trainees really learn how

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to identify stakeholders who are

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ideally can help you to identify

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important questions and eventually can

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become collaborators on the research.

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And really,

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this gets at the issue of if you
think about when you're setting out to do a research project, one of the most challenging questions that you asked is The Who cares question. Why is this important? So this idea of community engaged research is to try to help us, to help to provide tools to better engage stakeholders, whether those be community members or patients who suffer from a specific condition or disease. To help inform the researcher and partner with the research team in ensuring that the results of the
research are clinically actionable.

And finally, yeah, as Lauren mentioned, mentor mentored research project which will culminate in a thesis.

Hey, nice to talk to you. Thanks for your interest.

Cindy Brandt and clinical informatics and data science. And this particular track has been going for some time, but we are now adding more courses with our new soon to be department in what is IT? Biomedical Informatics and Data Science. And our new chair is Lucilla Onomochata and it’s it is designed for fellows and students who want to gain a skill.
set in informatics and data science.

And also we’re building courses in AI and medicine as the new frontiers

So there’s going to be a lot of new courses in this particular track going forward.

But currently right now if you move to the next slide, the current course required for this particular track, I don’t like to read it is some standard Med courses for Biostatistics and clinical research and ethical issues. Those are primarily in the
summer and the fall.

We have three required core courses right now in biomedical informatics.

There’s an introduction course in this fall of the first year that covers the breadth of health informatics, a more advanced topics course in the fall or spring after that.

And then we have a clinical informatics and decision support course that’s taught either in the fall or the spring.

Generally in the second year we have a several required electives that depending on your interests.

If you’re more interested in bioinformatics or more clinical informatics,
you can choose your courses in our other programs. And a lot of the course courses are attended by both our PhD students from our computational biology and biomedical informatics program at the medical school and the Graduate School and from our health informatics master’s program in the school of Public health right now. And then through the final is a mentored research project that will result in a paper ready for submission for publication rather than a thesis. I mean, could be either or right now.
That’s it.
Well, hi, I’m Roy Hurst. I’m one of the Deputy Director at the Cancer Center. I’m a medical oncologist and I want to tell you about the MHSCI, the clinical investigation track. Also want to introduce Doctor MENA Wang, who’s here who’s been working closely with me. This is actually a new program as well and it really wants to train the next generation of multidisciplinary clinicians. But also this is open to people doing Preclinical Research as
well that’s clinically oriented.
And you know we have physicians, scientists who we hope will be in US scientists doing clinical investigation.
And why is this important?
Because we want people to do hypothesis based clinical research and learn the tools for doing this.
Much of this is ongoing around, yeah, but there’s never really been a formal program to give students, physicians, researchers, PhDs, the the basis to conduct rigorous clinical research,
evaluate evidence based practices to translate and go through either from the lab to the clinic or reverse translate from the clinic to the lab findings to bring solutions to diseases. This will improve care for patients. And really, one really nice part about this is we’re going to have hopefully, people in this program from all departments, scientists, clinicians, different disciplines. So the multidisciplinary nature of this will really allow for translation to build throughout the medical school. On the next slide, please,
you’ll see how we’re thinking about the coursework.
There’ll be 3 unique courses to the NHSCI. One is the course of molecular genomic pathology and precision medicine. That won’t happen until the spring of the first year, but that’ll be, of course, really personalized medicine, and we’re putting together a course with some members of our pathology department that I think will be very exciting. Then an advanced course in trial design,
so-called Pragmatic Trial Design,
Implementation Science,
Real world Data that will be in the fall of of year 2.
And then starting immediately will be a seminar series,
three or four sessions where we’ll have,
three or four sessions where we’ll have,
you know talks regarding what is hypothesis based,
clinical research,
lab to clinic, clinic to lab.
And then we’ll have probably 2 speakers per session.
They’ll either be members,
students who will present their work or what they’re planning to do or examples of translational research ongoing throughout Yale. And I can tell you I’m having a really enjoyable time identifying many of those investigators and pulling it together. But then there’ll be some other courses that will be necessary and or electives. There’s a course, I’m at 645, it’s an introductory biostatistical course in clinical investigation. We’ll have everyone take that in year one in the summer.
So they’ll be prepared for the more advanced courses that we already mentioned.

Of course the ethical issues in biomedical research is a classic.

Of course here at Yale, it can be waived if someone’s taking it.

Many of us have, but we’ll certainly have that as of course and then there’ll be several electives that one will take during the course of this.

And then of course most importantly mentored research projects for credit that will occur during every, every term.

So we’re very excited about this.

You know, we’ve been planning this for several years and glad that
it’s under the umbrella of the new revamped MHS framework here at Yale. So I’ll stop there and pass it on to the next presenter, please.

Thanks so much. So I’m Janet Haffler. I’m the associate Dean for teaching and learning and I oversee the Center for Medical Education. We started the MHS Med Ed track six years ago and it really has been a delight to see what has been produced. It really, when you think of the research that we all do as clinical educators, you really have a background in this.
program as a comprehensive curriculum in medical education and health education. And this year when you really have the research project, we have a core curriculum and of course we have the elective courses I sit and meet with, meet with each person to design your development plan. Exactly what skill set do you want to achieve during your two years with your 35% protected time? Most everyone to date has been a clinician, and they’ve often been on the clinician Educator scholar track or the Academic clinician track.
I'm very excited this year because we're opening it up to PhD faculty, fellows and residents, also the nursing school or school of public health and that is just a wonderful addition to our group. And really the graduates are really prepared to contribute to our education community and develop scholarship, present nationally and internationally and really develop a broader field in health education. So again, we do have the IMED courses in the summer. It gives a good strong
foundation for the participants.

We also start our medical education theory research and practice course in a summer module to give you the groundwork to say, is your research question filling a gap in the literature or are you building on someone else’s research? You really refine your research question and you do not need to have the skill set of research and medical education to enter the program. I think a lot of people get concerned. It’s like, well, do I need to know how to design a medical education research
or health education project?
And no, you don’t.
We are there to work with you to develop that skill set.
And then during your first year in the fall and spring, we have a medical education theory, research and practice course every Tuesday night and work very closely. We have a terrific group of faculty in the Center for Medical Education and we work together, John and Candela, Michael Green and Marty Slade in this program.
We also have a clinical teaching course module to really think about you as a clinical teacher and of course we teach throughout the course, we observe, you teach. We really want you to have the skill set of being an excellent presenter and then of course the required electives. We have two and they are phenomenal. We really sit with you and say, do you want a leadership development course? Do you need quantitative qualitative skills? And we work with you and then of course your mentored research project and work very closely with that.
in your two year period of time.

All right. So getting to the nuts and bolts of that application process, I'll say that the deadline for applications this year is February 29th at 11:59, very precise.

But you have about six weeks to complete the applications. There's an online application site and it's listed there. It's also a link on the MHS website and the application starts with your basic information and then identification of the track in which you're applying to will be.
a personal statement really about your own personal academic goals, career plans and most importantly the role of the Masters program in achieving those goals. Your CV. There’s an option to include your CV Part 2 if if you would like, and it enhances your application research plan. Really broad overview of the question you’re trying to tackle, the background and significance of that question, and a brief overview of the methods, the name of your primary mentor,
and importantly, a letter from your mentor describing their commitment to your mentorship in the program, the names of your mentorship committee members. As I mentioned, you’re expected to meet with this committee throughout the Master’s program and then a letter from your chair or chief that cites that you will have the protected time to enroll in the degree and the source of the tuition support. And as I mentioned,
the February 29th deadline.

So tuition for the new structure for the entering class of 2024 is $49,700 per year. This tuition has been developed and determined based on the cost analysis of the program, and it’s very similar to other Yale and outside master’s programs. The tuition can be paid through a combination of departmental contributions, tuition charged to training grants at allowable limits and then Wyatt Yale School of Medicine scholarships with the goal of not...
having out of pocket costs to the trainees enrolling in the program.

If you look over to the right there’s a high graph looking at the contributions for tuition and it’s broken out by the three research tracks and by medical education. And again, and you’ll remember the amount of protected time is different for the research tracks at 50% and and Med Edit at 35. And the tuition structure is slightly different as well. You’ll see the enormous commitment of
the School of Medicine to supporting trainees in the MHS program. For the entering class of 2024, the tuition scholarship amount for the research tracks is 33,700 and for the research tracks for year 2 full tuition scholarship and then for medical education Year one scholarships to 37,700 and full for the year 2. The remainder of tuition is expected to be contributed to by the commitment of their trainees and the support can come from departmental, divisional,
programmatic support or charge to training grants as appropriate.

And I think the only other point is that when you do the application, there’ll be a check box to indicate that you’re would like to be considered for that Yale School of Medicine scholarship. So make sure you look for that and go ahead and check it.