MOREHOUSE SCHOOL OF MEDICINE

Public Health and Preventive Medicine Residency Handbook

Academic Year 2023-2024

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Preface—Morehouse School of Medicine (MSM)
Vision and Mission

MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between healthcare and health
- Preparing future health learners and leaders

MSM Mission

We exist to:

- Improve the health and well-being of individuals and communities.
- Increase the diversity of the health professional and scientific workforce.
- Address primary healthcare needs through programs in education, research, and service.

With emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

"We are on a mission"

Morehouse School of Medicine (MSM) is like no other medical school in the country. We attract students who want to be great doctors, scientists, and healthcare professionals, and who want to make a lasting difference in their communities.

MSM ranks number one in the first-ever study of all United States medical schools in the area of social mission. The ranking came as a result of MSM's focus on primary care and its mission to address the needs of underserved communities, a commitment which the study emphasizes is critical to improving overall healthcare in the United States. Such recognition underscores the vital role that MSM and other historically black academic health centers play in the nation's healthcare system by addressing head on the issues of diversity, access, and misdistribution.

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will add racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community and the nation.

Likewise, our researchers seek to understand not only the biological determinants of illness and health, but also the social determinants: the circumstances in which someone is born, lives, works, and ages. These circumstances can be shaped by diverse forces, but can be just as powerful as physiology, if not more so, when it comes to health and wellness.

The Scope of This Handbook

The Public Health and Preventive Medicine Residency Handbook includes a brief description of the Graduate Medical Education (GME) program. Details of the GME policies (e.g., compensation), practices, and procedures at Morehouse School of Medicine (*MSM* or *School*) are in a separate GME Policy Manual found in the resources section of Medhub and on the GME website (https://www.msm.edu/Education/GME/2022-2023GMEPolicy.pdf). It is imperative that you read carefully the GME Policy Manual in conjunction with this handbook. The focus of this handbook is the Public Health and Preventive Medicine Residency Program. **The term *resident* in this handbook refers to public health and preventive medicine residents**.

GME Program

***Excerpted from the GME Policy Manual, Academic Year 2022-2023**:*

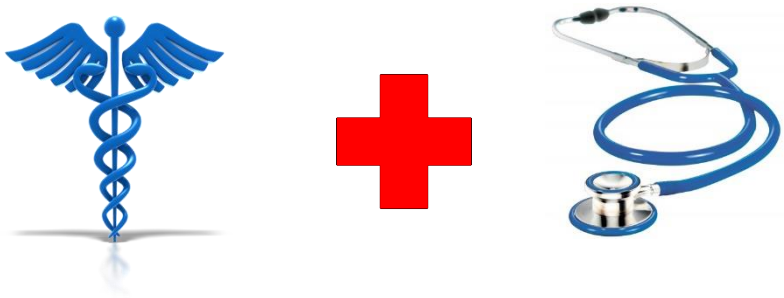
The Graduate Medical Education (GME) Policy Manual is an outline of the basic GME policies, practices, and procedures at Morehouse School of Medicine (MSM or School). The GME Policy Manual is intended only as an advisory guide. The term *resident* in this document refers to both specialty residents and subspecialty fellows.

This policy manual should not be construed as, and does not constitute, an offer of employment for any specific duration. This policy manual does not constitute an expressed or implied contract of employment for any period of time. Either MSM or an employee may terminate the employment relationship at any time with or without cause and with or without notice.

MSM will attempt to keep the GME Policy Manual and its online version current, but there may be cases when a policy will change before this material can be revised online. Therefore, you are strongly urged to contact the GME Office to ensure that you have the latest version of MSM's policies.

Policy updates will be communicated to the MSM community via email and will be posted on the MSM internet site. MSM may add, revoke, suspend, or modify the policies as necessary at its sole discretion and without prior notice to employees. This right extends to both published and unpublished policies. A copy of the GME Policy Manual is available as a download from the MSM website.

The MSM Policy Manual supersedes all prior GME Policy Manuals, policies, and employee handbooks of MSM. The effective date of each policy indicates the current policy and practice in effect for the school.



Graduate Medical Education (GME)

Excerpted from the GME Policy Manual, Academic Year 2023 – 2024:

GME is an integral part of the Morehouse School of Medicine (MSM) medical education continuum. Residency is an essential dimension of the medical student's transformation into an independent practitioner along that continuum. It is physically, emotionally, and intellectually demanding, and requires longitudinally concentrated effort on the part of the resident.

The five MSM residency education goals and objectives for residents are to:
• Obtain the clinical knowledge, competencies, and skills required for the effective treatment and management of patients.
• Prepare for licensure and specialty certification.
• Obtain the skills to become fully active participants within the United States health care system.
• Provide teaching and mentoring of MSM medical students and residents.
• Support in a direct way the school's mission of providing service and support to disadvantaged communities.

Graduate Medical Education Institutional Aim
GME at MSM aims to train focused and well-balanced practitioners who will broaden the diversity in health care and the scientific health workforce in order to eliminate health disparities and to advance health equity in urban and rural populations in Georgia, the nation, and throughout the world.

Graduate Medical Education Institutional Diversity Statement
GME at MSM recruits trainees from diverse backgrounds and perspectives, and trains them to make a positive impact on health care while offering culturally competent and compassionate care. We strive to develop leaders who provide this culturally sensitive care to an inclusive patient population and who will develop innovative approaches to widen the pipeline for quality health care and promote the advancement of health equity.

Graduate Medical Education Institutional Wellness Statement
MSM creates, nurtures, and sustains a diverse and inclusive culture and work environment in which all employees are encouraged to bring their best and authentic selves to work and who are empowered to do so in support of creating and advancing health equity.

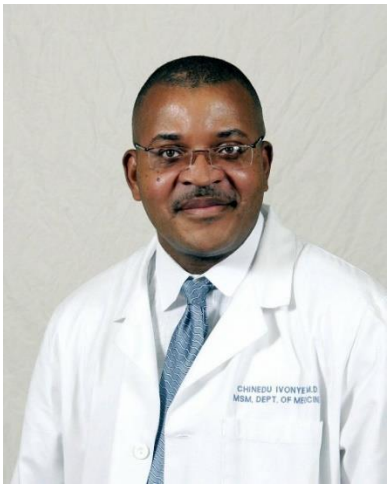
EXCELLENCE

KNOWLEDGE

SERVICE

WISDOM

Welcome from Graduate Medical Education for Academic Year 2023-2024



Dear New and Continuing Residents and Fellows:

Welcome to the 2023-24 academic year of training! The Graduate Medical Office supports and provides oversight to all its ACGME-accredited residency and fellowship programs. As the Designated Institutional Official (DIO), I am committed to ensuring that our residents and fellows receive quality educational experiences and the necessary resources to successfully complete residency training.

MSM GME provides a very competitive fringe benefits package to residents. Our resident stipend amounts rank above the 75th percentile nationally, and the benefits package includes excellent health coverage. Our programs provide vacation and sick leave benefits that are generous compared to other national training programs.

All Morehouse School of Medicine residency and fellowship programs provide and pay for the following resources:

- Board review preparation for seniors
- Yearly book allowance
- iPhones
- Life support certification and recertification
- Marketing collateral—t-shirts, lunchboxes, coffee cups, etc.
- Paging system
- Resident/fellow travel to conferences
- Temporary state medical licenses
- White lab coats

As a previous program director, I enjoy interacting with residents and, in that interaction, strive to acquire resident input and feedback on improving our institution and programs. My expectations for MSM GME residents and fellows are that you:

- Dedicate yourself and your hard work to learning and providing top quality care to our patients.
- Contribute to, and be part of, solutions to improve and innovate our institution; and
- Advocate for the community.

I look forward to working with you all in the upcoming year. Please feel free to contact the GME Office with questions or concerns.

Chinedu Ivonye, MD, FACP
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official

The GME Office location is to be determined.

Message from the Residency Director, Academic Year (AY) 2023-2024

The Public Health and Preventive Medicine (PHPM) Residency is delighted that you have decided to join the residency program. As a practitioner in public health and preventive medicine at the population level for more than three decades at the Centers for Disease Control and Prevention, I joined the leadership of the residency program because of the focus on health equity and achievement of optimal health for all individuals, families, and communities. We look forward to providing you with the necessary educational and practical opportunities to address health problems of the 21st century in diverse, underserved populations through health equity and health justice. A critical part of the training is the application of the knowledge obtained from the Master of Public Health (MPH) degree through comprehensive practical experiences.

Key examples of these applied or practical experiences are:

- Addressing community health needs among underserved populations during a 2-year longitudinal experience.
- Providing and evaluating population health programs as a team member in public health agencies at the county, district, state, and federal levels of government.
- Addressing environmental hazards and providing clinical care for common occupational health problems.
- Providing clinical preventive medicine and lifestyle medicine in clinical settings that promote optimal health among children, adults and seniors.

This is an exciting time in your learning. Please embrace and absorb all the educational information and develop the skills to become the best that you can be as our patients, families, communities, state, and Nation need competent leaders in public health and preventive medicine that create and advance health equity.

Sincerely,

Sonja S. Hutchins, MD, MPH, DrPH, FACPM
Director, Public Health and Preventive Medicine Residency Program
Professor, Department of Community Health and Preventive Medicine

Welcome from the Resident Association

Excerpted from the GME Policy Manual, Academic Year 2023 – 2024:

The Morehouse School of Medicine (MSM) Resident Association (RA) is the representative body and voice for MSM residents. The RA works in collaboration with the leadership and administration of MSM Graduate Medical Education (GME) and its educational affiliates to ensure that residents are involved in providing input and feedback regarding decisions pertaining to residency education. The officers of the RA are available to residents as a resource in the informal concern and complaint process.

Membership in the RA is extended to all residents. The bylaws outline the structure and purpose of the association. Residents are encouraged to become involved in the Morehouse School of Medicine Resident Association and to use it as a vehicle for communication regarding direct involvement in policymaking, institutional administration, and interdepartmental coordination.

Resident Association Mission

The mission of the Morehouse Resident Association is to be the voice of all residents. The RA advocates for MSM residents and strives to contribute to their well-being, the improvement of their learning environment, and to foster a well-balanced residency experience through communal activities. The specific bylaws can be found in the GME Policy Manual. https://www.msm.edu/Education/GME/2023-2024-GMEPolicyManual_Updated.pdf.

General Information for Faculty Members

The Graduate Medical Education Committee (GMEC) highly values the contributions of our faculty members. The GMEC agrees with, supports, and adheres to the ACGME requirements and standards as related to faculty members. Details are also found in the GME Policy Manual. https://www.msm.edu/Education/GME/2023-2024-GMEPolicyManual_Updated.pdf).

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Public Health and General Preventive Medicine Residency Program

Glossary of Terms

ACGME—Accreditation Council for Graduate Medical Education
CCC—Clinical Competency Committee
PEC/RAC—Program Evaluation Committee/Residency Advisory Committee
RRC—Residency Review Committee
GME—Graduate Medical Education
GMEC—Graduate Medical Education Committee
AIR—Annual Institutional Review
APR—Annual Program Review
APE—Annual Program Evaluation
CLER—Clinical Learning Environment Review
NAS—Next Accreditation System

Overview

The Morehouse School of Medicine (MSM) Public Health and Preventive Medicine Residency Program is a two-year accredited program that offers residents the opportunity to integrate a practicum with academic work towards the degree of Master of Public Health. Residents spend a total of two (2) years completing the integrated academic and practicum year requirements at Morehouse School of Medicine.

Mission

Our mission is to train qualified physicians to promote healthy behaviors and policies and to prevent disease, injury, and premature death among individuals, populations and communities. The community-focused program educates residents on how to identify and address the health risks associated with social, cultural, behavioral and policy factors; to identify and address health needs in individuals and communities, including population-level and individual health care that is compassionate, appropriate, and effective; to describe and address the impact of health disparities among racial and ethnic individuals, populations and communities; and to recognize and eliminate behaviors and address policies that lead to injury, disease and premature death. The program focuses on individuals living in underserved communities, which aligns with the institutional mission to improve the health and wellbeing of individuals and communities with emphasis on racial and ethnic marginalized populations and the underserved urban and rural populations in Georgia, the nation, and the world.

Program Aims

Our program specific aims are:

- To educate residents to identify and address health needs in diverse individuals and populations.
- To educate residents to understand and address the impact of health disparities and inequities among racial and ethnic populations.
- To produce excellent, independent practitioners who will be leaders in public health practice, academic medicine, clinical preventive medicine and the elimination of health disparities and creation and advancement of health equity.

Program Diversity

The program seeks to broaden diversity in the public health and preventive medicine workforce and to develop innovative approaches to diversify the pipeline for public health and preventive medicine careers. Achieving diversity in trainee recruitment, selection and retention is aligned with the sponsoring institution's mission to increase the diversity of the health professional and scientific workforce and to create and advance health equity. The program recruits a diverse population of candidates for interviews by reviewing their application in a holistic manner with a special emphasis on inclusion of African American males. During the interview process, candidates are identified who demonstrated an interest in the care of underserved populations. Next, the program selects a diverse population of residents by participating in the American College of Preventive Medicine's Standard Acceptance Program (SAP). After acceptance to the program, residents are supported and nurtured in the diverse public health and healthcare settings with diverse faculty and preceptors and a diverse patient population. The diverse public health and healthcare settings are in urban and rural areas and include a community-based, hospital outpatient primary care clinic; occupational medicine practices;

local, state, and federal public health agencies; the Veterans Administration; and preventive medicine clinics in homeless shelters. These diverse healthcare settings provide care to diverse patients such as low-income, multicultural, urban, rural, veteran, and homeless populations and patients with comorbid conditions.

The program will continue to recruit alumni from the program to serve as faculty. Because program alumni represent a diverse and inclusive public health and preventive medicine workforce who have been educated to be leaders in the elimination of health disparities and creation and advancement of health equity, alumni exhibit cultural humility, sensitivity and competence for the individuals, populations and communities they currently serve. The program will also actively recruit a diverse population of faculty and administrative support by targeting specialty organizations that represent various populations and follow the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards), including language assistance in recruitment and program materials. In addition, we will continue to set diversity recruitment and retention goals.

Program Structure

As a two-year program that offers residents the opportunity to integrate a practicum with academic work towards the degree of Master of Public Health, residents spend a total of two (2) years completing the integrated academic and practicum year requirements at Morehouse School of Medicine. Both the academic and practicum programs have been designed with enough scheduling flexibility to accommodate dual enrollment of residents. These experiences are designed for residents to achieve competence in the preventive medicine specialty and meet milestones along the way to ensure achievement of competency.

After completing their academic and practicum years, residents can realistically expect to find employment in public health at the federal, state, or county levels. Other feasible career opportunities include serving as a public health researcher, a medical director of a health center, or an academician or consultant.

Funding for these positions is principally provided by physician training grants from the Health Resources Services Administration (HRSA). Other program support comes from the Georgia Board for Physician Workforce and other state and institutional funds.

Accreditation

The Morehouse School of Medicine Public Health and Preventive Medicine Residency Program is fully accredited by the Accreditation Council for Graduate Medical Education. The letter describing the accreditation is on file in the program office.

For more information about accreditation, see the Resident and Fellow Eligibility, Selection, and Appointment Policy in the Policies, Procedures, Processes, and Program Templates section of the handbook.

ACGME Accreditation Council for Graduate Medical Education

For ACGME Program Requirements for Graduate Medical Education in Preventive Medicine visit the following link to the ACGME Common and Specialty requirements.

https://www.acgme.org/specialties/preventive-medicine/program-requirements-and-faqs-and-applications/ (effective July 1, 2022).

Program Components

Academic

Residents must complete the Master of Public Health (MPH) Program for board eligibility in preventive medicine. The MPH degree is provided through the Morehouse School of Medicine Executive (online) Master of Public Health (eMPH) Program. This program educates and trains public health professionals in the public health theory that supports the social mission of MSM.

The list below includes the courses to be completed by PH/PM residents.

- Fundamentals of Public Health
- Research Methods
- Cancer Epidemiology
- Introduction to Cancer Prevention and Control
- Health Program Planning and Evaluation
- Public Health Practice Leadership Seminars (Applied and Integrative Learning Experiences)
- Biostatistics
- Health Administration, Management, and Policy
- Social and Behavioral Aspects of Public Health
- Epidemiology
- Introduction to Environmental Health
- Financial Management for Healthcare Professionals*
- Advanced Epidemiology*
- Advanced Biostatistics (MSM Graduate Education in Biomedical Sciences (GEBS) Program Multivariate Analysis) *
- Clinical Preventive Medicine for Healthcare Professionals*
- Environmental Risk Hazard and Control*

*Additional courses or content required by ACGME/program

In addition to the courses, residents must complete the Master of Public Health degree elements:

- Practicum (Residency Rotation(s) applicable)
- Integrated Learning Experience (Thesis Project)

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YEAR 1

Fall - First Year			
Semester/ Year	**Course Number/ Type**	**Course Title**	**Credit Hours**
FALL	MPH 500E/Core	Biostatistics	3
FALL	MPH 501E/Core	Environmental Health	3
FALL	MPH 502E/Core	Epidemiology	3
FALL	MPH 504E/Core	Social and Behavioral Aspects of Public Health	3
FALL	MPH 505E/Core	Fundamentals of Public Health	3
Subtotal			**15**
Spring - First Year			
Semester/ Year	**Course Number/ Type**	**Course Title**	**Credit Hours**
SPRING	MPH 506E/Core	*Research Methods	3
SPRING	MPH 508E/Core	+Community Health Assessments & Improvements	3
SPRING	MPH / Elective	Advanced Biostatistics	3
SPRING	MPH / Elective	Intro to Cancer Prevention & Ctrl	3
SPRING	MPH 503E/Core	Health Administration Management & Policy	3
SPRING	MPH 699E/Required	MPH Seminars	1
Subtotal			**16**
Summer – First Year			
Semester/ Year	**Course Number/ Type**	**Course Title**	**Credit Hours**
SUMMER	MPH/Elective	Advanced Epidemiology	3
SUMMER	MPH 711/Elective	Clinical Prevention and Control	2
Subtotal			**5**

+ MPH 505E Fundamentals of Public Health *is a pre-requisite for* ***MPH 508E Community Health Assessment & Improvement****.*

YEAR 2

Fall – Second Year			
Semester/ Year	**Course Number/ Type**	**Course Title**	**Credit Hours**
FALL	MPH 690E/Required	**Applied Practice Experience I	1.5
FALL	MPH 691E/Required	*Integrative Learning Experience I	1.5
FALL	MPH 510E/Core	Health Program Planning and Evaluation	3
FALL	MPH 511/Elective	Financial Management	2
FALL	MPH 702/ Elective	Cancer Epidemiology	2
FALL	MPH / Elective	Environmental Health Risk Assessment	3
Subtotal			**13**
Spring - Second Year			
Semester/ Year	**Course Number/Type**	**Course Title**	**Credit Hours**
SPRING	MPH 690E/Required	**Applied Practice Experience II	1.5
SPRING	MPH 691E/Required	*Integrative Learning Experience II	1.5
Subtotal			**3**
GRAND TOTAL			**52**

MPH 506E Research Methods** is a pre-requisite for **MPH 691E Integrative Learning Experience.
***MPH 690 Applied Practice Experience (APE):** MPH 508 Community Health Assessment& Improvement is a pre-requisite for the Applied Practice Experience (APEx). In addition to successfully completing the pre-requisite, students are required to successfully complete 5 core courses (to include MPH 505 and MPH 508) **prior** to starting their APEx. Students who have **NOT** completed the aforementioned requirements are ineligible to begin their APEx.*

Practicum

The practicum component of the MSM Public Health and General Preventive Medicine (PH/PM) Residency Program is comprised of seven (7) rotations and weekly half-day clinical assignments. Five (5) of the eight (8) rotations correspond to the five (5) major component areas of preventive medicine and are required of all residents regardless of degree status:

- Epidemiology/Biostatistics
- Health Administration
- Environmental and Occupational Health and Medicine
- Clinical Preventive Medicine
- Longitudinal Social-Cultural-Behavioral Determinants of Health Rotation

Other Required Rotations

The Special Studies and Major Area of Concentration electives allow residents to acquire additional knowledge and skills in one (1) of the five (5) component areas of public health.

The following rotations are available to residents who enter the program with the MPH degree:

- Clinical Preventive Medicine II
- Special Studies II
- Major Area of Concentration II

These rotations allow for an individualized program while ensuring that each resident encounters a core of basic learning opportunities. In some areas, residents help to develop competencies as part of the learning experience.

Clinical Activities

Residents engage in direct patient care throughout the residency during the weekly clinic assignments and through the completion of the Clinical Preventive Medicine and Occupational Medicine Rotations listed above. The ACGME requires preventive medicine residents to complete a minimum of 320 hours of direct patient care each year. The PH/PM Residency Program requires ongoing clinical activities for the maintenance of patient care skills, which meets the ACGME minimum clinical hours.

Didactics

Residents are required to participate in weekly didactic sessions that provide additional instruction in public health and preventive medicine. The didactic sessions also give residents the opportunity to engage with program faculty, guest lecturers, students, and peers.

The didactic sessions include the following subject areas:

- Epidemiology
- Clinical Preventive Medicine
- Preventive Medicine Board Review
- Lifestyle Medicine (may also include Integrative Medicine)
- Professional Development
- Community-based Participatory Research
- Journal Club
- Other special topics

Residents are required to attend all sessions, unless excused and must participate in a minimum of 80% of sessions each year.

PH/PM Residency Staff and Faculty Roles

Residency Program Staff

Residency Program Director

The residency program director oversees and monitors the day-to-day operations of the residency program; develops, evaluates and monitors resident educational curriculum and plan; identifies teaching faculty, ensures the effectiveness of the training curriculum, oversees the program budget, and maintains accreditation standards. The program director also secures program funding and identifies training sites.

Associate Residency Program Director

The associate residency program director participates in the day-to-day operation of the residency program along with the residency program director. Additionally, the associate residency program director participates in curriculum development, maintains accreditation standards, advises residents, and participates in the resident selection process.

Program Manager

The program manager manages the daily operational activities of the residency program and coordinates training activities at various affiliated institutions. The program manager also:

- Develops and manages the program budget as well as all the program grants.
- Ensures that the residents complete all required administrative tasks, including evaluation completion, duty hour logging, and milestones documentation.
- Ensures that residents' training records are updated and maintained.
- Is responsible for completing documentation for internal and external entities (e.g., MSM Graduate Medical Examination [GME] office, the Accreditation Council for Graduate Medical Education, and various funding agencies).
- Develops and disseminates the monthly clinic and didactic schedules; and
- Plans the resident recruitment activities and all program meetings, retreats, and special events.

Program Assistant

The program assistant provides administrative support to the program director, associate program director, and the residency program manager. The residency program assistant:

- Provides professional and prompt completion of data entry, expense requests, travel support, program documentation, and meeting logistics and
- Supports residents and faculty in the use of the MedHub Residency Management System.

PH/PM Residency Core Faculty and Research Interests

Sonja Hutchins, MD, MPH, DrPH, FACPM
Residency Program Director and Professor
Professional/Research Interests: Epidemiology, Infectious Diseases Epidemiology, Immunizations, Graduate Medical Education, Clinical Preventive Medicine, Lifestyle Medicine for Older Adults and Public Health Research

Alex Crosby, MD, MPH, ABPM (Diplomate)
Professor, Epidemiology Faculty Advisor, and Epidemiology Seminar Series and Journal Club Advisor
Professional/Research Interests: Epidemiology, Suicide Prevention, Child Maltreatment, Intimate Partner Violence, Interpersonal Violence, and Injury Prevention

Sherry Crump, MD, MPH, FACPM
Longitudinal Social/Cultural/Behavioral Rotation Advisor
Professional/Research Interests: Graduate Medical Education and Community-Based Participatory Research

Jennifer Rooke, MD, MPH, FACPM, FACOEM
Lifestyle Medicine Advisor, Preventive Medicine Board Review Advisor and Risk Assessment and Management Course Director
Professional/Research Interests: Integrative Medicine, Plant-Based Nutrition, Lifestyle Medicine, and Occupational and Environmental Health

Lee Caplan, MD, MPH, PhD, ABPM (Diplomate)
Resident Research Advisor and Cancer Prevention and Control Track Advisor
Professional/Research Interests: Cancer Epidemiology and Research

LaKesha Tables, MD, MPH, FAAP, ABPM (Diplomate)
Childhood Obesity Prevention Faculty Coordinator and Course Director for Clinical Preventive Medicine Course
Professional/Research Interests: Adolescent Health and Childhood Cancer Survivorship

Beverly Taylor, MD, FAAFP, FACPM
Chair Emerita
Professional/Research Interests: Graduate Medical Education, Community-Based Research, and Cancer Prevention

Tabia Henry-Akintobi, PhD, MPH
Chair and Professor, Department of Community Health and Preventive Medicine

Note: FACPM represents a Fellow of the American College of Preventive Medicine and is also a Diplomate of the American Board of Preventive Medicine.

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Roles and Responsibilities of MSM PH/PM Residents

Resident Responsibilities and Agreements

As employees of the Morehouse School of Medicine, residents complete the relevant MSM employment and onboarding documents. As trainees in the Public Health and Preventive Medicine Residency Program, residents agree to the following:

- Active participation in residency training program
  Residents agree to participate actively in the MSM Residency Program, acknowledging that benefits from training will be directly proportional to individual effort. Residents will take responsibility for keeping their academic advisor and practicum preceptor informed of progress in the program/rotation and for seeking assistance and advice as needed.
- Adherence to academic and administrative policies
  Residents agree to comply with the program's academic and administrative policies, including those related to attendance, reports, documentation of learning, and self-assessment.
- Fulfillment of all responsibilities related to the MPH degree
  Residents integrating coursework toward the MPH degree in their residency training agree to assume responsibility for fulfilling all requirements of the academic program as well as the practicum and for ensuring that faculty and staff assigned to the residency program are kept informed of their progress and commitments.

The following statements of responsibilities more fully detail these expectations.

- Participate actively in the orientation program at the beginning of the first year of residency and in continuing resident orientation activities each year.
- Participate actively in weekly seminars, Grand Rounds, presentations, and discussions held for residents during the academic year:
  - Residents are allowed three (3) absences per academic year excluding CME, vacation time, and sick time.
  - Any resident more than fifteen (15) minutes late to a weekly didactic session will be documented as absent.
- Conduct and present results of approved field research projects.
- Submit semiannual reports, including milestone and competencies completion to the residency program director and advisor that reflect the resident's progress toward achieving mastery of the competencies; these help the preceptor in completing the rotation evaluation and the Clinical Competency Committee complete its annual evaluation.
- Seek advice and assistance as needed from the program director, associate residency program director, chief resident, senior resident, and program advisor in fulfilling any of the previously listed responsibilities.
- Evaluate both the academic and practical components of the entire residency program by completing the annual ACGME Resident Survey, the MSM Graduate Medical Education Resident Survey, and the Graduating Resident Exit Survey.
- Complete scholarly activities: (All residents must submit at least one (1) abstract in the 2nd year, participate in Resident Research Day, and participate in the Annual Public Health Summit; Journal Club).
- Maintain his or her learning portfolio, educational plan, including learning activities and milestones documentation).

Practicum Objectives

The following statements of resident responsibilities apply to practicum expectations. The resident is expected to:

- Participate fully in practicum rotations.
- Complete a learning contract at the beginning of each rotation and submit it to the program office (i.e., within 2 weeks of the start of the practical rotation).
- Complete all assignments and administrative duties in a timely manner.
- Conduct and present results of approved field research projects.

Specific practicum objectives can be found in the competency-based learning objectives and Milestones.

Academic Objectives

Regarding academic responsibilities, the resident is expected to:

- Maintain good academic standing and fulfill all requirements of the degree program (MPH).
- Participate actively in school activities, including seminars, required courses, and teaching opportunities.
- Seek advice and assistance from the designated preceptor in planning both academic and rotation experiences.

Patient Safety

In compliance with ACGME requirements, the program, its faculty, and residents must actively participate in patient safety systems and contribute to a culture of safety. The program must have a structure that promotes safe, interprofessional, team-based care. Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Patient Safety Events

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents, fellows, faculty members, and other clinical staff members must:

- Know their responsibilities in reporting patient safety events at the clinical site.
- Know how to report patient safety events, including near misses, at the clinical site.
- Obtain summary information of their institution's patient safety reports.

In addition, residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses, or other activities that include analysis, as well as formulation and implementation of actions.

Resident Education and Experience in Disclosure of Adverse Events

Patient-centered care requires patients, and when appropriate, families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for residents to develop and apply.

All residents must receive training in how to disclose adverse events to patients and families. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

Quality Improvement and Patient Safety

The resident will have the following opportunities:

- Education in Quality Improvement
    - A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary for health care professionals to achieve quality improvement goals.
    - Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.
- Quality Metrics
    - Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.
    - Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
- Engagement in Quality Improvement Activities
    - Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.
    - Residents must have the opportunity to participate in interprofessional quality improvement activities.
    - This should include activities aimed at reducing health care disparities.

The PH/PM Residency Program provides a curriculum that teaches residents the principles and practices of patient safety and quality improvement (PS/QI). The curriculum includes the following objectives:

- Discuss the historical background of Patient Safety/Quality Improvement.
- Define the principles of Patient Safety/Quality Improvement.
- Define PS/QI problems specific to public health and preventive medicine.
- Demonstrate the ability to apply PS/QI principles in a community or public health setting. Formulate a Quality Improvement project or participate in a project that is already in progress. Demonstrate behaviors associated with effective teamwork and interpersonal and communication skills.

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PH/PM Residency Program Wellness

The MSM PHPM Residency Program understands its responsibility, in partnership with the Sponsoring Institution, to address resident well-being. This responsibility must include:

- "VI.C.1.a) efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships; (Core)
- VI.C.1.b) attention to scheduling, work intensity, and work compression that impacts resident well-being.
- VI.C.1.c) evaluating workplace safety data and addressing the safety of residents and faculty members."

To mitigate resident burnout and to promote resident wellness, the program's current initiatives include providing formal guidance, through the annual program orientation and resident tip sheet, and informal guidance on managing the multiple activities of the program. Providing this guidance is important because the residents must manage multiple activities and deadlines in the academic, clinical, and practicum components of the program.

Additionally, the program provides faculty mentoring and administrative support to residents, conducts an annual health and wellness retreat for residents and core faculty, provides faculty and resident education on fatigue and sleep deprivation, and encourages a healthy lifestyle among residents. This includes encouraging residents to take vacation time, participate in professional development activities, and practice healthy habits (e.g., healthy nutrition, fitness, sleep hygiene, and meditation). The program also provides healthy meals during didactic and nutritious snacks in the residents' office.

Residents will also be informed of the available mental health services within and outside the institution, encouraging residents to report to the program impairment, depression, or burnout in themselves or their colleagues. This will make clearer to the residents the importance of their training and work as physicians so that they find satisfaction and meaning in their work.

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Tips for Managing Program Responsibilities

The following tips are helpful for residents in managing their responsibilities in the program.

- Consolidate all calendars (e.g., residency monthly calendars, outlook notices, etc. to include all due dates).
- Prioritize tasks based on time commitment and due dates.
- Develop daily and weekly schedules to include:
    - Rotation activities
    - MPH Class sessions
    - Clinic assignments
    - Longitudinal rotation activities
    - Didactics
    - Administrative meetings (e.g., committees, residency interviews, etc.)
    - Other MPH Program activities
    - Deadlines and Deliverables
- Use the MPH program semester course schedule to include residency program activities in the schedules (e.g., clinic sessions, rotations, board preparation time, etc.).
- Schedule time each workday to read and respond to emails and to log duty hours.
- Develop a monthly board preparation schedule (a minimum of four (4) hours each month).
- Parlay professional interests into rotation assignments, class assignments, or thesis project, when possible.
- Seek assistance and coaching.
- Meet with the resident's program advisor quarterly to discuss Milestones progress and any academic concerns.
- Share any concerns with program administration as they arise.
- Schedule time each week to complete the following administrative tasks (recommended time is Fridays following didactics).
    - Didactic evaluations
    - Milestones documentation
- Update the resident's CV at the end of each semester/rotation.
- Be mindful to include adequate rest, nutrition, and emotional and spiritual enrichment every day.
- Remember to schedule vacation leave.

NOTE: As a reminder, leave is not granted during special programs or GME events.

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Program Goals and Objectives by PGY Level

Because the PH/PM Resident Program is completed in an integrative fashion, there are no specific curriculum objectives by PGY level. The progression policies for promotion requirements listed below are helpful in clarifying progress in the program.

Public Health and Preventive Medicine Promotion Policy

Residents must adequately demonstrate progression in the completion of all components of preventive medicine specialty training. The following statements of responsibilities detail resident progression.

Year One

By the end of the first year, residents should have completed the following program components:

- Completion of at least 31 credit hours in the MPH Program with a minimum grade of "B".
- Successful completion of at least 2 rotations as evidenced by evaluation feedback.
- Successful completion of at least two (2) months (320 hours) of direct patient care activities.
- Successful participation in program didactics, conferences, and other meetings.
- Active participation in the longitudinal community health project.
- Submission of community health project reports as determined by the program director.
- Adherence to all the policies and procedures outlined in the following documents:
    - Public Health and Preventive Medicine Residency Handbook
    - Morehouse School of Medicine Graduate Medical Education (GME) Policy Manual
    - Morehouse School of Medicine Institutional Policies
    - Morehouse School of Medicine Student Handbook
    - Any affiliate/participating site institutional policies and procedures.
- Demonstration of professional and ethical conduct (this includes prompt arrival/completion of all educational, clinical, administrative, and service activities and documentation).

Year Two

By the end of the second year, residents should have completed the following program components:

- Completion of at least 21 credit hours in the MPH Program with a minimum grade of "B"; these credits must include the completion and approval of the culminating experience (Thesis Project).
- Successful completion of at least six (6) rotations as evidenced by evaluation feedback.
- Successful completion of at least two (2) months (320 hours) of direct patient care activities.
- Successful participation in program didactics, conferences, and other meetings.
- Active participation in the longitudinal community health project.
- Submission of Longitudinal SCB Rotation reports as determined by the faculty coordinator.

- Participation in scholarly activities as described below.
- Adherence to all the policies and procedures outlined in the following documents:
    - Public Health and Preventive Medicine Residency Program Handbook
    - Morehouse School of Medicine Graduate Medical Education Policy Manual
    - Morehouse School of Medicine Institutional Policies
    - Morehouse School of Medicine Student Handbook
    - Any affiliate/participating site institutional policies and procedures
- Demonstration of professional and ethical conduct, including prompt arrival at and completion of all educational, clinical, administrative, and service activities and documentation.

Senior Resident and Fellow

In preparation to enter unsupervised practice of medicine, residents who have not met all of the Year 1 and Year 2 requirements listed above are ineligible to graduate from the program.

Scholarly Activities

The program provides opportunities for residents to develop research skills that improve their knowledge and application of patient/population care. All residents in the PH/PM Residency Program are required to engage in scholarly activities in several ways:

- Submit at least one (1) abstract to a state, regional, or national specialty conference in the 2nd year of training.
- Present (oral or poster presentation) at the MSM Resident Research Day during each year of the program.
- Present (oral or poster presentation) at the Annual Dr. Daniel S. Blumenthal Public Health Summit.
- Present in Journal Club as scheduled.

Residents are also encouraged to seek other opportunities for scholarly activities as approved by the program. All activities must be documented in the MedHub Residency Management System and in the semiannual Milestones reports.

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Other Program Features

Records Management

MSM resident files are maintained at Morehouse School of Medicine or online in the MedHub Residency Management system. They contain relevant inter-institutional agreements, resident records, program records, advisory committee minutes, and evaluations.

Resident Benefits

As employees of Morehouse School of Medicine, residents are entitled to the fringe benefit package provided to employees. This package includes health, life, and disability insurance. Health insurance for dependents is available with payment of an employee premium. Malpractice insurance for MSM residency-related activities is also provided by Morehouse School of Medicine.

Medical care is available at discounted fees through Morehouse Healthcare. The employee insurance plan can also be used to cover services through other health care providers.

Public Health and Preventive Medicine Program Benefits

In addition to the benefits described above, the Public Health and Preventive Medicine Residency Program offers the following benefits to all residents in good standing based on the availability of funds:

- All tuition and fees for the Master of Public Health degree
- Board review support
- Attendance at specialty conferences
- A tablet or laptop computer

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Program Policies and Procedures

The PH/PM program follows and complies with all policy and procedures of MSM Human Resources and Graduate Medical Education, found in the GME Policy Manual https://www.msm.edu/Education/GME/2023-2024-GMEPolicyManual_Updated.pdf. These are also available on the main GME website at http://www.msm.edu/Education/GME/index.php

The following section include PH/PM program-specific addenda to the policies and procedures.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- Compassion, integrity, and respect for others (outcome).
- Responsiveness to patient needs that supersedes self-interest (outcome).
- Respect for patient privacy and autonomy (outcome).
- Accountability to patients, society, and the profession (outcome); and
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Source: ACGME Program Requirements for Graduate Medical Education in Preventive Medicine Common Requirements Professionalism

PH/PM Residency Professionalism Contract

(Adapted from the l Medicine Residency Naval Medical Center San Diego)

Residents in the PH/PM Residency Program must adhere to its professional code of conduct.

The purpose of having a professionalism contract for residents is to remind the resident of the high professionalism expectations of a physician. In addition, this contract reinforces that all residents are evaluated in the professionalism competency based on their behavior in all components of the training program. Professionalism is a broad competency that affects the resident's success in all ACGME competencies.

The goals of the residency program are to provide residents with experiences in the specialty of preventive medicine to achieve excellence to practice independently without supervision. As a resident physician, I recognize that I am in a noble profession where humanistic qualities foster the formation of patient/community/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, personal accountability, courtesy, sensitivity to patient needs for comfort and encouragement, and professional attitude and behavior towards colleagues, faculty, staff, and students.

Residents in the Public Health and Preventive Medicine Residency Program must adhere to the professionalism policies mandated by the MSM Office of Graduate Medical Education. See the Professionalism Policy in the Policies, Procedures, Processes, and Program Templates section of this handbook and the GME policy manual.

In signing the following professional contract, the resident agrees to adhere to the professionalism expectations as outlined below and understands the potential for severe consequences for unprofessional behavior. Consequences may include, but are not limited to the following:

- Probation/continued probation
- Non-promotion to the next PGY level
- Repeat of a rotation or other education block module
- Non-renewal of residency appointment agreement
- Dismissal from the residency program

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PH/PM Residency Professionalism Contract

(Adapted from the Internal Medicine Residency Naval Medical Center San Diego)

I _____, will exercise good judgment, integrity, and behavior both inside and outside the workplace to include, but not limited to the following agreements:

I will accept primary responsibility for the delivery of care to all assigned patients and will accept responsibility for the complete turnover of those patients when I am going off duty, regardless of the institution I am working at. This commitment to patients and the medical profession may at times go beyond my own self-interest.

I will do more than just my job, including being available to offer assistance as needed to patients, their families, my colleagues, the clinic, and clinic staff.

I will willingly accept guidance, criticism, and evaluation from those with more experience and use this information to improve my practice and my behavior. I will recognize that I am not perfect but will reflect on how I can improve.

I will conduct myself ethically and professionally and keep my position as a physician in the care of patients and in relationships between myself and other members of the medical staff, my assigned community, and the MPH program. I will avoid unduly familiar relationships in the workplace and other corresponding settings.

I will develop and participate in a personal program of self-study and professional growth. In doing so, I recognize that my program has a defined academic schedule, and I will attend, at a minimum, 80% of all scheduled didactic sessions. I will arrive promptly to didactic sessions, and I will not text, sext, surf the internet, or act in any inappropriate manner that is disrespectful to those who are working to educate me.

I will demonstrate intellectual honesty and professional integrity in both clinical/population health practice and academic endeavors. I will not plagiarize presentations and will provide credit/acknowledgement when I adopt or use the work of another as part of a presentation or didactic lecture. I will not knowingly copy or duplicate the patient care documentation of another physician or provider nor represent it as my own. I will comply with all HIPAA regulations, and not access medical records of individuals for whom I am not providing healthcare.

I will always relate the truth when engaging with patients, faculty, staff, and students. I will never lie.

Name: _____

Signed: _____ Date: _____

Program Director: _____ Date: _____

Public Health and Preventive Medicine Resident Leave Request Procedures (Partial)

Residents must submit leave requests via email to the residency program manager and the CH/PM Director of Administration (or designee) at least ten (10) business days prior to planned leave. Details of the types of leave are in the GME Policy Manual at 2023 - 2024 Graduate Medical Education Policy Manual (msm.edu). When approved, all leave requests must be entered into the Kronos system prior to the leave date.

In the case of illness or an emergency, the resident must notify the residency program manager, preceptor, and class instructor of the absence as soon as possible.

Leave will not be granted during mandated residency events, such as orientation, residency retreats, annual GME activities, and the program's annual luncheon.

PH/PM Residency Program Procedures for Fatigue and Fatigue Mitigation

The PH/PM Residency Program will provide all faculty members and residents information and instruction on recognizing the signs of fatigue and sleep deprivation via an annual didactic session and during the annual program health and wellness retreat. These sessions will cover alertness management, fatigue mitigation processes, as well as how to adopt these processes to avoid potential negative effects on patient care and learning. Additionally, residents in the PH/PM Residency Program are not assigned a call schedule, with most residency activities taking place during business hours.

This is accomplished by orientation sessions sponsored by GME and a department-sponsored session early in the academic year. This information is then posted on MedHub for easy reference.

To ensure that patient care is not compromised if a resident or faculty member must apply fatigue mitigation techniques while on scheduled duty, residents should contact the chief medical resident or the resident's faculty supervisor so that appropriate coverage can be obtained to ensure continuity of patient care. The PH/PM Residency Program and its affiliates ensure that adequate sleep facilities are available to residents and/or safe transportation options are available for residents requesting assistance due to fatigue because of time spent on duty.

Resident Counseling

Short term counseling is available from MSM Counseling Services (404) 752-1789). MSM has an Employee Assistance Program (EAP) available for residents as a self-referral, program-referral or for family assistance. Residents are briefed on these programs during in-coming orientation to include the Drug Awareness Program, resident impairment issues, and family counseling. More information regarding these programs is available in the respective residency program office or the Human Resources Department, (404) 752-1600.

PH/PM Residency Program Supervision Procedures

The Public Health and General Preventive Medicine Residency Program follows the Morehouse School of Medicine GME Supervision and Accountability Policy found in the Policies, Procedures, Processes, and Program Templates of the GME Policy Manual.

Supervision may be provided by the supervising faculty member, a more advanced licensed practitioner, fellow, or more senior resident, either in the institution, or by means of telephonic and/or electronic modalities; or in some cases, post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Supervision of At-Home Call

Residents only have at-home call and clinical faculty are immediately available by phone, providing indirect supervision with direct supervision available.

Process

The program maintains current call schedules with accurate information enabling residents at all times to obtain timely access and support from a supervising faculty member. The program director will ensure that all program policies relating to supervision are distributed to residents and faculty who supervise residents. A copy of the program policy on supervision is included in the official PH/PM Residency Program Handbook and the GME Policy Manual and provided to each resident upon matriculation into the program.

Progressive Authority and Responsibility, Conditional Independence, Supervisory Role in Patient Care

The recommended level of supervision is specified in each rotation's goals and objectives. It is the responsibility of the program director and supervising clinician to determine the progressive authority and responsibility, conditional independence, and a supervisory role in patient care to be delegated to each resident.

At the beginning of each clinical rotation, the supervising clinician will directly observe each resident's interaction with multiple patients. Supervising clinicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. It is the responsibility of the supervising clinician to delegate progressive authority and responsibility to each resident as appropriate.

Each resident is responsible for knowing the limits of his or her scope of authority and the circumstances under which he or she is permitted to act with conditional independence, and for acting within these limits and circumstances.

Guidelines for When Residents Must Communicate with the Attending

In the clinical setting, the residencies ensure there will be sufficient and appropriate attending-resident communication to provide the highest quality of patient care and enough supervision for an excellent educational experience. While specific levels of supervision are described in the Supervision and Accountability Policy in the Policies, Procedures, Processes, and Program Templates of the GME Policy Manual, the supervisor and resident have a mutual responsibility to recognize the need for and implement increased communication and supervision under the following circumstances:

- A significant deterioration in clinical status of a patient.
- Any patient with a high-risk condition (e.g., critically ill).
- Uncertainty regarding the diagnosis.
- Uncertainty regarding the proposed clinical management of the patient; and
- Patients requiring interventions that entail significant risk.

Graduated Levels of Responsibility for Preventive Medicine Residents

The following table lists the minimum level of supervision required for resident procedures.

	1	2	3	4	5
Level of Supervision	**Direct Supervision**: faculty present	**Indirect Supervision with Direct Supervision Immediately Available**: faculty in area	**Indirect Supervision with Direct Supervision Available**: faculty by phone	**Indirect Supervision with Direct Supervision Available**: senior resident by phone	**Oversight**: faculty available to provide review and feedback

Procedure	**Minimum Level of Supervision**	
	Year 1	**Year 2**
Perform preventive medicine history and physical examination for patients seen on this service.	3	5
Treat and manage patient on this service.	3	5
Make referrals and request consultations.	3	5
Provide consultations within the scope of his or her privileges.	3	5
Use all skills normally learned during medical school.	3	5
Render any care in a life-threatening emergency.	3	5
Supervise allied health professionals on this service.	3	5
Practice of population health care.	5	5

For Year 1 residents, supervising physicians (or their designees) are to be available by phone at all times during direct patient care but may supervise population health care through oversight. In keeping with appropriate and measured increasing independence as practitioner, and commensurate with the resident level of skill and experience, Year 2 residents may be supervised through faculty oversight.

The supervision of residents over the continuum of the program occurs on several levels.

- Advisor/Mentor—Each resident is assigned an advisor at the beginning of the program.
    - Residents are to meet with the advisor on a quarterly basis to establish a professional relationship.
    - The resident's progress will be reviewed by the advisor on a quarterly basis through the Critical Incidents Evaluation.
- Onsite supervision—Each rotation site has an onsite supervisor/preceptor who is responsible for the overall educational experience of the resident.
    - The onsite supervisor and the resident develop the learning contract at the beginning of the rotation.
    - The supervisor will evaluate the resident at the end of the rotation for compliance with the six (6) core competencies as well as the rotation competencies.
- Responsibilities for patient/community care are evaluated through the community-based assignment.
    - This experience is evaluated by the rotation supervisor.
    - Management of the patient/community is tracked through monthly updates during the Friday seminars.
    - Progression of responsibility for the care of the community follows the continuum of community diagnosis/community engagement.
    - Residents will assess the community, review findings with community leaders, prioritize the health needs, and develop, implement, and evaluate the intervention.
    - The faculty supervisor initiates contact with the community and assists the resident with the interaction between the resident and the community and with the activities of the community throughout the assignment.
    - Monthly updates with all residents allow the opportunity for the resident to share experience with each other and collaborate on projects.
- Supervision of residents during the clinical experience at the Veterans Administration Community-Based Clinic is performed by the on-site supervisor. The supervision addresses the project that the resident is assigned to, collaboration with the healthcare team on the project, and interaction with the veteran population of patients.
- Supervision of residents during the clinical experience at the Community Advanced Practice Nurses Clinic is performed by the on-site supervisor. The supervision addresses collaboration with the healthcare team at the clinic and interaction with the population of patients.

PH/PM Residency Program Transitions of Care Procedures

The PH/PM Residency Program provides faculty and residents instruction on how to complete an effective handoff during an annual didactic session. PH/PM residents only manage patients in outpatient settings; therefore, handoff training will focus on these circumstances. This session covers the importance of effective transitions of care in a patient safety context, components of a high-quality handoff, and the protocol to initiate and complete a handoff. Residents are required to have an annual assessment of handoff protocol according to the Structured Hand-Off checklist below.

Structured Hand-Off Checklist

- Within each service, hand-offs will be conducted in a consistent manner, using a standardized hand-off form or structured guideline.
- Hand-offs, whether verbal or written, should include, at minimum, specific information listed below (as applicable):
    - Patient name, location, age/date of birth
    - Patient diagnosis/problems, impression
    - Important prior medical history
    - Identified allergies
    - Medications, fluids, diet
    - Important current labs, vitals, cultures
    - Past and planned significant procedures
    - Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
    - Plan for the next 24+ hours
    - Pending tests and studies which require follow up
    - Important items planned between now and discharge

Program Evaluation Procedure

In order to maintain confidentiality of resident and faculty evaluation of program, the GME office provides facilitation and support by generating a standard program evaluation survey delivered to faculty and residents by the GME office. Results are aggregated and available to the program to review during the annual program evaluation meeting.

PH/PM Residency Program Resident/Fellow Performance Evaluation Procedures

The program director and faculty must annually evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the performance of members of the faculty, and the quality of the supervision of the residents.

Initial Assessment

The written assessment of each incoming resident is accomplished in three ways:

- Completion of preventive medicine competencies, sub competencies and milestones form and interview,
- The faculty assessment of the in-coming resident, and
- The in-service examination (August).

Each resident is asked to complete a self-assessment of their competency in the preventive medicine competencies and milestones. The program director conducts a structured interview with each resident to discuss the completed assessment as well as the resident's educational and career goals and plan. A written educational plan is then developed and placed in the resident's file. The resident receives a copy of that plan. Updates to the plan are made during the semiannual resident evaluation.

Written evaluations of each resident will be completed by the preceptor at the end of each rotation or quarterly for longitudinal experiences through the MedHub online residency management system. The evaluation form assesses the achievement of competency, knowledge and skills. The resident and the preceptor should review the evaluation before it is submitted to the program office by the preceptor.

The residency program manager with the oversight of the program director ensures that the appropriate forms are distributed, completed, and collected, and that exit meetings are held between the residents and the component area coordinators, if applicable. The residency program director also ensures that the evaluations are reviewed and interpreted and forwarded to the Clinical Competency Committee.

Courses

Course grades are provided by the faculty of the MPH Program. The resident and the program director will review the resident's progress in the courses mid-semester and at the end of each semester. Problems identified will be addressed to ensure appropriate progression. The program manager is a member of the Student Academic Progress Committee of the MPH Program. The program director is also on the advisory committee for the GEPH program.

Evaluation Activities

Activities such as the didactic, seminar series, the practicum and community-based rotations, and the clinical duties will also be evaluated.

In the didactic seminar series, an evaluation will be completed at the end of each lecture. Residents will evaluate the presenter. For mini courses during the didactic, seminar series the presenter will evaluate the residents in terms of participation, completion of assignments, achievement of competency, knowledge, and skills obtained. Residents will also evaluate the rotation and the preceptor at the end of the rotation through Medhub.

Competency and Milestones Documentation

Each resident must document which competency and milestones have been achieved to submit to the program twice a year. The residents should describe specific activities (courses, practicum, clinical activities, conferences, etc.) and deliverables completed.

Semiannual Evaluation

The residency program director evaluates each resident's progress on a semiannual basis. The reports, submitted by residents and detailing progress in achieving the competencies, are used by the program director in conducting this evaluation. Residents should bring the following documents:

- Updated evaluations,
- MPH transcripts, and
- Updated competency and milestones documents.

Annual Program Evaluation

The Program Evaluation Committee (PEC)/Residency Advisory Committee (RAC) conducts ongoing evaluation of the residency program curriculum and administration. Residents evaluate their learning experiences on each rotation.

Ongoing Resident Self-Evaluation

Residents must evaluate their own progress throughout the program by completion of the competency and milestones document and by measuring their own skill and experience against the competencies for public health/preventive medicine in general and for each component area.

Public Health and Preventive Medicine Clinical Competency Committee

In compliance with ACGME Common Program Requirements, the PH/PM Residency Program has outlined the responsibilities of the Clinical Competency Committee (CCC):

> V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)
> V.A.3.a) At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)
> V.A.3.a). (1) Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)
> V.A.3.b) The Clinical Competency Committee must:
>
> > V.A.3.b). (1) review all resident evaluations at least semi-annually; (Core) V.A.3.b). (2) determine each resident's progress on achievement of the specialty-specific Milestones; and (Core)
> > V.A.3.b). (3) meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)

The Residency Clinical Competency Committee (CCC) is expected to monitor resident performance in accordance with ACGME Common Program Requirements and the Morehouse School of Medicine (MSM) Graduate Medical Education (GME) policies and procedures regarding promotion and dismissal. The purpose of the CCC is to review resident performance and to make recommendations to the program director for advancement to the next PGY level.

Committee Composition

The program director identifies and appoints the members of the CCC. This includes four (4) to six (6) faculty members including representation from program affiliates and program graduates. The program director will serve on the committee in a consultative role overseeing the process. In addition, the associate residency program director will serve as a member. The chair of the PH/PM Residency CCC is Dr. Sherry Crump for the academic year.

Committee Responsibilities

The PH/PM Residency Clinical Competency Committee will:

- Perform a semiannual review of all resident evaluations as well as the resident's learning portfolio, individual learning plan, and documented assessment by the resident's program advisor—done by all evaluators.
- Prepare and ensure the reporting of Milestones evaluations of each resident semiannually.
- Make recommendations to the program director and associate program director for resident progress including promotion, remediation, and dismissal, following all GME policies in the GME Policy Manual.

Meeting Frequency

The PH/PM Residency Clinical Competency Committee meets twice each year. The meeting time may vary depending on the ACGME Milestone reporting schedule. In addition, the PH/PM Residency CCC will agree to meet as necessary to discuss any urgent issues regarding resident performance.

Meeting Documentation

The residency program manager will document each Clinical Competency Committee meeting held. In addition, the CCC's review and recommendation of each resident will be documented in the online residency management system maintained by GME.

Procedure

The CCC shall evaluate residents on a semiannual basis and provide consensus recommendation to the residency program director and the Program Evaluation Committee (PEC)/Residency Advisory Committee (RAC) using the Clinical Competency Committee Report Form as completed by the CCC chair.

The following evaluation measures will be used:

- MPH program transcripts
- Rotation evaluations (to include input from other providers and colleagues, when available (360 evaluations*)
- Peer review evaluations*
- Didactic evaluations
- Learning portfolios (to include resident Milestone self-assessments and supporting documentation)
- Advisor feedback
- In-Service Exam scores
- Attendance records

The Clinical Competency Committee can set thresholds for remediation, probation, and dismissal. The CCC will complete a CCC Recommendation Form for all residents who receive an adverse recommendation. The form for each resident will be sent to the program director and associate program director. The program director and associate program director will meet with each resident and communicate the recommendation and design an improvement plan.

Recommendations

Upon review of each resident's record, the Clinical Competency Committee shall make recommendations to the program director and associate program director in accordance with statuses in MSM's Residency Promotion and Adverse Academic Decisions Policies:

- Progression—Resident is performing appropriately at current level of training with no need of remediation.
- Promotion—Resident has demonstrated performance appropriate to warrant move to the next level of training.
- Notice of Deficiency—Resident has demonstrated challenges in a specific competency or area but does not require remediation.
- Notice of Deficiency with Remediation—Resident has demonstrated challenges in a specific competency or area and requires remediation.
- Immediate Suspension—Serious misconduct or threat to colleagues, faculty, staff, or patients' suspension time shall not exceed 30 days in an academic year. Action remains in permanent record.
- Probation—Resident has demonstrated challenges in a specific competency/area that are disruptive to the program; probation time shall not exceed six (6) months in an academic year. Action remains in permanent record.
- Non-Promotion—Resident will not be promoted to the next year of training due to repeated performance/academic deficiencies. Resident's current level of training will be extended. Action remains in permanent record.
- Non-Renewal—Resident will not be promoted to the next year of training due to repeated performance/academic deficiencies. Resident's current level of training will not be extended. Action remains in permanent record.
- Dismissal—Resident will not be promoted to the next year of training due to repeated performance/academic deficiencies. The resident will be dismissed from the program. Action remains in permanent record.

Resident Evaluation of Faculty Procedures

- Residents evaluate faculty members at the end of each rotation through the online residency management system within one (1) week of the end of the rotation. Residents also evaluate faculty during didactic lectures. The significant portion of the policy follows:

- Residents must be given the opportunity to submit, at a minimum, annual written confidential evaluations of faculty.

Program Evaluation and Improvement

Background and Intent: The quality of the faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the residents' future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty members' teaching, scholarship, professionalism, and quality care. This section mandates annual review of the program's faculty members for this purpose and can be used as input into the Annual Program Evaluation (ACGME Program Requirements for Graduate Medical Education in Preventive Medicine).

Program Evaluation Committee (PEC)

In compliance with ACGME Common Program Requirements, the PH/PM Residency Program has outlined the responsibilities of the PEC (formerly known as the Residency Advisory Committee (RAC)):

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b). (1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b). (2) review of the program's self-determined goals and progress toward meeting them; (Core)

V.C.1.b). (3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and (Core)

V.C.1.b). (4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

V.C.1.c) The Program Evaluation Committee should consider the following elements in its assessment of the program:

V.C.1.c). (1) curriculum; (Core)

V.C.1.c). (2) outcomes from prior Annual Program Evaluation(s); (Core)

V.C.1.c). (3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)

V.C.1.c). (4) quality and safety of patient care; (Core)

V.C.1.c). (5) aggregate resident and faculty:

V.C.1.c). (5). (a) well-being; (Core)

V.C.1.c). (5). (b) recruitment and retention; (Core)

V.C.1.c). (5). (c) workforce diversity; (Core)

V.C.1.c). (5). (d) engagement in quality improvement and patient safety; (Core)

V.C.1.c). (5). (e) scholarly activity; (Core)

V.C.1.c). (5). (f) ACGME Resident and Faculty Surveys; and (Core)

V.C.1.c). (5). (g) written evaluations of the program. (Core)

V.C.1.c). (6) aggregate resident:

V.C.1.c). (6). (a) achievement of the Milestones; (Core)

V.C.1.c). (6). (b) in-training examinations (where applicable); (Core)

V.C.1.c). (6). (c) board pass and certification rates; and (Core)

V.C.1.c). (6). (d) graduate performance. (Core)

V.C.1.c). (7) aggregate faculty:
V.C.1.c). (7). (a) evaluation; and (Core)
V.C.1.c). (7). (b) professional development. (Core)
V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e) The annual review, including the action plan, must:
V.C.1.e). (1) be distributed to and discussed with the members of the teaching faculty and the residents; and (Core)
V.C.1.e). (2) be submitted to the DIO. (Core)

V.C.2. The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)
V.C.2.a) A summary of the Self-Study must be submitted to the DIO. (Core)

There must be a written description of the PEC/RAC responsibilities to include:

- Planning, developing, implementing, and evaluating educational activities of the program.
- Reviewing and making recommendations for revision of competency-based curriculum goals and objectives.
- Addressing areas of non-compliance with ACGME standards.
- Reviewing the program at least annually using evaluation of faculty, residents, and others as specified below.

The program, through the PEC/RAC, must annually document formal, systematic evaluation of the curriculum and render a written Annual Program Evaluation (APE) report. The program must monitor and track:

- Resident performance
- Faculty development
- Graduate performance, including board certification examination results
- Program quality; and the program must:
    - Offer faculty and residents annual opportunities to provide confidential written evaluative input.
    - Use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- Progress on the previous year's action plan(s)

The PEC/RAC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.

As previously stated the PEC for the residency was formerly known as the Residency Advisory Committee (RAC). The PH/PM residency uses the PEC and RAC synonymously.

<u>Program Evaluation Procedure</u>
In order to maintain confidentiality of resident and faculty evaluation of program, the GME office provides facilitation and support by generating a standard program evaluation survey delivered to faculty and residents by the GME office.

Results are aggregated and available to the program to review during the annual program evaluation meeting.

Program Evaluation and Improvement Procedures

The PEC/RAC functions as the Program Evaluation Committee (PEC) and must consist of faculty, external members, supervisors, and at least one (1) resident representative, and must include the program director as an ex-officio member.

At its yearly fall meeting, the PEC/RAC, in collaboration with the program director, shall review the Annual Program Evaluation prepared by the PEC/RAC, any written plans of action to improve educational activities and progress reports on the previous year's action plan(s), and provide recommendations to the program director to improve program quality.

At its yearly spring meeting (at least), the PEC/RAC, in collaboration with the program director, shall review any new or emerging information that might influence the content or conduct of the residency program, including:

- The internal review of the residency program,
- Resident evaluations of faculty and the program,
- The program director's evaluations of individual residents, and
- Faculty evaluations of the program director and the program during its yearly spring meeting.

The PEC/RAC chair shall assist the program director to provide the designated institutional official (DIO) an annual written report of the program's quality between June and August of each year.

The PEC/RAC shall prepare an annual report summarizing PEC/RAC activities. This report will be prepared jointly by the program and the PEC/RAC Executive Committee between June and August of each year.

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Milestones and Core Competencies

"The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six (6) domains of physician competency, nor are they designed to be relevant in any other context." (The Preventive Medicine Milestone Project: Public Health and General Preventive Medicine, 2013)

The acquisition of basic clinical competencies will require an ACGME accredited clinical year (12 months) with six (6) months of direct patient care for eligibility to participate in the PH/PM residency program. The following competencies then must be obtained during the PH/PM residency program. These competencies may also be acquired during academic and practicum training of the residency program and should be incorporated where applicable.

Patient Care

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Patient Care 1: Emergency Preparedness and Response – Apply Skills in Emergency Preparedness and Response				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies examples of public health threats that might warrant an emergency response	Describes how a response to a public health emergency is organized	Plans and/or participates in an emergency preparedness event (actual or simulated)	Evaluates an emergency preparedness event (actual or simulated)	Provides leadership during an emergency preparedness event (actual or simulated)
☐	☐	☐	☐	☐
Comments:				
				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Introduction to Environmental Health, FEMA online incident management courses (http://www.training.fema.gov), Uniformed Services University's Disaster Health online courses (https://ncdmph.usuhs.edu/education/core-curriculum and https://ncdmph.usuhs.edu/education/older-adult-curriculum), and HHS Think Cultural Health online course for first responders (https://thinkculturalhealth.hhs.gov/education/disaster-personnel).

Relevant Practicum Training:

CDC/ATSDR Environmental Health Rotation
Georgia Department of Public Health emergency preparedness activities for health care professionals (https://dph.georgia.gov/emergency-preparedness-and-response/georgia-responds). Also, joining Medical Reserve Corps of local county enables participation in actual responses or simulations (e.g., https://www.dekalbhealth.net/office-of-emergency-preparedness/medical-reserve-corps/).

Relevant Assessment Tools:

MPH transcript of relevant courses; certificate documenting successful completion of relevant online FEMA and Uniformed Services University courses; feedback from evaluators of exercise/real world; direct observation, medical reserve core certificate of participation.

Sample Evaluations:

- Grades (B or greater)
- FEMA online course certificate of completion
- Attended disaster management table-top exercise, preceptor recorded: full participation; gave 4/5 on feedback form
- Attended disaster preparedness drill or simulation: drill supervisor reported full participation; achieved 4.5 on skill set assessed
- Direct observation
- Post-course examinations
  Simulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Patient Care 2: Policies and Plans – Develop Policies and Plans to Support Individual and Community Health Efforts				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies pertinent policies and interventions for individual patient care	Describes how policies and plans are developed and implemented to support the health of individuals and communities	Applies policies and plans for disease prevention and health promotion to individuals and/or communities	Evaluates policies and plans for disease prevention and health promotion that have been applied to individuals and/or communities	Develops and/or implements policies or plans to improve community health
☐	☐	☐	☐	☐ ☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses

Community Health Assessments and Improvements, Clinical Prevention and Population Health Control, Introduction to Cancer Prevention and Control, Health Administration Management & Policy, Health Program Planning and Evaluation

Relevant Practicum Training:

Occupational Medicine Rotation, Clinical Preventive Medicine Rotations, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation, Health Care Administration Rotation, ACPM Policy Rotation, QI Projects

Relevant Assessment Tools:

Grades in courses, preceptor evaluations in relevant practical rotations.

Sample Evaluations/Assessments:

- Grades (B or greater)
- Preceptor evaluation: functions competently in clinic with appropriate referrals; pleasure to work with
- Direct observation
- Presentation given
- Rotation evaluation
- Evaluation of written policy

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Patient Care 3: Clinical and Community Preventive Services				
Level 1	Level 2	Level 3	Level 4	Level 5
Locates and appraises evidence about a clinical preventive service for an individual patient	Discusses the strengths and weaknesses of an individual study relevant to a clinical preventive service	Examines the quality and strength of evidence of a clinical preventive service	Participates in the analysis of a guideline to address a clinical preventive service	Evaluates the implementation of an evidence-based guideline to address a clinical preventive service and identifies barriers and proposes solutions to improving system-level adherence
Recognizes distinctions between population and individual health services	Describes the usefulness and value of population-based health services in meeting the needs of target populations	Assesses evidence for population-based health services	Uses established performance criteria to evaluate a population-based health service, to include identifying barriers to services and strategies for improvement	Develops program goals and/or performance criteria to evaluate a population-based health service for strategic or operational improvements
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Clinical Prevention and Population Health Control, Introduction to Cancer Prevention and Control,

Relevant Practicum Training:

Journal Club, Clinical Preventive Medicine Rotations, ACPM Policy Rotation

Relevant Assessment Tools:

Grades in relevant courses (MPH Courses), evaluation of project product—clinical guideline or analysis of guideline, leading journal club on USPSTF guideline and CPSTF recommendations—direct observation with written assessment, case presentation evaluation, PEs in relevant practicum training

Sample Evaluations/Assessments:

- Grades in relevant courses (B or greater)
- Preceptor evaluations that indicate satisfactory performance in clinic
- Presented journal club with Critical Appraisal of primary source article supporting USPSTF and CPSTF recommendations.
- Direct observation
- Rotation evaluation
- Guideline or program or evaluation
- Authorship on a USPSTF on a guideline/published paper

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Patient Care 4: Lifestyle Medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists modifiable and non-modifiable risk factors associated with the development of prevalent chronic conditions	Identifies evidence of utilizing lifestyle interventions that reduce the risk of developing, or to mitigate the effects of, prevalent chronic conditions	Recommends lifestyle interventions to mitigate and treat prevalent chronic conditions in individuals	Evaluates or develops a plan for management of lifestyle factors associated with prevalent chronic conditions at the population or community level	Implements and evaluates a population-based strategy for an evidence-based lifestyle program or policy that mitigates prevalent chronic conditions at the population or community level
☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐
Comments:				
Not Yet Completed Level 1 ☐ Not Yet Assessable ☐				

<u>Curriculum Components</u>

Relevant Courses:

Clinical Prevention and Population Health Control, Introduction to Cancer Prevention and Control

Relevant Practicum Training:

Clinical Preventive Medicine Rotation, especially the Optimal Health Clinic at Morehouse Healthcare, Social Cultural Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Sample Evaluations/Assessments to date:

- Grades in relevant courses (B or greater)
- Direct observation
- E-module multiple choice tests
- Medical record (chart) audit
- Multisource feedback
- Presentation evaluation
- Reflection
- Simulation

Medical Knowledge

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Medical Knowledge 1: Environmental Health				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies common illnesses that may be caused or influenced by exposure to environmental hazards	Identifies the components of an environmental exposure history	Takes a complete environmental exposure history, including individual factors that impact susceptibility to environmental hazards	Recommends methods for reducing or eliminating exposure to environmental hazards and methods for addressing the health effects resulting from these exposures	Evaluates and interprets the results of individual and/or population-level environmental monitoring
Identifies major classes of environmental hazards and their routes of human exposure	Describes situations that warrant an environmental risk assessment	Identifies the steps in an environmental risk assessment and describes how the results are used to manage and communicate risk	Conducts a population-level environmental risk assessment (actual or simulated)	Makes policy recommendations based on the results of an environmental risk assessment
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				
Not Yet Completed Level 1 ☐ Not Yet Assessable ☐				

Curriculum Components

Relevant Courses:

Introduction to Environmental Health, Environmental Health Risk Assessment

Relevant Practicum Training:

- CDC/ATSDR Environmental Health Rotation, Georgia Department of Health District 4
- Environmental Health Rotation, Atlanta VA Environmental Medicine Rotation, Occupational
- Health (Medicine) Rotation

Relevant Assessment Tools:

Grades in relevant courses, Preceptor evaluations in relevant practicum training, CDC/ATSDR online module certificate of completion

Sample Evaluations/Assessments:

- Grades (B or greater)
- Direct observation
- Medical record (chart) audit
- Multisource feedback
- Presentation evaluation
- Reflection
- Simulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Medical Knowledge 2: Biostatistics				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes common statistical concepts and tests	Identifies statistical test(s) for a given research question and data set	Performs data analyses using various statistical methods	Interprets the statistical and clinical significance of a data set and evaluates the generalizability of the results to a population	Analyzes and interprets large data sets using complex statistical methods and submits the results for publication or presentation
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Introduction to Biostatistics, Introduction to Epidemiology, Advanced Biostatistics, Advanced Epidemiology

Relevant Practicum Training:

Special Studies Elective, Major Area Concentration Elective, MPH thesis that includes statistical evaluation

Relevant Assessment Tools:

Grades and instructor comments from relevant courses, Preceptor evaluation from relevant practicum training, evaluation of project report (could include MPH Thesis completion) that includes statistical evaluation, journal club evaluation.

Sample Evaluations/Assessments:

- Grades (B or greater)
- Thesis/Project: completed epi analysis of existing database, utilizing primarily bivariate comparisons (compared proportions using chi squared test and Fisher's exact test)
- Manuscript: submitted manuscript of thesis, under review
- Research Preceptor Evaluation: resident worked hard on thesis, struggled with SAS at first, but completed analysis with guidance
- Evidence-based literature review training
- Journal club
- Research project

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Medical Knowledge 3: Epidemiology				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies sources of data and common measures for descriptive epidemiology	Defines basic measures of disease frequency and excess risk	Calculates measures of disease frequency and excess risk for a specified disease or condition	Uses data to characterize the health of a local population and compares it with that of other populations	Teaches use of data to characterize the health of a population and compare it with that of other populations
Describes the basic types of research studies	Compares and contrasts commonly used study designs	Critiques epidemiologic studies, including assessing external and internal validity and distinguishing between association and causation	Participates in epidemiological research, including evaluating and interpreting results	Independently designs and conducts epidemiologic research
Describes the natural history of disease and relevance to primary, secondary, and tertiary prevention	Identifies criteria for effective screening tests	Assesses the validity and reliability of individual screening tests	Uses evidence about individual screening tests, interventions, and harms to weigh the potential benefits and harms of screening programs	Provides expert opinion on the benefits and harms of screening programs
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

<u>Curriculum Components</u>

Relevant Courses:

Introduction to Biostatistics, Introduction to Epidemiology, Advanced Biostatistics, Advanced Epidemiology

Relevant Practicum Training:

Special Studies Elective, Major Area Concentration Elective, MPH thesis that includes an epidemiological evaluation

Relevant Assessment Tools:

Grades and instructor comments from relevant courses, Preceptor evaluation from relevant practicum training, evaluation of project report (could include MPH Thesis completion) that includes epidemiological evaluation, journal club evaluation of epidemiological methods

Sample Evaluations/Assessments:

- Grades (B or greater)
- Thesis/Project: completed epi analysis of existing database, utilizing primarily bivariate comparisons (compared proportions using chi squared test and Fisher's exact test)
- Manuscript: submitted manuscript of thesis, under review
- Research Preceptor Evaluation: resident worked hard on thesis, struggled with SAS at first, but completed analysis with guidance
- Evidence-based literature review training
- Journal club presentation
- Research projects

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Medical Knowledge 4: Public Health Regulations				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies examples of public health regulatory agencies	Describes the regulatory requirements for a specific public health topic	Interprets regulatory requirements as applied to individuals and/or populations	Develops or modifies a public health policy based upon regulatory requirements or public health laws (actual or simulated)	Contributes to the development or modification of a proposed regulatory requirement or public health law
☐	☐	☐	☐	☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Fundamentals of Public Health, Introduction to Environmental Health, Environmental Health Risk Assessment, Health Administration Management & Policy, Health Program Planning and Evaluation

Relevant Practicum Training:

- Health Administration Rotation, CDC/ATSDR Environmental Health Rotation, Georgia
- Department of Health District 4 Environmental Health Rotation, Atlanta VA Environmental
- Medicine Rotation, Occupational Health (Medicine) Rotation,

Relevant Assessment Tools:

Grades in relevant courses, Preceptor evaluations in relevant practicum training, CDC/ATSDR online module certificate of completion

Sample Evaluations/Assessments to date:

- Grades (B or greater)
- Direct observation
- Feedback or evaluation from a health inspector
- Policies implemented
- Written policy or regulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Medical Knowledge 5: Infectious Diseases of Public Health Significance				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes common methods for preventing the transmission of infectious diseases	Discusses aspects of disease and common environmental, health, and behavioral risk factors associated with infectious diseases of public health significance	Describes the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance	Applies knowledge of the epidemiology, risk factors, prevention strategies, diagnosis, and treatment for infectious diseases of public health significance to the individual or population-level	Designs a plan for the prevention, diagnosis, and treatment of an infectious disease of public health significance at the population level
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Didactic Sessions on Infectious Diseases Epidemiology and Prevention, Fundamentals of Public Health, Clinical Prevention and Population Health Control, Bridges to Health Equity

Relevant Practicum Training:

Epidemiology Rotation, Clinical Preventive Medicine Rotations

Relevant Assessment Tools:

Sample Evaluations/Assessments:

- Grades in relevant courses (B or greater)
- Direct observation
- E-module multiple choice tests
- Multisource feedback
- Presentation evaluation (oral or written)
- Reflection
- Simulation

Systems-Based Practice

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists common patient safety events and describes how to report patient safety events	Identifies system factors that lead to patient safety events	Participates in a root cause analysis (actual or simulated)	Conducts analysis of patient safety events and offers error prevention strategies (actual or simulated)	Actively modifies systems to prevent patient safety events
Discusses basic quality improvement methodologies and metrics	Describes quality improvement initiatives	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Leads the conduct and implementation of a quality improvement project
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				
Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

VA PSQI Bootcamp,

Relevant Practicum Training:

Journal Club, PSQI Project

Relevant Assessment Tools:

Grades in relevant courses, Preceptor evaluation from relevant practicum training, thesis/project evaluations, QI project report evaluation, systems analysis project evaluations, evaluation of participation in patient safety committee

Sample Evaluations/Assessments

- Grades (B or greater)
- Patient Safety Committee evaluation: participated in root cause analysis through discussion (provided resident perspective) but did no analysis. Appropriate for resident in first six months of training
- Course certificate: attended a two-lecture series on quality improvement (PDSA cycle)
- QI project: designing QI project, not yet started
- Direct observation
- E-module multiple choice tests
- Medical record (chart) audit
- Multisource feedback
- Portfolio
- Reflection
- Simulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Systems-Based Practice 2: System Navigation for Patient- and Population-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Lists examples of care coordination in a health care system	Demonstrates coordination of care of patients in routine clinical situations, effectively using the roles of interprofessional team members and care settings	Demonstrates coordination of care of patients in complex clinical situations, effectively using the roles of interprofessional team members	Models effective coordination of patient- and population-centered care among different disciplines and specialties/settings	Analyzes the process of care coordination and leads in the design and implementation of improvements
Recognizes population and community health needs and inequities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively address the health needs and inequities of a patient population and community	Participates in changing and adapting practice to provide for the health needs and inequities experienced by specific populations	Leads innovations and advocates for populations and communities with health needs and inequities
☐	☐	☐	☐	☐
Comments:				
				Not Yet Completed Level 1 ☐

Curriculum Components

Relevant Courses:

Bridges to Health Equity, Fundamentals of Public Health, Social and Behavioral Aspects of Public Health, Community Health Assessments & Improvements

Relevant Practicum Training:

Clinical Preventive Medicine Rotations, especially at CAPN Clinic and Covenant House, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation,

Relevant Assessment Tools:

Grades in relevant courses, Preceptor evaluations

Sample Evaluations/Assessments to date:

- Grades: (B or greater)
- Direct observation
- Written evaluations
- Medical record (chart) audit
- OSCE
- Multisource feedback
- Quality metrics and goals mined from electronic health records (EHRs)
- Review of sign-out tools, use and review of checklists

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Systems-Based Practice 3: Physician Leadership in Health Care and Community Health Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies key components of the health care system	Describes how components of a health care system are inter-related, and how they impact patient and/or population/stakeholder care	Discusses how individual practice affects the broader system	Navigates components of the complex health care system to promote efficient and effective patient and/or population/stakeholder care	Leads health care systems change that enhances high-value, efficient, and effective patient care
Identifies key agencies involved in community health efforts	Describes the interactions between agencies and how these impact the overall health of the community	Discusses how each agency impacts the broader goal of a healthy community	Participates in a community needs assessment to identify and improve the overall health of a community (actual or simulated)	Leads a community needs assessment to identify and improve the overall health of a community
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				
				Not Yet Completed Level 1 ☐

Curriculum Components

Relevant Courses:

Bridges to Health Equity, Fundamentals of Public Health, Social and Behavioral Aspects of Public Health, Community Health Assessments & Improvements

Relevant Practicum Training:

Clinical Preventive Medicine Rotations, especially at CAPN Clinic and Covenant House, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Grades in relevant courses, Preceptor evaluations

Sample Evaluations/Assessments:

- Grades: (B or greater)
- Direct observation
- Medical record (chart) audit
- Patient satisfaction data
- Portfolio

Practice-Based Learning and Improvement

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the need for evidence in decision-making to care for a routine patient, situation, or public health problem	Identifies evidence and elicits patient or population preferences and values to guide a patient or population intervention	Applies the best available evidence, integrated with patient or population preferences and values	Critically appraises and applies evidence, even in the face of uncertainty and conflicting evidence, to guide care tailored to an individual or population	Trains others to critically appraise and apply evidence to complex situations
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments: Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

Clinical Prevention and Population Health Control, Introduction to Cancer Prevention and Control

Relevant Practicum Training:

Journal Club, Clinical Preventive Medicine Rotations, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Grades in relevant courses (MPH Courses), leading journal club on USPSTF guideline and CPSTF recommendations, case presentation evaluation, Preceptor evaluation in relevant practicum training

Sample Evaluations/Assessments:

- Grades: (B or greater)
- Direct observation
- Presentation evaluation
- Oral or written examinations
- Research portfolio

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes goals for personal and professional development	Demonstrates openness to feedback and other input to inform goals	Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance	Intentionally seeks feedback consistently, with adaptability and humility	Role models consistently seeking feedback with adaptability and humility
Actively seeks opportunities to improve	Designs and implements a learning plan, with prompting	Independently creates and implements a learning plan	Uses feedback to measure the effectiveness of the learning plan and, when necessary, improves it	Facilitates the design and implementation of learning plans for others
☐	☐	☐	☐	☐
Comments: Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

VA Bootcamp, Clinical Prevention and Population Health Control, Introduction to Cancer Prevention and Control

Relevant Practicum Training:

Journal Club, Clinical Preventive Medicine Rotations, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Completion of educational plan and semiannual self-assessments, grades in relevant courses (MPH Courses),

Sample Evaluations/Assessments:

- Grades: (B or greater)
- Direct observation
- Review of learning plan

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Practice-Based Learning and Improvement 3: Disease Outbreak and Surveillance Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Discusses common causes of disease clusters and outbreaks	Describes the steps of a cluster or outbreak investigation	Analyzes an outbreak, assessing for steps taken, mitigation strategies, results, and areas for improvement in the approach	Participates in the planning and implementation of a cluster/outbreak investigation (actual or simulated)	Leads a team to investigate and manage an outbreak, including supervision of staff members, assignment of roles, program design, monitoring of effectiveness, etc.
Recognizes the need to report selected diseases to public health authorities and describes the need for surveillance systems in a variety of settings	Identifies and summarizes commonly used surveillance systems	Lists the challenges in designing and maintaining a surveillance system	Analyzes surveillance data to identify appropriate targets for individual, community, and/or systems interventions and to evaluate the quality of the system	Independently designs and implements a new surveillance system
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐ Not Yet Assessable ☐

Curriculum Components

Relevant Courses:

Introduction to Epidemiology, Advanced Epidemiology, Didactic Sessions of Infectious Diseases Epidemiology, Prevention and Control

Relevant Practicum Training:

Epidemiology Part II Rotation

Relevant Assessment Tools:

Grades and instructor comments from relevant courses, Preceptor evaluation from relevant practicum training, evaluation of project report

Control activities related to outbreaks

Sample Evaluations/Assessments:

- Grades (B or greater)
- Direct observation
- Presentation evaluation
- Oral or written examinations

Professionalism

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies potential triggers for and reporting of professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Intervenes to prevent or mitigate lapses in professional behavior of oneself and others	Coaches others when their behavior fails to meet professional expectations
Defines the ethical principles underlying informed consent, surrogate decision-making, advance directives, privacy and confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Uses appropriate resources for managing ethical dilemmas	Develops an approach to manage and resolve complex ethical situations	Implements system-level factors to improve ethical behavior in health care professionals
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments: Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

Didactic case study, Bridges to Health Equity Course, GME Program Trainings, PHP/M Residency Program Handbook

Relevant Practicum Training:

Clinical Preventive Medicine Rotations, Occupational Medicine Rotation, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation,

Relevant Assessment Tools:

Preceptor evaluations, semi-annual evaluations to comment on occasional lapses in professionalism, PD observation from journal club and other situations.

Sample Evaluations/Assessments:

- Direct observation reported in evaluations
- Global evaluation
- Multisource feedback
- Oral or written self-reflection
- Simulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes situations that may impact one's own ability to complete tasks and takes responsibility	Responds promptly to requests to complete tasks and responsibilities	Proactively implements strategies to ensure responsibilities are met	Recognizes situations that may impact others' ability to complete tasks and responsibilities in an accurate and timely manner	Modifies/develops a system of accountability to ensure completeness of tasks and responsibilities in an accurate and timely manner
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments: Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

Didactic case study, Bridges to Health Equity Course, GME Program Trainings
PHP/M Residency Program Handbook

Relevant Practicum Training:

Clinical Preventive Medicine Rotations, Occupational Medicine Rotation, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation, Residency Program Health Retreats

Relevant Assessment Tools:

Preceptor evaluations, educational plan and semi-annual; PD observation from journal club and other situations.

Sample Evaluations/Assessments:

- Direct observation
- Multisource feedback
- Global evaluations
- Self-evaluations and reflective tools
- Compliance with deadlines and timelines
- Simulation

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Professionalism 3: Self-Awareness and Help-Seeking Behaviors				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance	Independently recognizes status of personal and professional well-being	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
☐	☐	☐	☐	☐ ☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐

Curriculum Components

Relevant Courses:

Didactic case study, Bridges to Health Equity Course, GME Program Trainings, PHP/M Residency Program Handbook

Relevant Practicum Training:

Clinical Preventive Medicine Rotations, Occupational Medicine Rotation, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation, Residency Program Health Retreats

Relevant Assessment Tools:

Preceptor evaluations, educational plan and semi-annual; PD observation from journal club and other situations.

Sample Evaluations/Assessments:

- Direct observation
- Group interview or discussions for team activities
- Individual interview
- Institutional online training modules
- Self-assessment and personal learning plan

Interpersonal and Communication Skills

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Interpersonal and Communication Skills 1: Community- and Population-Centered Communication and Shared Decision-Making				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies common barriers to effective communication while accurately communicating one's own role and responsibilities within the health system	Identifies complex barriers to effective communication	Recognizes personal biases while attempting to minimize communication barriers	Independently uses shared decision-making to align community/population values, goals, and preferences with preventive services	Practices shared decision-making in community/population communication, including in situations with a high degree of uncertainty/conflict
☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments: Not Yet Completed Level 1 ☐				

Curriculum Components

Relevant Courses:

Didactic case study, Bridges to Health Equity Course, GME Program Trainings, PHP/M Residency Program Handbook

Relevant Practicum Training:

Clinical Preventive Medicine Rotations (especially CAPN Clinic and Covenant House), Occupational Medicine Rotation, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Preceptor evaluations, PD observation from journal club and other situations, self-assessment semiannual evaluations.

Sample Evaluations/Assessments:

- Direct observation
- Multisource feedback
- Self-assessment including self-reflection exercises

Version 2 Preventive Medicine – Public Health and General Preventive Medicine Milestones, ACGME Report Worksheet

Interpersonal and Communication Skills 2: Interprofessional Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language that values all members of an interprofessional team	Communicates information effectively, including the use of active listening and feedback, with all members of an interprofessional team and/or with community stakeholders	Adapts communication style to fit the needs of health care team members or community stakeholders	Facilitates interprofessional team and community group communication using multiple communication strategies	Serves as a role model for effective interprofessional team communication
Recognizes the importance of the role of feedback within an interprofessional team	Solicits feedback on performance as a member of an interprofessional team or community group	Communicates concerns and provides feedback to peers and learners	Uses constructive criticism skills in communicating with interprofessional team members, community stakeholders, and leaders	
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐ ☐
Comments:				
				Not Yet Completed Level 1 ☐

Curriculum Components

Relevant Courses:

Didactic case study, Bridges to Health Equity Course, GME Program Trainings, PHP/M Residency Program Handbook

Relevant Practicum Training:

Clinical Preventive Medicine Rotations (especially CAPN Clinic and Covenant House), Occupational Medicine Rotation, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

Relevant Assessment Tools:

Preceptor evaluations, PD observation from journal club and other situations.

Sample Evaluations/Assessments:

- Direct observation
- Medical record (chart) audit
- Global assessment
- Multisource feedback
- Simulation

Specific Rotation Objectives

Each PH/PM resident participates in the following rotations. The rotations are structured around the preventive medicine competencies and Milestones.

Epidemiology

This rotation provides applied experiences in analytic, descriptive epidemiology, and surveillance at local, state, and/or federal public health agencies and academic programs.

Competencies in Epidemiology

1. Design and conduct an epidemiological study including:
    - Descriptive or analytical methods
    - Approval of state epidemiologist supervisor and/or program director with concurrence of another supervisor
2. Design/implement/evaluate a surveillance system of a disease of public health importance, or of community health needs and health services including:
    - Appropriate case definition and identification of appropriate data sources
    - Use of appropriate data collection tools
    - Analysis and use of data gathered
    - Assessment of potential biases and possible effects on conclusions
    - Evaluation based on CDC guidelines
    - A written report to interested parties that includes rationale, legal basis, data collection instrument, source of data, reporting party, frequency, and mechanism of communicating information, and expected result of reporting
3. Demonstrate knowledge of methods and their limitations in assessing community health needs and evaluating services including:
    - Realistic assessment of funding and personnel implications
    - Identification of appropriate evaluation techniques
4. Demonstrate knowledge of value and limitations of appropriate epidemiological and statistical methods as applied to describing a health problem and its impact, evaluating literature, and analyzing a data set. Attainment of this competency will be evidenced by a written report that includes:
    - Studying a problem:
        - A thorough description of a problem and its public health impact
        - Identification of sources of data relevant to the problem
    - Assessment of possible methods of prevention or control and the impact of each intervention
    - Evaluating literature:
        - Identification of strengths and weaknesses of a selected research article
        - Appropriate distinction between basic epidemiological and biostatistical tools used in data interpretation
        - Appropriate distinction between the significance of a result and its importance in interpretation

- Analyzing a data set:
    - Development of testable hypothesis and analysis plan
    - Identification and documentation of data set characteristics
    - Use of an appropriate statistical test with a description of strengths and limitations of test results of analysis, including relevance and limitations of findings

5. Translate epidemiologic findings into a recommendation for interventions to address public health problems. Recommendation includes:
    - Critical review of literature on specific preventive medicine/public health issue
    - Identification and interpretation of data on which findings were based
    - Application of epidemiologic principles
    - Identification of operational limitations and realities
    - Development of practical intervention strategies
    - Presentation of findings to decision makers
6. Design and/or conduct an outbreak/cluster investigation that includes:
    - Use of correct sequence for conducting the investigation
    - Verification of cases and identification of possible agent and vehicle responsible
    - Development of hypothesis
    - Accurate confirmation that outbreak exits
    - Interpretation of distribution of cases according to person, time, and place
    - Accurate identification of mode of transmission, composition of rate, computation of attack rate, and identification of vehicle of transmission
    - Correct identification of other populations who may be at risk
    - Knowledge of different study designs, including cross-sectional, case control, and cohort studies
    - Use of a study method to test the hypothesis after examining the advantages and disadvantages of the method to be used
    - Data summary at least on a 2x2 chart
    - Identification of possible confounding factors and effect modifiers
    - Interpretation of results found
    - Correct distinction between association and causation
7. Evaluate scientific literature in which epidemiology and biostatistics are crucial to interpretation including:
    - Identification of relevant literature
    - Identification of strengths and weaknesses of a selected research article
    - Ability to distinguish between basic epidemiological and biostatistical tools used in data interpretation
    - Ability to distinguish between the significance of a result and its importance in interpretation
8. Teach a beginning course in the principles of field investigations using the fundamental tools of epidemiology and biostatistics that reflects:
    - Knowledge of the components of field investigations
    - Knowledge of ethical, legal, and epidemiological concerns in using data
    - Source of teaching materials is identified
    - Needed supported materials are collected and prepared for selected topic

- Skills in leading group discussion
- Skills in delivering lecture
- Use of an appropriate evaluation tool

9. Design and conduct health and clinical outcomes studies

Health Administration and Management

This rotation provides exposure to an array of health administration services required for comprehensive public health programming. These include programs for personal health services, planning, quality assessment, personnel and fiscal management, and management of healthcare institutions. A coordinator experienced in administration with access to these areas directs resident training in health services administration. Morehouse preventive medicine residents contribute their skills in clinical applications of preventive medicine as part of the health administration practicum.

Health Administration and Management Objectives

- Participate in formulating government health-related policy. Participation includes:
  - Service on policy committee
  - Attendance at committee meetings
  - Demonstrated understanding of basic public health laws and state regulations as they affect this policy
- Assess unmet needs and capacities by health status of a population. Assessment consists of:
  - List of available sources of data, data desirable to acquire, and/or proposed new systems of data
  - Written plan that integrates needed information based on these data sources and suggests priorities with supporting explanation
- Design a community intervention program and/or project. Projects include:
  - Needs assessment and strategies for involving funding sources
  - Plan to engage stockholders, advocacy groups
  - Develop policies and plans to support individual and community health efforts
  - Evaluation plan with measurable Milestones
  - Basis in accepted guidelines for involving the community
- Demonstrate practical management skills in an office setting. Demonstration consists of:
  - Effective conflict resolution
  - Delegation of responsibility
  - Accountability
  - Customer relations
  - Time management skills
  - Staff development
  - Understanding of grievance process

- Demonstrate knowledge of human relations and management styles. Demonstration includes:
    - Self-assessment of interpersonal and management style, including strengths and weaknesses
    - Presentation of an episode of mismanagement witnessed during residency, and appropriate diagnosis of the problem based on an accepted theory of management
- Demonstrate knowledge of management information systems. Demonstration reflects:
    - Ability to design and use management information systems
    - Ability to plan, manage, and evaluate health services to improve the health of a defined population using quality improvement and assurance systems

Clinical Preventive Medicine

Because the MSM program focuses specifically on public health practice and community preventive medicine, the practical application of disease control and prevention strategies is especially important. This rotation addresses community health services, family health services, resources for prevention programs in maternal and child health, nutrition, health risk analysis, non-infectious and infectious disease, and immunization. In addition, the Morehouse School of Medicine Department of Community Health and Preventive Medicine collaborates in a variety of family and community-related health care activities. Through these varied county-level and MSM programs, residents have rich opportunities to gain experience in the clinical applications of preventive medicine.

Clinical Preventive Medicine Objectives

- Develop community-based programs that mobilize community partnerships to identify and solve health problems. Develop and mobilize reflects:
    - Correct utilization of an appropriate model for community development
    - Assessment of community problems
    - Correct identification of community partners and development of coalition/partnership
    - Identification of essential problem in the community for partnership intervention
    - Design and implementation of community intervention
- Develop and refine screening programs for groups and individuals to identify risks for disease or injury and opportunities to promote wellness. Development or refinement reflects:
    - Correct identification of primary, secondary and tertiary preventive approaches to individual and population-based disease prevention and health promotion
    - Correct identification of risk factors for leading causes of death for target groups
    - Assessment of the clinical basis for the screening tool
    - Program is appropriate for population at risk
- Implement screening programs for groups and individuals. The program reflects:
    - Application of Clinical Preventive Medicine Task Force guidelines and other recognized guidelines
    - Application of lifestyle intervention program that incorporates a health risk appraisal (HRA)

- Evaluate individual, community-based, and population-based interventions to modify or eliminate risks for disease and promote wellness. Evaluation reflects:
    - Assessment of the screening tool
    - Recommendations based on findings and scientific literature
    - Characterization of the population to identify target conditions and effective interventions
    - Ability to monitor personal prevention programs in organized practice settings
    - Development of maintenance procedures that can improve the prevention program in this practice setting
- Diagnose and manage disease/injuries/conditions of significance within public health/general preventive medicine. Diagnosing and managing reflect:
    - Identification of diseases/injuries/conditions of significance within the specific preventive medicine practice area
    - Knowledge of modifiable risk factors
    - Identification of a clinical problem that could be managed better in infectious disease, maternal/child health, nutrition, gerontology, or rehabilitation
    - Implementation of a solution to the problem identified

Environmental/Occupational Health

Sites:

- Caduceus Occupational Medicine Clinics
- Centers for Disease and Control/Agency for Toxic Substances and Disease Registry

Environmental/Occupational Health Objectives

- Perform a patient history with particular attention to occupational and environmental factors. History reflects:
    - Environmental issues relating to patient's age (e.g., childhood or elderly injury), housing, asbestos, lead, sanitation addressed
    - Relevant workplace stresses and hazards addressed
    - Environmental stresses linked with violence addressed as appropriate
    - Appropriate lab tests ordered, and appropriate recommendations made
- Conduct a worksite inspection, using appropriate checklist; interpret findings and make recommendations. Interpretation includes:
    - Occupational hazards correctly identified, and ways to minimize these conditions suggested
    - Correct assessment of responsibilities of OSHA and NIOSH and of jurisdiction of state and local agencies related to environmental health
- Order appropriate tests and studies to assess the risk to a community potentially exposed to toxic waste. Interpret results, make recommendations, and communicate these to the community and the media. Interpretation includes major threats to air, water, and food safety in urban and rural Georgia and approaches to alleviating these threats identified.

- Identify relevant environmental factors in review of morbidity and mortality reports. Review includes association with environmental health conditions such as air, water, food, sewage, toxic waste, solid waste, acid rain, metals, chemicals, heat, cold, radiation, noise vibration correctly identified.
- Identify relevant laws and regulations that protect health and ensure safety.

Social-Cultural-Behavioral Determinants of Health Longitudinal Rotation

Sites:

- Greenforest Baptist Church
- St. Anthony of Padua Catholic Church
- Ebenezer Baptist Church

The Morehouse School of Medicine Department of Community Health and Preventive Medicine offers comprehensive instruction and experience with the vital elements of behavior, personal and community that influence health, health promotion, and disease prevention.

Goals, Objectives, and Resident Responsibilities

One of the primary objectives for the MSM PH/PMR is to train residents to collaborate with community-based organizations to achieve positive health outcomes through the completion of a health needs assessment and an intervention. The PH/PMR is structured to allow residents to complete a longitudinal, community-based, service-learning project with a faith-based organization during the two-year residency training program.

Goals of the LCHR:

- Train residents to establish effective community partnerships.
- Impact health outcomes through the related health promotion and education activities.

Rotation Objectives:

By the end of the two-year rotation, residents will have the knowledge and skills to:

- Establish and maintain relationships with community site preceptors, and work collaboratively with the community in conducting health promotion projects.
- Complete a health assessment of a community.
- Design, implement, and evaluate a health promotion intervention in a community.
- Carry out a health assessment and a health promotion intervention in a culturally sensitive, ethical and professional manner.
- Plan and manage the human, time, and financial resources of a project.
- Analyze and interpret the results of a health assessment and of a health promotion intervention evaluation.
- Translate health assessment and intervention evaluation results into education, systems, policy, and research recommendations.
- Present health assessment results, health promotion intervention evaluation results, and recommendations to the community in written and verbal format.

Resident Responsibilities:

- Collaborate with the community site preceptor and community members in all aspects of working in the community, including the planning and implementation of the health assessment, health promotion intervention, and the intervention evaluation.
- Complete a learning contract in conjunction with the community site preceptor at the beginning of the rotation.
- Contact the community site preceptor to schedule an initial meeting and tour of the site.
- Conduct a windshield survey of the area surrounding the community site.
- Conduct at least five (5) key informant interviews of community members and other individuals familiar with the community.
- By the end of year one of the rotation, plan and implement a health assessment by means of focus groups and/or a survey.
- Analyze and interpret health assessment results and provide an oral presentation of findings and recommendations to the community.
- By the end of year two, plan and implement a health promotion intervention based on the assessment findings from year one and evaluate the intervention.
- Analyze and interpret health promotion intervention results and provide a written presentation of findings and recommendations to the community.
- Submit written deliverables to the LCHR Coordinator as specified in the LCHR Rotation Timeline.
- Maintain regular contact with the community site preceptor, the Residency Program Manager (Mrs. Carla Durham-Walker), and the LCHR Coordinator (Dr. Sherry R. Crump) throughout the two-year rotation period.

Special Project Elective

The Special Studies and Major Area of Concentration rotations are elective rotations designed to provide additional time toward the MPH thesis work and to allow the resident the opportunity to pursue further study beyond the regular rotations. Therefore, objectives for these rotations will be set by the resident with his or her preceptor and advisor, and with the approval of the residency director.

A wide variety of resources and facilities at both the sponsoring and collaborating institutions is available for resident research or other special projects.

Coordination: Special Project directors are selected by the residency director after the resident, through discussion and counsel, has identified a suitable special project. A preceptor is chosen from the faculty and staff of a sponsoring or collaborating institution who is best able to guide the resident in a project that augments his or her overall practicum.

Major Area of Concentration Elective

The six-week rotation devoted to major area of concentration allows the resident to undertake further study in one of the five (5) core areas of public health: epidemiology/biostatistics, health administration and management, clinical preventive medicine, occupational and environmental health, and social/culturally/behavioral aspects of public health.

Residents may select a coordinator from any of the sponsoring or collaborating institutions who is qualified and interested in assisting with the rotation. A work plan for a project in the major area must be developed and submitted to the program office within the second week of the rotation. The work plan must have prior approval by the coordinator, and the final report must be submitted to the program office.

Health Policy and Advocacy Elective

Rationale

Physician leaders have a duty to advocate for their patients, especially for those individuals who are unable to advocate for themselves.

- However, medical students and residents get limited formal training in leadership, policy or advocacy.
- Advocacy training provides learners with the knowledge, skills and relationships necessary to develop as leaders and improve health at the individual and population levels by addressing social determinants of health and engaging in the policymaking process.
- The Health Policy and Advocacy elective rotation will be offered to Morehouse School of Medicine fourth year medical students and residents.

The goal of the rotation is to provide learners with knowledge of the policymaking process and the leadership skills needed to develop meaningful community partnerships and to inform policies to improve the health of their patients and communities.

Course Logistics and Structure

This rotation will be offered as an elective for 10-12 medical students and residents per rotation. During this four-week course students will learn about the policymaking process, community engagement and leadership from course faculty and experts in the field, including legislators, lobbyists, community organizations and policy organizations. This course will be offered in the spring (Jan-March) to coincide with the Georgia legislative session. Course participants will work with their local community (continuity clinic or community medicine community) to identify issues that can be addressed by policy.

They will track relevant bills, analyze these bills for their impact on the community and reflect on their role in advocacy to advance health equity. To complete the rotation, students will present their policy analyses to their communities, peers and faculty.

Course Description

While medical students are trained and prepared with the necessary clinical and professional skills, there are few opportunities for training in health policy. Understanding how health policy is developed and implemented is important to physician leadership development. Aligned with Morehouse School of Medicine's vision to lead in the creation and advancement of health policy, the goal of this elective is to expose medical students to the intersection of health policy and health equity and prepare them for leadership roles advocating for policies that advance health equity.

Required Reading

Dobson S, Voyer S, Regehr G. Perspective: agency and activism: rethinking health advocacy in the medical profession. Acad Med. 2012 Sep;87(9):1161-4. doi: 10.1097/ACM.0b013e3182621c25. PubMed PMID: 22836842.

Earnest MA, Wong SL, Federico SG. Perspective: Physician Advocacy: What is it and How do we do it? Acad. Med. 2010 Jan;85(1):63-67.

1 American Medical Association. Declaration of professional responsibility: medicine's social contract with humanity. https://www.cms.org/uploads/Declaration-of-Professional-Responsibility.pdf.

2 Freeman J. (2014). Advocacy by Physicians for Patients and for Social Change. Virtual Mentor 16(9):722-25. Available at http://journalofethics.ama-assn.org/2014/09/jdsc1-1409.html.

3 Dobson S, Voyer S, Regehr G. Perspective: agency and activism: rethinking health advocacy in the medical profession. Acad Med. 2012 Sep;87(9):1161-4. doi: 10.1097/ACM.0b013e3182621c25. PubMed PMID: 22836842.

Health Policy and Advocacy Elective Rotation – September 2017

Freeman J. Advocacy by physicians for patients and for social change. Virtual Mentor. 2014 Sep 1;16(9):722-5. doi: 10.1001/virtualmentor.2014.16.09.jdsc1-1409. PubMed PMID: 25216311.

Henize AW, Beck AF, Klein MD, Adams M, Kahn RS. A Road Map to Address the Social Determinants of Health Through Community Collaboration. Pediatrics. 2015 Oct;136(4): e993-1001. doi:10.1542/peds.2015-0549. PubMed PMID: 26391941.

Pettignano R, Bliss LR, Caley SB, McLaren S. Can access to a medical-legal partnership benefit patients with asthma who live in an urban community? J Health Care Poor Underserved. 2013 May;24(2):706-17. doi: 10.1353/hpu.2013.0055. PubMed PMID: 23728038.

Nelson, A. R., Stith, A. Y., and Smedley, B. D. (Eds.). (2002). Unequal treatment: confronting racial and ethnic disparities in health care (full printed version). National Academies Press.

Berwick D. Moral Choices for Today's Physician. JAMA. 2017;318(21):2081-2082.

Learning Objectives

By the end of the course, students will be able to:

- Describe the policymaking process from planning to implementation to evaluation, including opportunities for advocacy.
- Identify community and practice-level factors that need to be addressed in order to maximize community health and advance health equity.
- Promote leadership among medical students in health policy and health equity via experiential learning and mentorship.
- Analyze a piece of legislation for its impact on health, especially with regard to underserved and vulnerable populations.

- Inform policy stakeholders, including legislators, patients, communities and other health professionals of the impact of policies on health and/or the need for policies to improve health; and
- Discuss policy priorities and impacts with community members, policymakers and organizations.

Course Faculty

- Co-Course Director, Megan Douglas
- Co-Course Director, Starla Hairston Blanks
- Core Faculty, Glenda Wrenn, MD
- Core Faculty, Kisha Holden, PhD
- Guest Lecturer, Makia Powers, MD
- Guest Lecturer, Jay Berkelhamer, MD
- Guest Lecturer, Sylvia Caley, JD, RN

Course Community Partners

The community partners contribute in many different ways, including conducting formal advocacy trainings, meeting with students, conducting didactic sessions and providing resources. Each year we try to add community partners based on the students' interests. The following community partners have been involved in the rotation in the past, but this list is subject to change for future rotations.

- Mothers and Others for Clean Air
- American Academy of Pediatrics (AAP) – Georgia Chapter
- Leadership Education in Neurodevelopmental Disabilities
- Health Law Partnership (HeLP)
- Prevent Child Abuse Georgia
- Voices for Georgia's Children
- AID Atlanta
- Georgia Council on Developmental Disabilities
- Georgia Department of Public Health (future partner)
- Georgia Department of Community Health (future partner)
- The Health Initiative (future partner)
- ROSE: Reaching Our Sisters Everywhere (future partner)
- SisterLove (future partner)

Schedule

The following schedule provides the ideal placement for all course activities. However, due to the highly variable legislative and community partner calendars, the schedule is subject (and likely) to change. Students are expected to remain flexible throughout the rotation to accommodate these changes. Students should contact the course director within two (2) weeks of elective start date to schedule orientation and to schedule weekly mentoring sessions. Didactics will take place in the National Center for Primary Care.

Weeks 1 and 2: Didactics and Introduction to the legislative process.

- Didactics:
    - Orientation
    - Policymaking Process (legislative, regulatory, judicial, organizational)
    - Introduction to Health Policy
    - Intersection of Health Equity and Policy
    - Policy Analysis – legis.ga.gov
    - Community Collaboration
    - Community Mapping and Policy
    - Effective Communication
    - Addressing Social Determinants of Health through Policy
    - Principles of health leadership
- Capitol Tour
- Lobbyist shadowing (specific to discipline – AAP, AAFP, DPH, MAG, etc.)
- Media Training
- Advocacy Training

Weeks 2 and 3: Community Organizations, Legislative Days and Final Presentation
Participation in a legislative day at the Capitol

- Meeting with legislator(s) – their own elected officials, representing their communities and/or sponsors of bills of interest
- 2-3 meetings with community organizations (1 specific to discipline)—GA-LEND – hypothetical case studies
- 1-2 meetings with government agencies and/or policy organizations
    - DPH
    - DCH

Week 4:

- Community Dissemination—Presentation of policy issues to the community and strategic planning on how to inform the policy process and implement legislative changes in the community

<u>Course Deliverables</u>

- Community Mapping – policy integration/solutions proposed – 25%
- Policy Analysis – 15%
- Advocacy "Scavenger Hunt" – 5%
- Advocacy writing – LTE, blog post, editorial, reflective journal – 20%
- Legislator discussion – 10%
- Final presentation – 15 minutes, policy analysis and/or community mapping – 25%

<u>Course Policies</u>

This rotation is unique in that most of the activities occur outside the clinic and/or classroom in locations across the Atlanta metro area. Carpooling is encouraged and any transportation issues should be discussed with the course directors prior to the first day so that alternative solutions can be sought.

The course calendar, including locations and contact information, is provided on the first day of the rotation. The calendar is subject (and likely) to change due to the nature of the legislative session and community partner availability. Students should refrain from scheduling other activities during "open" periods on the calendar, in case changes are necessary once the rotation has begun.

Students are expected to attend all activities. Two (2) absences are permitted during the 4-week rotation. Absences and late arrivals should be communicated to the course directors as soon as possible.

Many activities take place at the Georgia Capitol, which has strict security policies that students should be aware of. Valid identification is required to enter the Capitol and all visitors must go through a metal detector. No weapons are allowed, including pepper spray/mace.

Days at the Capitol are long, so comfortable shoes are recommended. Bags will get heavy, so feel free to leave your laptop at home. Parking and entrance to the Capitol can take some time to navigate, so please account for this in planning.

Training Site	Contact	Rotations Completed
Georgia Department of Public Health	Ms. Yvette Daniels	• Epidemiology • Major Area of Concentration • Special Studies • Health Administration
• Centers for Disease Control and Prevention • Agency for Toxic Substances and Disease Registry	• Mona Saraiya, MD • (Others by arrangement) • Jewel Crawford, MD • Ms. Debra Joseph	• Environmental Health • Special Studies • Major Area of Concentration • Epidemiology
Caduceus Occupational Medicine Centers	• Stephen Dawkins, MD • Brandon Dawkins, MD	• Occupational Medicine • Major Aare of Concentration
Morehouse School of Medicine	• Department of Community Health and Preventive Medicine • Prevention Research Center • Research Unit • Satcher Health Leadership Institute • Other Centers/Programs by arrangement	• Health Administration • Clinical Preventive Medicine • Special Studies • Major Area of Concentration • Health Policy and Advocacy Rotation
Veteran's Administration Community-Based Outpatient Clinics	• Alton Green, MD	• Health Management/Patient Safety/Quality Improvement • Clinical Preventive Medicine • Occupational Medicine
Community Advanced Practice Nurses, Inc.	Nurse Tyreesha Hubbard, PhD	• Clinical Preventive Medicine
• Greenforest Baptist Church • St. Anthony of Padua Catholic Church • Ebenezer Baptist Church	• Ms. Gwendolyn Black • Ms. Kim Ashford • Fleda Mask Jackson, PhD	• Longitudinal Social/Cultural/Behavioral Rotation
The Atrium @ College Town	Ms. Cheryl Knight	• Clinical Preventive Medicine
Grady East Point Clinic	John Hunter, MD	• Clinical Preventive Medicine

Away Rotations

Residents may spend a maximum of two (2) months away from the program to pursue learning experiences at other agencies/institutions. Some rotations are available through the Association of Teachers of Preventive Medicine (ATPM) or the American College of Preventive Medicine (ACPM).

Residents can design this rotation under the guidance and supervision of the program director (see the checklist below). Many residents choose to travel to another country during this time.

The program does not provide funding for rotations completed outside the designated program sites.

Away Rotation Approval Checklist

Resident: _____

Preceptor: _____

Location of Rotation: _____

Competencies to be Completed (attach):

Dates of Rotation: _____

PRECEPTOR

Credentials of Preceptor_____

Attach or Provide:

- Affiliation Agreement (please attach)
- Proof of off-site living arrangements (please attach)
- Proof of travel arrangements (please attach travel approval form)
- Source of financial support (please provide letter)

CONTACT INFORMATION

Contact Person: _____

Address: _____

_____

Telephone: _____

Journal Club Schedule 2022-2023

Journal Club Presenter		Article Submission for Approval		Presentation Date
Kelechukwu Anyanwu, DO		October 6, 2023		November 3, 2023
Tara Oden, MD		November 3, 2023		December 8, 2023
Chantel Keizer, MD		December 8, 2023		January 5, 2024
Jason McDonald, MD, MS		January 5, 2024		February 2, 2024
Kem-Maria McCook, MBBS		February 2, 2024		March 1, 2024

Residents will present Journal Club on the dates listed above, unless otherwise noted.

The journal articles must be submitted to faculty for approval at least three weeks prior to the scheduled presentation. **After the article is approved, residents should disseminate the article to program faculty and residents prior to the presentation dates above**. If for any reason Journal Club is cancelled, the scheduled presentation will take place the following month. Note the Journal Club assessment rubric in this handbook.

Suggested Journals (other journals may be used)

- American Journal of Public Health
- American Journal of Preventive Medicine
- Journal of Cancer Epidemiology
- Journal of the American Medical Association

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Program Contact Information

See the MedHub Personnel Directory for Faculty and Staff Contact Information Forms.

Forms

Public Health and Preventive Medicine
Residency Program
Learning Contract

Resident: _____

Rotation Name: _____

Training Site: _____

Preceptor: _____

Rotation Dates: _____

Competencies to be met:
This section should list the specific core and subject area competencies that will be met during the rotation

Core/Milestones Competencies (List each competency and describe how it will be met during rotation)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Goals and Objectives:
List specific rotation goals and objectives

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Specific Strategies:
List the ways in which both the competency-based objectives and the program objectives will be met

Resident Deliverables:

Oral Communication Requirements (Please describe):
Examples: meetings, speaking engagements, lecturers

Written Communication Requirements (Please describe):
Examples: Reports, summaries, educational materials, and other written deliverables

Other, If Needed (Please describe):

Time Limitations:
List proposed schedule here. Include any scheduled classes, clinics, vacation, conferences, and other program obligations.

Weekly: **Longitudinal Social/Cultural/Behavioral Rotation (Insert Day)**
Clinic (Fridays, 8:00 a.m. – 12:00 p.m.)
Residency Didactics (Fridays, 1:00 p.m. – 5:00 p.m.)

*Other: **Ex. Vacation (include dates)**
Conferences and other activities (include specific name of activity and dates)

Evaluation Process (Please describe): Preceptors should provide formative feedback each week to the resident. Preceptors should also share any concerns with PH/PM Residency Program Manager via email or phone. The final evaluation is to be completed online through the New Innovations Residency Management system.

Resident Signature Date

Preceptor Signature Date

Program Director/Associate Director's Signature Date

Journal Article Critique Form

Use this form as a guide for developing a Journal Club presentation.

Background • What is currently known about the topic being examined? • Why was the study done (what question did it examine)?	
Hypothesis If an analytic study, what is the hypothesis that is being tested?	
Objectives What are the objectives of the study?	
Methods—Design • What type of study was done? • Primary research (experiment, randomized controlled trial, other controlled clinical trial, cohort study, case control study, cross sectional survey, longitudinal survey, case report, or case series)? • Secondary research (simple overview, systematic review, meta-analysis, decision analysis, guideline development, economic analysis)? • If a randomized trial, was randomization truly random?	
Methods—Setting • What is the setting in which the subjects were studied (e.g., inpatient, outpatient, community hospital, teaching hospital, university)? • If a clinical investigation, was the study conducted in "real life" circumstances?	
Methods—Subjects • Who is the study about? • How were subjects recruited? • Who was included in and who was excluded from the study?	
Methods—Intervention What intervention or other maneuver was being considered?	

Methods—Outcomes • What outcome(s) were measured and how? • Was assessment of outcome (or, in a case-control study, allocation of cases) blind? • Was follow-up complete?	
Methods—Statistics • What sort of data do the authors have? • What types of statistical tests were used and were they appropriate to the data type? • Have the data been analyzed according to the original study protocol?	
Results • Were the groups similar at the start of the trial? • Aside from the experimental intervention, were the groups treated equally? • What are the key results?	
Conclusions • Do the results support the original study hypothesis? • What are the strengths and weaknesses of the study	
Discussion • Will the results help me in caring for my patients/community/population? • Can the results be applied to my patients/community/population? • Will the results lead directly to applying the study? • Are the results useful for reassuring or counseling my patients/community/population? • Was there any potential bias? What is its impact on the study?	

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Residency Travel Checklist

Complete the steps above for all MSM-sponsored travel for local and out-of-town meetings, conferences, and other residency-sponsored rotations/activities. Note that in compliance with the MSM Finance Policy, reimbursements are not allowed.

Travel Preparation (at least two months prior to travel)

- ❒ Complete conference/meeting registration and forward copy to Program Office.
- ❒ Complete room reservations and forward an electronic copy to Program Office.
- ❒ Inform preceptors/instructors of conference plans.
- ❒ Forward travel preferences (i.e., seat assignment, time preference, and airport parking request) to Program Office.
- ❒ Enter Administrative Leave request in the Kronos System.

2-5 days prior to travel

- ❒ Pick up travel advance from Finance Office or Program Office
- ❒ Remind Preceptors/Instructors of conference travel.
- ❒ Make arrangements for coverage of any academic/administrative/practicum responsibilities during absence

Allowable Expenses

- ❒ Round-trip baggage fees (I checked bag limit)
- ❒ Conference Registration
- ❒ Lodging for duration of conference
- ❒ Meals
- ❒ Major Transportation (Air Fare, Train, Mileage for Personal Vehicle; one/trip)
- ❒ Ground Transportation (Taxi, Bus, Subway, Shuttle, Uber/Lyft)
- ❒ Miscellaneous Fees (See MSM Travel Policy)

Program Travel Responsibilities

- ❒ The Program Office will procure major transportation fare for the resident.
- ❒ The Program Office will submit and track the processing of resident travel requests.
- ❒ The Program Office will submit and track the processing of resident travel expenses reports.

Resident Post-Travel Responsibilities (3-7 seven days after trip)

- ❒ Residents are to submit all transportation, parking, lodging, registration, baggage, and miscellaneous receipts to the program office.

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Graduate Medical Education Committee (GMEC)
Policies, Procedures, Processes, and Approval Forms

(Go to the GME Policy Manual at)

https://www.msm.edu/Education/GME/2023-2024-GMEPolicyManual_Updated.pdf

Morehouse School of Medicine Policies, Student Handbook, Forms and Templates
(Go to https://msmconnect.msm.edu/group/mycampus/compliance)