

Information for Faculty or Supervisors of UNC Preventive Medicine Residents

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Thank you very much for agreeing to serve as faculty and/or supervisor for a Preventive Medicine resident in a research project or a rotation. This handout provides basic information about the program and will provide you with some answers to common questions

Overview of the residency:

The UNC Preventive Medicine Residency has existed for more than 35 years and is headquartered in the Department of Social Medicine in the School of Medicine. The official sponsor of the program is UNC Hospitals, and the residency is fully accredited by the Accreditation Council for Graduate Medical Education

The residency is a 2-year program. The curriculum consists of MPH coursework at the UNC School of Public Health, weekly seminars in preventive medicine topics, a research project, a public health agency rotation, a health administration/continuous quality improvement rotation, optional clinical activity, and teaching in the medical student clinical epidemiology course. Most residents conduct more than one research project as well as multiple practicum rotations.

There are four major areas of focus in the UNC program: health disparities/underserved populations, cancer prevention and control, violence and injury prevention, and clinical preventive services.

Goals and Objectives of the rotation:

There are specific goals and objectives for the required rotations, and these are attached to this handout. In addition, residents develop individualized educational goals for their rotation or project.

Duty hours:

Residents are fully subject to the duty hour regulations put forward by the ACGME. Specifically, residents may work no more than 80 hours/week, must have at least one day in seven off, and must have at least 10 hours off in between work periods. Further details can be found at http://www.acgme.org/acwebsite/home/Common_Program_Requirements_07012011.pdf. In the past we have had no difficulty meeting the duty hour requirements.

Resident supervision:

The UNC PMR maintains a policy on Resident Supervision. The level of supervision of the resident, in particular in clinical settings, is determined by the supervisor. Supervision is characterized as:

1. Direct supervision--the supervising physician is physically present with the residents and the patient
2. Indirect supervision with direct supervision immediately available—the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision
3. Indirect supervision with direct supervision available—the supervising physician is not physically present within the site of care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision
4. Oversight—the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Generally, Preventive Medicine residents, who are universally PGY-2 or higher, can be supervised indirectly or with oversight, at the discretion of the supervisor.

Residents should demonstrate progressive responsibility for patient care or in administrative, research, or programmatic areas over the course of their rotation, and supervisors will be asked to document this in their evaluation.

Residents are required to follow guidelines about circumstances and events in which they must communicate with you as their supervisor. Please be sure to review these with the resident.

Specific issues pertaining to clinical rotations:

Residents are required to adhere to any policies you have regarding transitions of care or patient hand-offs. Please review these with the resident. Supervisors are requested to monitor transitions of care and document this in the evaluation.

Beyond the guidance provided above about level of supervision (which is as required by our accrediting body, the ACGME), you may have questions about necessary level of supervision for billing for visits. Please contact me and I will refer you to the correct person in UNC-Hospitals who can answer your questions.

Other policies:

The Residency has additional policies including one addressing Family and Medical Leave which may be necessary to share with you. Please inquire if you would like a copy of any of our policies.

Evaluation:

Feedback on resident performance is critical for resident development and for program improvement, and to satisfy the requirements of UNC Hospitals. We ask that at any time, if you have any concerns about resident performance, that you contact the Director (information below).

Additionally, at the end of the rotation, we request that you meet with the resident to provide face-to-face feedback, as well as complete an evaluation of the resident. You will be asked to evaluate the resident across a number of domains, including communication skills and professionalism. Please contact the program if you have any questions or concern about the evaluation process.

Please contact us with any questions.

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Goals and Objectives of the UNC Preventive Medicine Residency Program

Preventive medicine is the medical specialty which focuses on the promotion, protection, and maintenance of health and well-being and the prevention of disease, disability, and premature death of individuals in defined populations. The UNC Preventive Medicine Residency is accredited by the Accreditation Council for Graduate Medical Education (ACGME) (at present, through 2013) to provide a 2 year training program in preventive medicine. The overall educational goals of the UNC Preventive Medicine Residency Program are to 1) increase the skill level of all residents in the competencies set out by the ACGME; 2) graduate Preventive Medicine physicians who have sufficient professional knowledge, skills, and ability to practice competently and independently; and 3) graduate physicians who are eligible to sit for the Preventive Medicine board exam. With respect to the ACGME competencies, the six general competencies for all medical residents are in patient care, medical knowledge, practice-based learning, interpersonal skills and communication, professionalism, and systems-based practice. In addition, the field of Preventive Medicine has competencies as detailed by the ACGME in areas such as clinical preventive medicine, public health practice, health administration, and epidemiology. Residents will achieve competencies in the specified areas through completion of the major components of this residency. The components are detailed below with specific goals and objectives.

1. Academic Studies

Each resident must complete the MPH degree in an accredited School of Public Health (or department within a medical school). The MPH may be completed in any of the academic units of the School of Public Health, so long as degree requirements do not significantly impinge upon completion of other Residency requirements. Residents must take required courses in epidemiology, biostatistics, environmental health, health services management and administration, and the behavioral aspects of health. Through the MPH or other didactic experiences, residents must also complete training in applied epidemiology, advanced biostatistics, advanced health services management; clinical preventive services; and risk/hazard control and communication.

Educational goal: to complete an MPH degree in the School of Public Health, including the distribution of courses required for preventive medicine.

Objectives: The resident will be able to:

- a) demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient and population care; and
- b) demonstrate knowledge of all content areas included in the list of graduate courses required by the ACGME for completion of the program.

2. Preventive Medicine Seminar Series

The Preventive Medicine Residency Program offers a 9-month long series of seminars on a wide variety of preventive medicine topics each year. The series begins in late August/early September and concludes in early June. Speakers include faculty in the Department of Social Medicine, other faculty in the Schools of Medicine and Public Health, public health professionals in the State Health Department, and other experts on public health issues. Periodically, residents will present works-in-progress for review and feedback to other residents and faculty. Every other year in May a trip to the state legislature is planned, including visits to legislators, committee hearings, and the general assembly.

Educational goals: to learn a broader view of medical and public health practice with the goals of promotion, protection, and maintenance of health and well-being and prevention of disease, disability, and premature death of individuals in defined. To have exposure to a broader set of Preventive Medicine topics that complement the MPH coursework and that cover competency areas as required by the ACGME.

Objectives: The resident will be able to:

- a) demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient and population care; and
- b) demonstrate knowledge of all content areas included in the list of graduate courses required by the ACGME for completion of the program.

The resident will

- a) regularly attend the weekly Preventive Medicine seminar series from August through June;
- b) participate in discussions in the seminar; and
- c) present their research or practicum work in works-in-progress sessions.

2. Research Experience

Completion of one or more major research projects is a goal for every resident. Residents will apply the methodologic skills learned in the coursework to a public health area of interest. Residents may conduct their projects independently or work with their advisors or other faculty members on existing projects.

Educational goal: to produce a research project of publishable quality within the field of public health and preventive medicine

Objectives: The resident will be able to:

- a) Use epidemiology principles and biostatistics methods including the ability to select and conduct appropriate statistical analyses;
- b) design and conduct an epidemiologic study; and
- c) conduct an advanced literature search for research on a preventive medicine topic.

The resident will:

- a) conceptualize and design a research project of his/her choosing that addresses a public health/prevention issue;
- b) identify an appropriate faculty advisor for the project;
- c) complete the UNC-sponsored research ethics course;
- d) plan and carry out the research design, including, when appropriate, the data collection instruments, recruitment of subjects, data collection, and so on;
- e) develop a budget and timeline, including a management plan for personnel (this must be submitted to the Residency Director);
- f) apply for approval by the Human Subjects Committee (IRB) in the School of Medicine or Public Health and complete training as required;
- g) conduct the appropriate statistical analysis of the data and determine the findings of the study;
- h) write a manuscript of publishable quality of the study and consider appropriate journals for submission for publication; and
- i) develop an abstract and give a 10-minute presentation of the study at the annual Preventive Medicine Resident Research Day (held in conjunction with the John Atkinson Ferrell Lectureship and Prize).

3. Public Health Agency Rotation

Each resident must spend 2 months working in a public health agency at the local, state, or federal level. The state health department has a number of branches and divisions in which residents may pursue activities of their interest. Residents may also set up rotations in federal agencies, such as the Centers for Disease Control and Prevention (CDC), the Office of Disease Prevention and Health Promotion, the Agency for Healthcare Research and Quality, or others. Residents may receive funds to cover travel and housing costs, if working at a distant site. These rotations may be done in a block period of time or spread out over a longer time period.

Educational goal: to develop an understanding of the public and political aspects of carrying out tasks to ensure the public's health

Objectives: The resident will be able to:

- a) demonstrate proficiency in the core preventive medicine competencies which are the ten essential services of public health;
- b) demonstrate progressive responsibility for patients and the clinical and administrative management of populations and communities;
- c) demonstrate skills in occupational and environmental health; and
- d) demonstrate skills in emergency preparedness.

The resident will:

- a) choose an administrative unit within a county, state, or federal public health agency, based on activities of that unit of interest to the resident;
- b) develop specific learning objectives for the rotation based on core competencies;
- c) understand the legal role and responsibilities of the agency;
- d) learn the organization of the agency;
- e) become exposed to issues of administration and management within the agency; and
- f) have significant responsibility for a task delegated by the agency.

5. Teaching Experience

The Preventive Medicine Residency Program believes that the experience of teaching contributes significantly to deeper understanding and development of core preventive medicine competencies by residents. Additionally, the experience of speaking to or leading discussions with groups of students contributes to the development of general competencies in communication with target audiences. Residents have the opportunity to teach in one of the courses taught in the Department of Social Medicine.

Educational goal: to obtain experience in teaching public health/preventive medicine concepts to medical students

Objectives: The resident will be able to:

- a) Explain principles of clinical epidemiology to medical students.

The resident will:

- a) participate as a co-seminar leader in the "Clinical Epidemiology" course for second year medical students.

6. Health Care Management and Administration Experience

Each resident will complete a project using quality improvement and management information system strategies to fulfill one of the public health/general preventive medicine competencies.

Educational goal: to develop competency in health care management and administration

Objectives: The resident will be able to:

- a) develop, deliver, and implement appropriate clinical services for both individuals and populations in order to diagnose and treat medical conditions;
- b) apply primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion;
- c) develop, implement and evaluate the effectiveness of appropriate clinical preventive services for both individuals and populations; and
- d) manage and administer programs that provide recommended immunizations, chemoprophylaxis, and screening tests to individuals and populations.

The resident will:

- a) select a site, such as UNC Hospitals or a community health center, for the health care management and administration experience;
- b) participate in the planning and conduct of a quality improvement project to improve the health of a defined population;
- c) participate in the design and use of a management information system;
- d) be exposed to human and financial resource management for the operation of the quality improvement and management information system project;
- e) demonstrate increased responsibility over the course of the project; and
- f) develop skills in communications, team building, innovation, leadership and continuous learning.

7. Clinical Experience

Residents are required to spend 2 months each year in a clinical setting conducting individual and population-based care. These clinical activities may take place at UNC Hospitals or at other clinical sites. If working within UNC Hospitals, the resident must function as housestaff and may not be classified as medical staff.

Educational goal: to continue developing skills in the care of individual patients and to learn to deliver preventive medicine services in the clinical setting

Objectives: The resident will be able to:

- a) demonstrate progressive responsibility for patients and the clinical and administrative management of populations;
- b) develop, deliver, and implement appropriate clinical services for individuals and populations in order to diagnose and treat medical conditions;
- c) apply primary, secondary, and tertiary preventive approaches to individual disease prevention and health promotion; and
- d) counsel individuals regarding the appropriate use of clinical preventive services and health promoting behaviors, and provide immunizations, chemoprophylaxis, and screening services as appropriate.

The resident will:

- a) arrange for a clinical opportunity at a setting of the resident's choice;
- b) understand requirements for supervision as stated in the policy of UNC Hospitals.

8. Elective Experiences/Additional Rotations

Each resident is expected to further develop his or her competencies through participation in additional activities such as working with faculty on research projects, working with UNC HealthCare on administrative projects, or working with county or state health department personnel on projects of interest. Residents funded by agencies or by training grants may have additional required rotations or activities.

Educational goal: to continue developing competencies and substantive knowledge in public health/preventive medicine

The resident will:

- a) develop administrative experience through participation in committees, research projects, health department projects, etc.;
- b) deepen his/her understanding of important public health/preventive medicine issues; and
- c) develop other preventive medicine competencies as appropriate.