

Table of Contents

MSM Vision.....5
MSM Mission5
GME Program6

Resident Association Mission10

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

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.

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 sy

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The Public Health and Preventive Medicine

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

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.

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.

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.

Overview

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.

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.

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.



Program Components

YEAR 1

FALL	MPH 500E/Core	Biostatistics	3
FALL	MPH 501E/Core	Environmental Health	3
FALL	MPH 502E/Core		

Program Components

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

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

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

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

Longitudinal Social/Cultural/Behavioral Rotation Advisor

Professional/Research Interests: Graduate Medical Education and Community-Based Participatory Research

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

Resident Research Advisor and Cancer Prevention and Control Track Advisor

Professional/Research Interests: Cancer Epidemiology and Research

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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. Reside

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.

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.

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-

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.
-

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.

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

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).

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.

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

[Return to Table of Contents](#)

(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 yen-USaten-Uca0 G[(p)3(r)12(t

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

Annual Program Evaluation
The

Program Evaluation Procedure

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*
- M6Te9 r8_y.1O#0

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

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). (

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)

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.

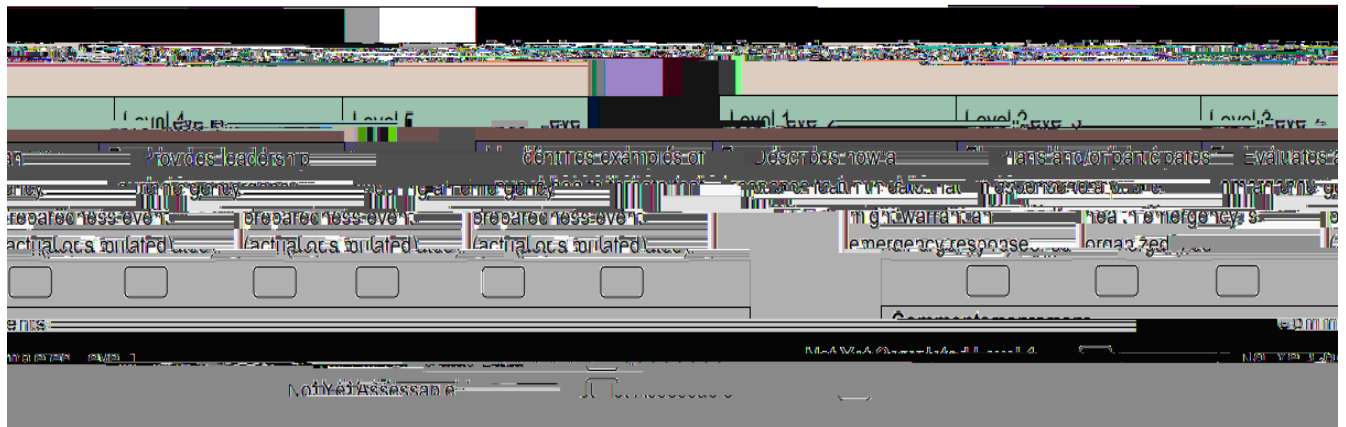
The PEC/RAC chair shall assist the program director to provide the designated institutional official (DIO) an annual written report of the program's quality between June and August of each year.

The PEC/RAC shall prepare an annual report summarizing PEC/RAC acti0.00000912 0 612 792 reW* no 0 0 1[(RAC)-1

"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.

Version 2.0 - Preventive Medicine, Public Health and General Preventive Medicine Milestones - ACGME Board White Paper - 2013



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://ncdmpu.usuhs.edu/education/core-curriculum> and <https://ncdmpu.usuhs.edu/education/older-adult-curriculum>), and HHS Think Cultural Health online course for first responders (<https://thinkculturalhealth.hhs.gov/education/disaster-personnel>).

Milestones and Core Competencies

Relevant Practicum Training:

CDC/ATSDR Environmental Health Rotation

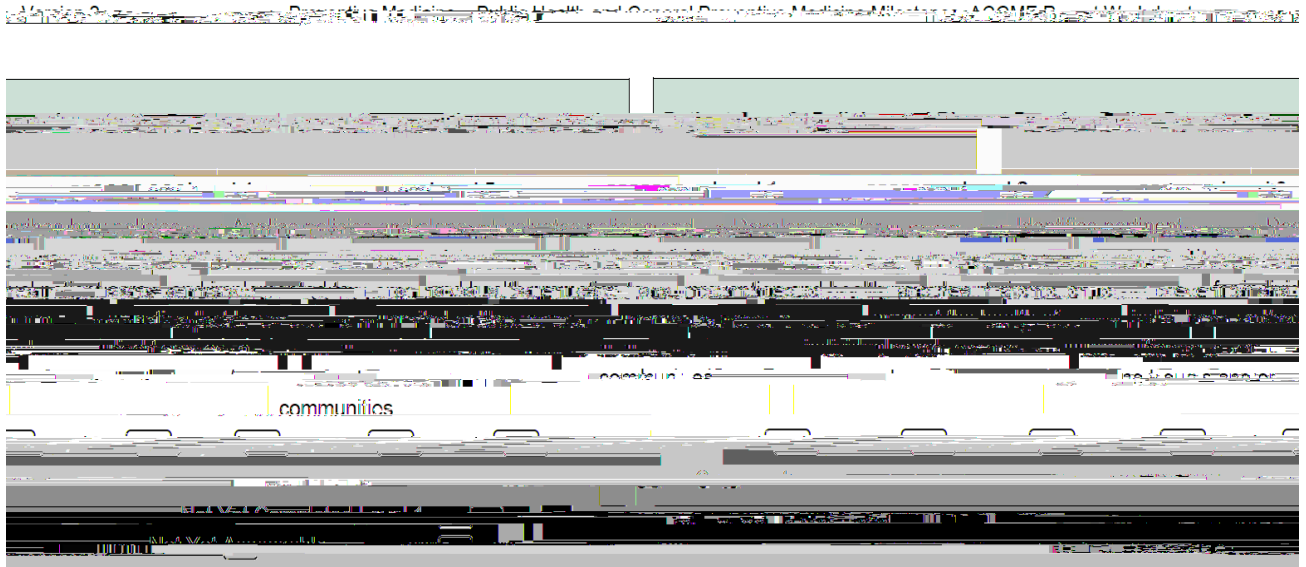
Georgia Department of Public Health emergency preparedness activities for health care professionals (<https://dph.georgia.gov/emergency-preparedness-and-response/georgia-responds>). Also, joining Medical Reserve Corps of local county enables participation in actual responses or simulations (e.g., <https://www.dekalbhealth.net/office-of-emergency-preparedness/med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



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:

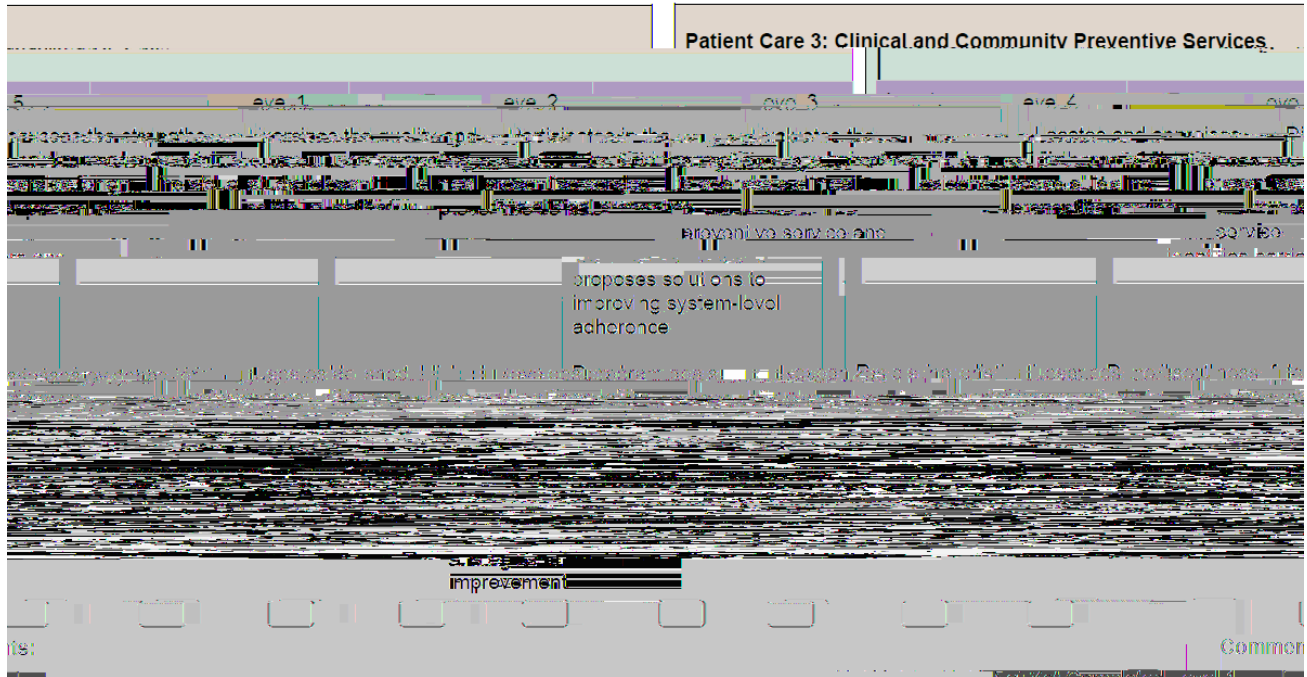
Occupational Medicine Rotation, Clinical Preventive Medicine Rotations, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation, Health Care Administration Rotation, ACPM Policy Rotation, QI Projects

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



Curriculum Components

Relevant Courses:

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

Relevant Practicum Training:

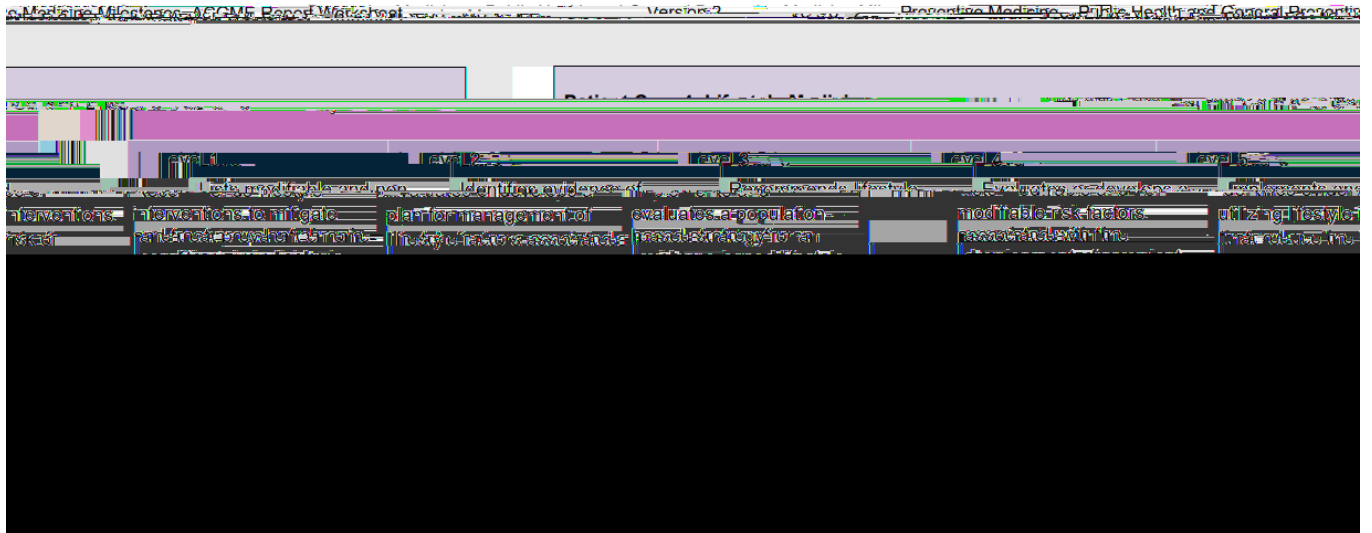
Journal Club, Clinical Preventive Medicine Rotations, ACPM Policy Rotation

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



Curriculum Components

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

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
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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

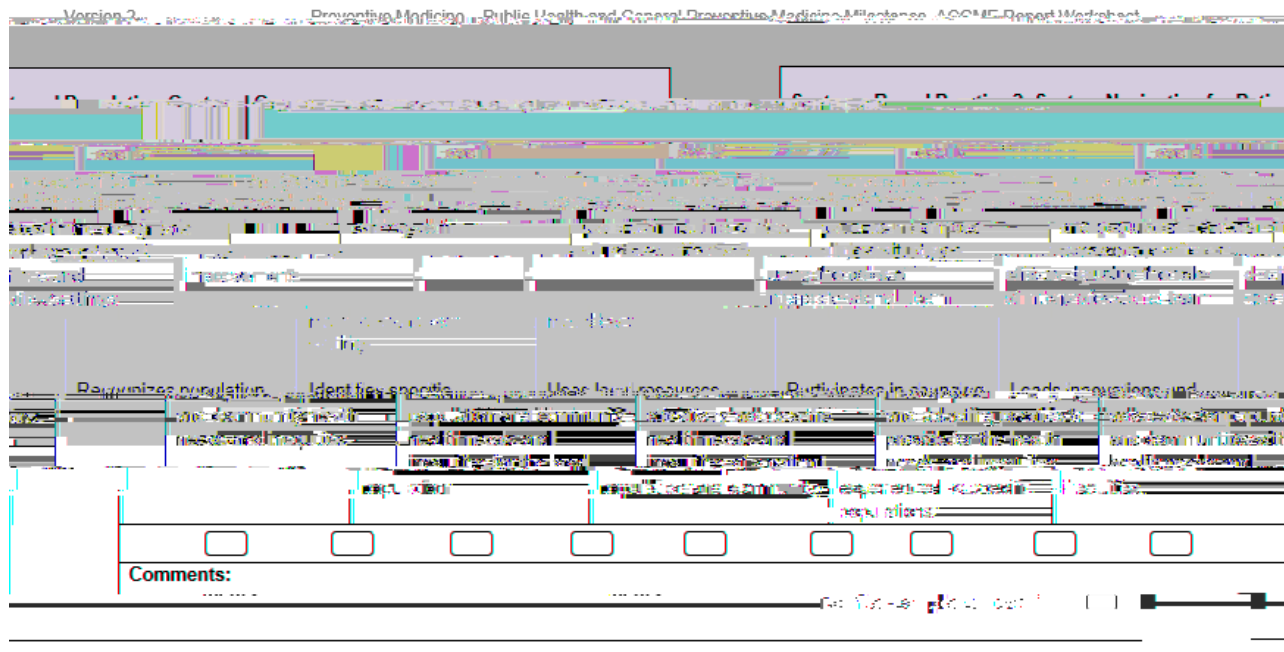
Relevant Assessment Tools:

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.

Milestones and Core Competencies

Milestones and Core Competencies

Milestones and Core Competencies



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:

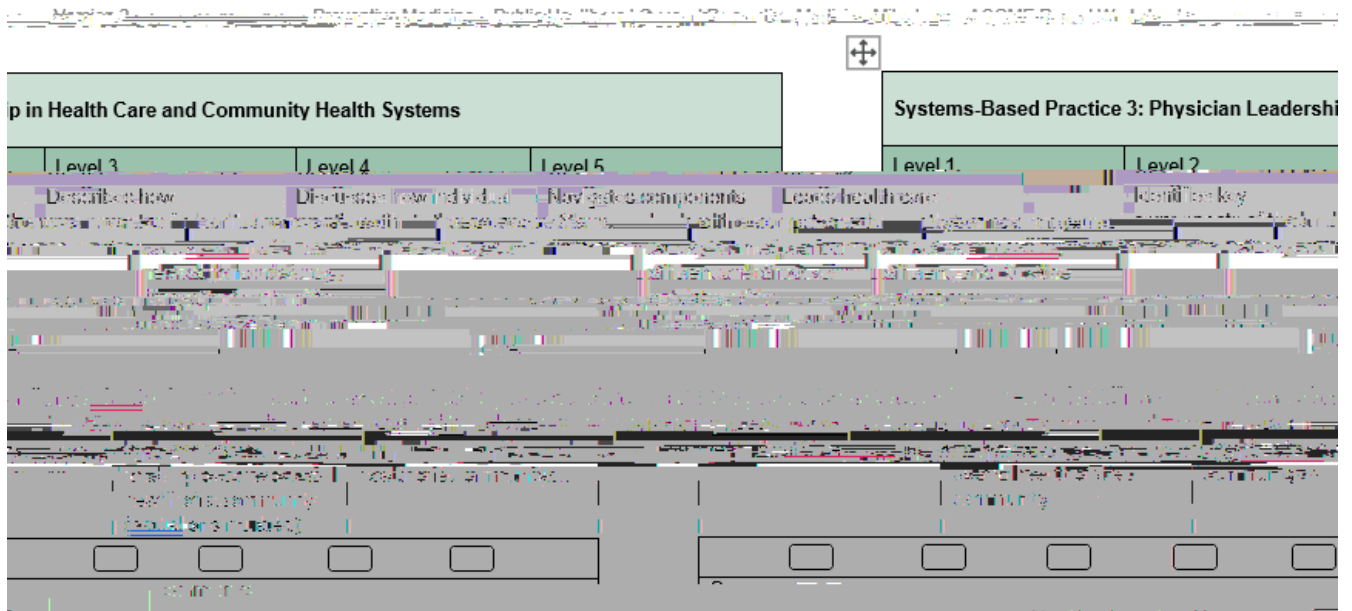
Clinical Preventive Medicine Rotations, especially at CAPN Clinic and Covenant House, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation,

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



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:

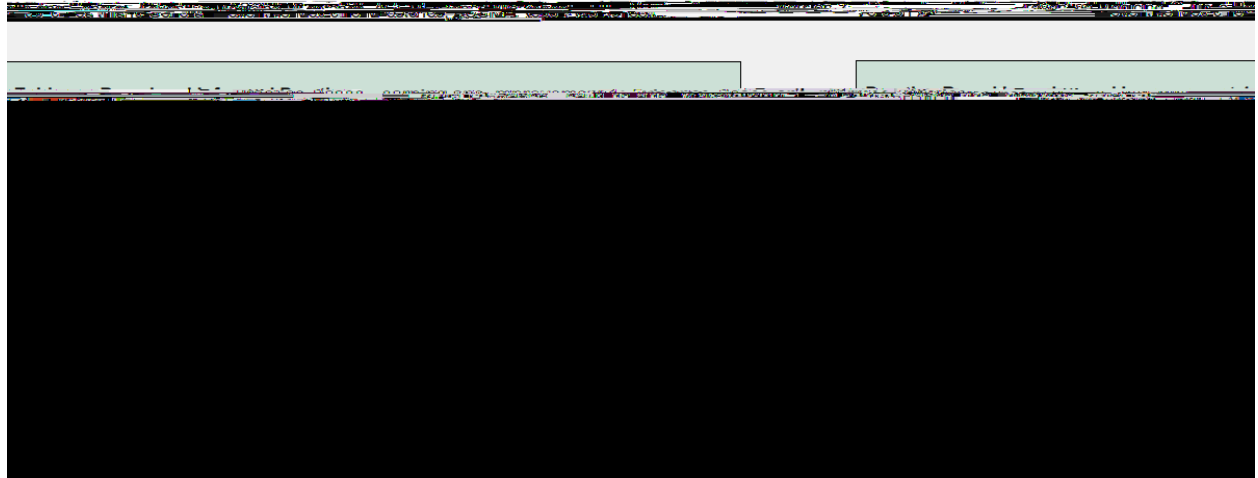
Clinical Preventive Medicine Rotations, especially at CAPN Clinic and Covenant House, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

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



Curriculum Components

Relevant Courses:

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

Relevant Practicum Training:

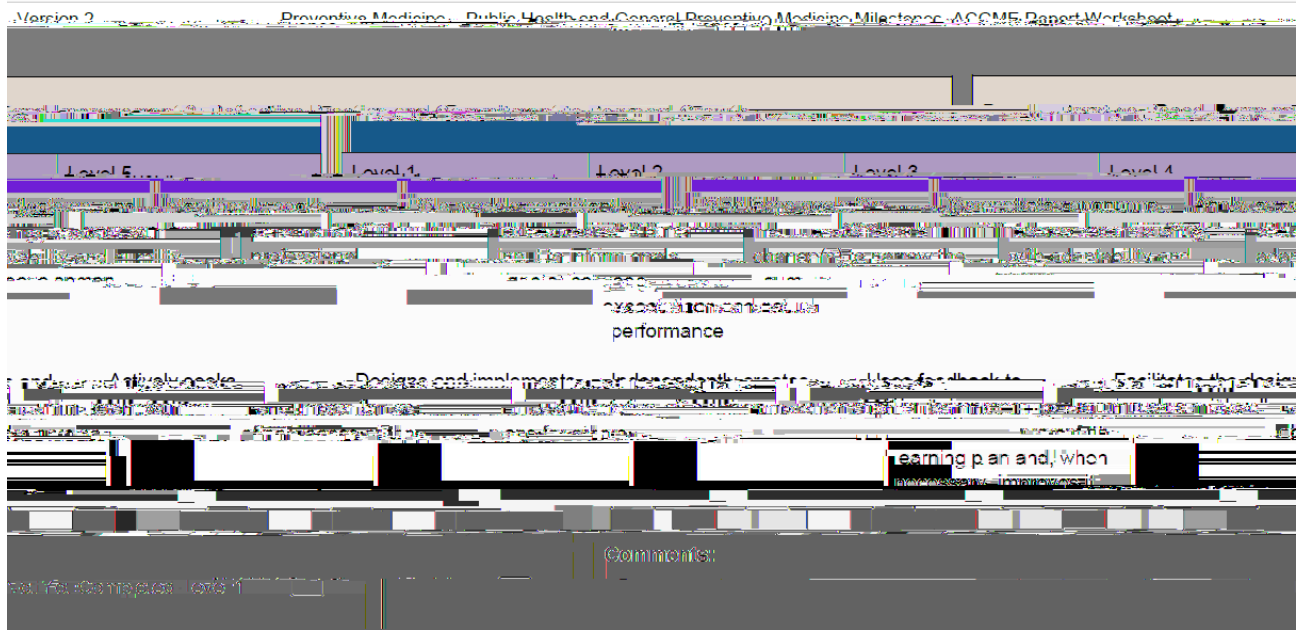
Journal Club, Clinical Preventive Medicine Rotations, Social, Cultural, Behavioral Determinants of Health Longitudinal Rotation

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



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

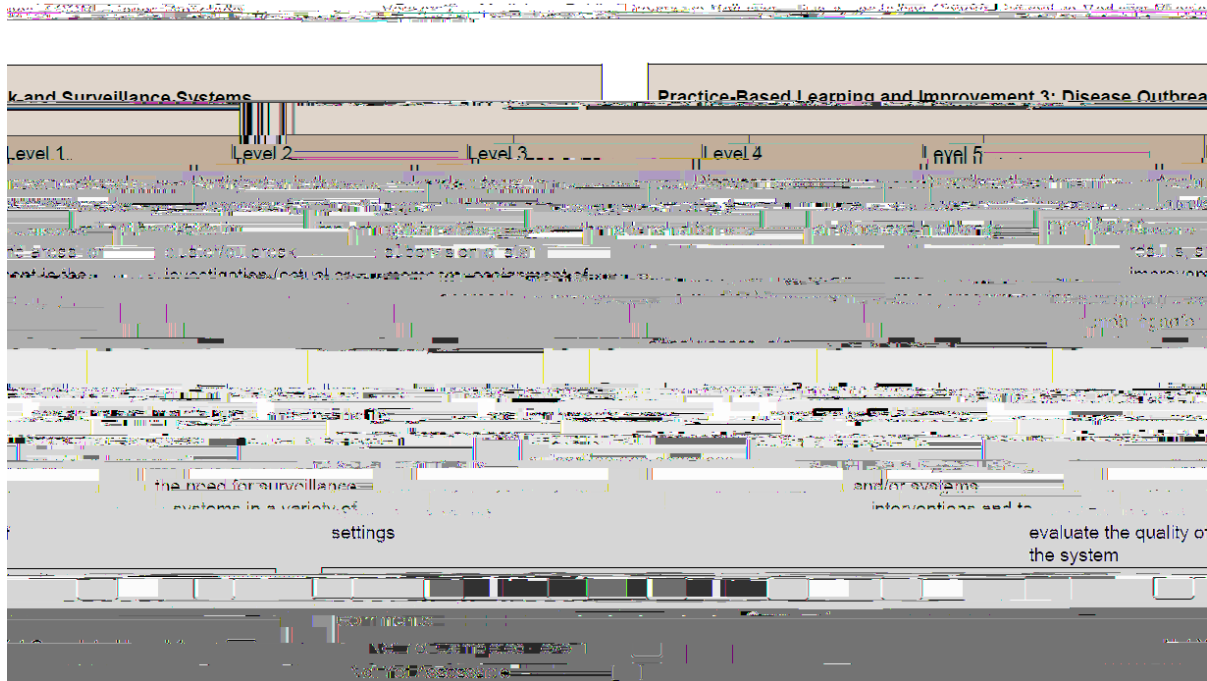
Relevant Assessment Tools:

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

Milestones and Core Competencies



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

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,

Milestones and Core Competencies

Level 5	Level 1	Level 2	Level 3	Level 4

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

The image shows a table with five columns labeled Level 4, Level 5, Level 1, Level 2, and Level 3. The table is heavily distorted with digital noise and artifacts, making the text within the cells illegible. A header row is visible at the top of the table area, and there are some faint labels like 'Professionalism 2: Self-A' on the right side.

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

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/-

- 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

Specific Rotation Objectives

- Skills in leading group discussion
 - Skills in delivering lecture
 - Use of an appropriate evaluation tool
9. Design and conduct health and clinical outcomes studies

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

Specific Rotation Objectives

- 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:
 -

- 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.

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.

Major Area of Concentration Elective

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)

Major Area of Concentration Elective

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

Course Deliverables

- 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%

Course Policies

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.

Major Area of Concentration Elective

Georgia Department of Public Health	Ms. Yvette Daniels	<ul style="list-style-type: none"> • Epidemiology • Major Area of Concentration • Special Studies • Health Administration
<ul style="list-style-type: none"> • Centers for Disease Control and Prevention • Agency for Toxic Substances and Disease Registry 	<ul style="list-style-type: none"> • Mona Saraiya, MD • (Others by arrangement) • Jewel Crawford, MD • Ms. Debra Joseph 	<ul style="list-style-type: none"> • Environmental Health • Special Studies • Major Area of Concentration • Epidemiology
Caduceus Occupational Medicine Centers	<ul style="list-style-type: none"> • Stephen Dawkins, MD • Brandon Dawkins, MD 	<ul style="list-style-type: none"> • Occupational Medicine • Major Aare of Concentration

Morehouse School of Medicine

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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).

Program Contact Information

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

Resident: _____

Rotation Name: _____

Training Site: _____

Preceptor: _____

Rotation Dates: _____

Forms

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

<ul style="list-style-type: none">• What is currently known about the topic being examined?• Why was the study done (what question did it examine)?	
If an analytic study, what is the hypothesis that is being tested?	
What are the objectives of the study?	
<ul style="list-style-type: none">• 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?	
<ul style="list-style-type: none">• 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?	
<ul style="list-style-type: none">• Who is the study about?• How were subjects recruited?• Who was included in and who was excluded from the study?	
What intervention or other maneuver was being considered?	

<ul style="list-style-type: none"> • 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? 	
<ul style="list-style-type: none"> • 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? 	
<ul style="list-style-type: none"> • 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? 	
<ul style="list-style-type: none"> • Do the results support the original study hypothesis? • What are the strengths and weaknesses of the study 	
<ul style="list-style-type: none"> • 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? 	

[Return to Table of Contents](#)

Complete the steps above for all MSM-sponsored travel for local and out-of-town meetings, conferences, and other residency-

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

