

APTR-AHRQ Preventive Medicine Residency Rotations



2019-2020 Request for Applications Deadline: January 10, 2019

ABOUT THE PROGRAM

The Association for Prevention Teaching and Research (APTR) is offering field placements for preventive medicine residents and primary care residents with the U.S. Preventive Services Task Force (USPSTF) Program, based at the Agency for Healthcare Research and Quality (AHRQ). The clinical preventive medicine rotation at AHRQ gives Preventive Medicine and Primary Care residents an in-depth experience in the process of developing evidence-based recommendations. Residents work closely with AHRQ staff and USPSTF members in a variety of activities: participating in scoping of CPS topics; researching information on epidemiology and burden of preventable conditions addressed by CPS; reviewing and summarizing external comments on draft recommendations; researching positions of other organizations, and; editing and finalizing recommendations and rationale statements. Other projects may involve developing implementation materials for USPSTF recommendations aimed at patients, clinicians, health plans, employers or policy makers. Residents may have the opportunity to participate in a variety of AHRQ meetings, conferences and seminars, including the USPSTF meetings and conference calls with USPSTF members, as well as didactic teaching and journal club sessions focusing on current issues and updates in clinical preventive medicine and evidence-based research.

Rotation Length

Field placements will consist of two-month rotations from July 1, 2019 through June 30, 2020.

Rotation Location

Field placements will take place at the AHRQ Headquarters in Rockville, MD.

Learning Objectives

- Describe the methodology and processes the USPSTF uses to develop evidence-based guidelines
- Explain how to design a systematic evidence review to evaluate clinical preventive services
- Critically appraise evidence to inform recommendations on clinical preventive services
- Identify critical gaps in the evidence on clinical preventive services
- Identify benefits and harms of providing clinical preventive services and assess the overall balance of benefits and harms
- Describe how to translate evidence into a clinical preventive service recommendation
- Demonstrate the ability to communicate clinical preventive services recommendations to consumers, health care professionals and the media
- Identify key stakeholders for USPSTF recommendations
- Assist in dissemination and implementation of USPSTF recommendations

Preventive Medicine Milestones Addressed by Rotation:

- PC2: Monitor, diagnose and investigate community health problems
- PC3: Inform and educate populations about health threats and risks
- PC4: Develop policies and plans to support individual and community health efforts
- PC5: Evaluate population-based health services
- PC10: Analyze evidence regarding the performance of proposed clinical preventive services
- SBP2: Incorporate considerations of risk-benefit analysis in population-based care
- ICS1: Communicate effectively with the public, physicians, other health care professionals and health related agencies

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Financial Support

A monthly stipend and fee will be provided directly to the residency program for each month of the rotation:

- Resident stipend: \$3,100/month Administrative Fee: \$1,020/month

APPLICATION GUIDELINES

All applicants are required to complete the application at www.aptrweb.org/rotations

Eligibility

- U.S. Citizen
- Current preventive medicine resident
- Primary care resident (Family Medicine, Pediatrics, Internal Medicine, or Obstetrics/Gynecology) with a demonstrated interest in prevention, public health, or health policy are also encouraged to apply.

Due to security clearance requirements the following are **not** eligible: non-citizen national, foreign national possessing a visa permitting permanent residence in the U.S. (Alien Registration or "Green Card"), student visas and temporary work visas.

APTR Membership

Residency programs must be current institutional members of APTR. If a selected candidate is from a residency program that is a non-institutional member of APTR, then the applicant will need to become a resident member of APTR at the time of acceptance.

Application Components

The following materials are required. It is recommended that you gather these materials prior to starting your application. All items must be in Adobe PDF format.

1. Current Curriculum Vitae or Resume

2. Letter of Recommendation

You are required to submit one letter of recommendation from your Residency Program Director

Format Requirements:

- Letter must be on the official letterhead of the academic institution
- Letter must be signed by the residency program director
- Adobe PDF (to be uploaded)

NOTE: If you are unable to obtain the letter of recommendation or commitment to upload with your application submission, then your selected academic faculty member **MUST** email the letter to training@aptrweb.org following the requirements listed above. The letter **MUST** be received on or before the deadline date and must include the last name of the applicant in the file name.

3. Scientific Writing Sample

Format Requirements:

- Maximum 4 pages, 1.5 spaced
- 12-point font, 1-inch margins
- Adobe PDF (to be uploaded)

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Ranking of preferred rotation dates

Field placements will consist of two-month rotations from July 1, 2019 through June 30, 2020. The applicant will rank his or her choice of rotation months.

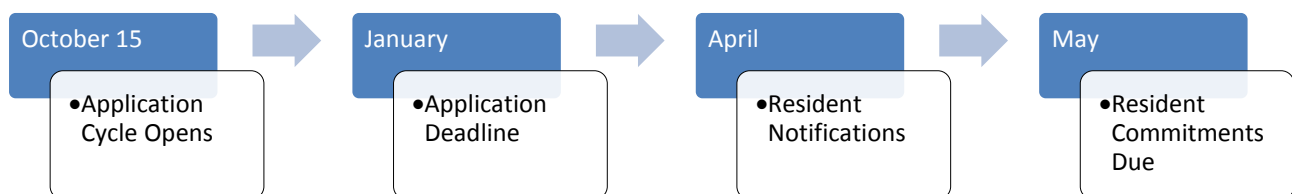
July-August	December-January
August-September	January-February
September-October	February-March
October-November	March-April
November-December	April-May
May-June	

SELECTION CRITERIA

Applicants will be evaluated based upon the following criteria:

- Demonstrated interest in prevention or primary care
- Demonstrated interest in domestic health policy
- Writing ability
- Past academic performance

TIMELINE



QUESTIONS

Rotation Experience

US Preventive Services Task Force Program

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Application Process/Technical Assistance

Association for Prevention Teaching and Research

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**Agency for Healthcare Research and Quality
Center for Evidence and Practice Improvement
Rockville, MD**

The Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving the safety and quality of America's health care system. AHRQ develops the knowledge, tools, and data needed to improve the health care system and help Americans, health care professionals, and policymakers make informed health decisions. The AHRQ mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

U.S. Preventive Services Task Force Program

Created in 1984, the U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Since 1989, AHRQ has been authorized by the US Congress to convene the Task Force and to provide ongoing scientific, administrative and dissemination support to the Task Force. Support for the Task Force is provided by the USPSTF Program within the Center for Evidence and Practice Improvement (CEPI). CEPI, one of eight centers and offices within AHRQ, generates new knowledge, synthesizes evidence, translates science on what works in health and health care delivery, and catalyzes practice improvement across health care settings. CEPI also operates the National Center for Excellence in Primary Care Research.

The Task Force works to improve the health of all Americans by making evidence-based [recommendations](#) about clinical preventive services such as screenings, counseling services, and preventive medications. All recommendations are published on the Task Force [Web site](#) and/or in a peer-reviewed journal.

Task Force members come from the fields of preventive medicine and primary care, including internal medicine, family medicine, pediatrics, behavioral health, obstetrics and gynecology, and nursing. Their recommendations are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs.

Each year, the Task Force makes a report to Congress that identifies critical evidence gaps in research related to clinical preventive services and recommends priority areas that deserve further examination. More information on these reports is available [here](#).