

## **2017-2018 Preventive Medicine Residency Rotations**

~~**Deadline: Friday, January 20, 2017**~~

**Extended Deadline: February 6, 2017**

The Association for Prevention Teaching and Research (APTR) is pleased to announce continuing field placements for **Preventive Medicine** (general preventive medicine/public health, occupational medicine, and aerospace medicine) and **Primary Care** residents (with demonstrated interest in public health, prevention, or health policy) at the Agency for Healthcare Research and Quality (AHRQ).

### **Timeframe:**

There are two month rotations available from July 1, 2017 – June 30, 2018, contingent upon funding.

### **Financial Support provided to AHRQ residents includes:**

- A monthly resident stipend of \$3,100
- A monthly residency program administrative fee of \$1,020

Visit [www.aptrweb.org/rotations](http://www.aptrweb.org/rotations) for additional information.

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### **Agency for Healthcare Research and Quality (AHRQ) 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. It is also the lead agency supporting the work of the U.S. Preventive Services Task Force (USPSTF). AHRQ's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable and affordable. 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. AHRQ works with Department of Health and Human Services (HHS) agencies and other partners to make sure that the evidence is understood and used in an effort to achieve the goals of better care, smarter spending of health care dollars, and healthier people. Currently, AHRQ is focusing on three areas: 1) Investing in research on the Nation's health delivery system to understand how to make health care safer and improve quality; 2) Creating materials to teach and train health care systems and professionals to put the results of research into practice; and 3) Generating measures and data used by providers and policy makers.

The Center for Evidence and Practice Improvement (CEPI) is one of eight centers and offices within AHRQ. CEPI conducts and supports research and evidence synthesis on health care delivery and improvement; advances decision and communication sciences to facilitate informed treatment and health care decisionmaking by patients and their health care providers; explores how health

information technology can improve clinical decisionmaking and health care quality; catalyzes and promotes sustainability of improvements in clinical practice across health care settings through research, demonstration projects, and partnership development; and operates the National Center for Excellence in Primary Care Research. 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 USPSTF is provided by the USPSTF Program within CEPI.

Created in 1984, the U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based [recommendations](#) about clinical preventive services such as screenings, counseling on health-related behaviors, and preventive medications. 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. In addition to making evidence-based recommendation on clinical preventive services, each year, the Task Force also 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.

The clinical preventive medicine rotation at AHRQ gives Preventive Medicine 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 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. A useful website to learn more about the USPSTF can be accessed using this link: [www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/). For more information on AHRQ, please see [www.ahrq.gov/cpi/about/index.html](http://www.ahrq.gov/cpi/about/index.html).

### **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.

#### **Selected Projects**

For current topics, please see the USPSTF website:

[www.uspreventiveservicestaskforce.org/uspstf/topicsprog.htm](http://www.uspreventiveservicestaskforce.org/uspstf/topicsprog.htm).

Current projects of Preventive Medicine residents include:

- Performing a critical appraisal of a research plan to assist in defining the scope of a USPSTF systematic evidence review
- Summarizing public comments on draft recommendation statements, organizing comments into themes and considering how the recommendation can be revised to address these themes
- Assisting in dissemination and implementation of USPSTF recommendations by co-authoring Putting Prevention into Practice articles

#### **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

#### **Financial Support**

A monthly resident stipend of \$3,100 and residency program administrative fee of \$1,020 will be paid directly to the residency program unless other arrangements are necessary.

#### **For More Information**

Questions about the rotation experience should be directed to Tina Fan, MD, MPH at AHRQ (Tina.Fan@ahrq.hhs.gov or 301-427-1567).

Questions about the application process should be addressed to Katy Bidwell, MPH, at APTR (khh@aptrweb.org or 202-463-0550, ext. 137).