

Class XII Mentor Orientation

CDC/CSTE Applied Epidemiology Fellowship Program



Agenda

- Welcome
- Overview of the Fellowship
- Role of Mentors
- Plan of Action
- Progress Reports
- Evaluations
- Professional Development Allowance
- Employment

Goals of the Fellowship

Began in 2003 to increase applied epi capacity in state and local health departments

1. Applied epidemiology capacity building program in state/local health departments
2. Provides service to the host site during the two years of fellow placement
3. Provides an accelerated training experience and builds epi skills for fellows

Overview

- Collaboration among CDC, CSTE, & ASPPH
- Competency based mentorship model for 2 years
- Fellows matched by program area
 - Infectious (including Quarantine, HAI, and Food Safety)
 - Maternal and Child Health
 - Environmental Health (including waterborne)
 - Occupational Health
 - Chronic Disease
 - Substance Abuse
 - Injury

Fellow Eligibility

- An MPH, MSPH, MS, or equivalent degree or an advanced degree in a health-related field
- Minimum of 4* advanced graduate-level epidemiology courses and 1 advanced graduate-level biostatistics course
- Desire to pursue a long-term career in epidemiology at the state or local level
- Demonstrated analytic skills
- United States citizenship

*beginning with 2014 application cycle

Status of Fellowship

- 266 Fellows have entered the program since its inception in 2003
 - Currently 30 second year fellows in Class X (graduating Summer 2014)
 - 33 fellows in Class XI (beginning 2nd year)
 - 30 new Class XII Fellows
- Based upon the data from CSTE's 2013 evaluation of program alumni (Class I-IX, N=145)
 - 58% reported working at a STLT or federal public health agency
 - 13% in academia
 - 13% in graduate programs
 - 16% in other settings

Class XII Profile

Subject Area	#
CD/MCH	2
Drug Overdose	1
EH/OCC	2
EH-Water	3
ID	8

Subject Area	#
ID-Food	1
ID-HAI	6
ID-Q	2
INJ	1
MCH	4

Class XII Locations

- California
- Colorado (2)
- Cook County, Illinois
- District of Columbia
- Florida (2)
- Fulton County, Georgia
- Harris County, Texas
- Hawaii (2)
- Illinois (2)
- Iowa
- Massachusetts
- Michigan (2)
- New Jersey (2)
- New York State
- New York City, New York (5)
- North Carolina
- Oklahoma
- Tennessee (2)
- Wisconsin

Mentor Role

- Oversee training activities
- Ensure familiarity with relevant techniques in the given specialty
- Encourage overall professional development
- Provide opportunities that will expand epidemiologic knowledge and widen job-related capabilities
- Ensure competencies are met
- Provide support and guidance to Fellow for their post-fellowship job search

Fellowship Handbook

- Overview of fellowship activities, requirements, and CSTE's policies
- Mentor information: pages 19-23
 - Role
 - Responsibilities
 - Overseeing, Reviewing, and Evaluating Assignments
 - Mentor Checklist

Plan of Action

- Represents a working outline of the fellows training activities.
 - Plan of Action described on page 7
 - Template available on pages 30-33
- Addresses how the fellow will achieve the competencies required within the fellowship.
 - competencies listed on pages 5-7
- Must be submitted within the first 90 days of the fellowship

Plan of Action

Name:
Program Area:
Host Site:
Year: 2008
Primary Mentor:
Secondary Mentor:

1. Surveillance activity in which the fellow will participate

A. TITLE OF PROJECT

BRIEF DESCRIPTION OF PROJECT

B. TITLE OF PROJECT

BRIEF DESCRIPTION OF PROJECT

2. Surveillance system to be evaluated

TITLE OF PROJECT

BRIEF DESCRIPTION OF PROJECT

3. Role in bioterrorism preparedness and response

A. BRIEF DESCRIPTION OF ROLE:

4. Major Project (including timeline)

TITLE OF MAJORPROJECT

BRIEF DESCRIPTION OF MAJOR PROJECT

Timeline:

Year	Month	Activities
2008	July	•
	August	•

Fellowship Core Competencies

Applied Epidemiology Core Competencies

Epidemiologic methods

- Design surveillance systems to assess health problems.
- Evaluate surveillance systems and know the limitations of surveillance data. First-year fellows are required to submit an abstract on their evaluation projects for the CSTE Annual Conference and the surveillance system evaluation should be among the first activities the fellow undertakes.
- Role in bioterrorism/emergency preparedness and response. Fellows should be prepared to play a functional role in BT/ER response for their host agency and are encouraged to participate in related training, tabletop exercises etc.
- Interpret surveillance data*.
- Design an epidemiologic study to address a health problem.
- Understand the basic types of study design and the advantages and limitations of each type*.
- Design a questionnaire or other data collection tool to address a health problem.
- Collect health data from appropriate sources (e.g., case interviews, medical records, vital statistics records, laboratory reports, or pathology reports).
- Create a database for a health data set.
- Use statistical software to analyze and characterize epidemiologic data.
- Interpret findings from epidemiologic studies, including recognition of the limitations of the data and potential sources of bias and/or confounding.
- Recommend control measures, prevention programs, or other public health interventions based on epidemiologic findings.

Communication

- Write a field investigation report resulting from participation in an infectious disease or other approved outbreak investigation of either an acute disease outbreak or a time sensitive investigation. Fellows should experience participating in and observing an investigation performed in a charged environment. It is understood that some fellowship assignments such as those in Chronic Disease, Maternal and Child Health, etc. will require that the mentor arrange for a temporary detail to allow the fellow to participate in such an investigation.
- Write a surveillance report.
- Understand the basic process for preparing a manuscript for publication*.
- Make an oral presentation using appropriate media.
- Present data graphically and know how to use graphic software.
- Understand the basics of health-risk communication and communicate epidemiologic findings in a manner easily understood by lay audiences.

- Master's-level fellows: present a poster at a national or regional meeting, publish a technical report, or prepare a manuscript for publication in a peer-reviewed journal.
- Doctoral-level fellows: prepare a manuscript for publication in a peer-reviewed journal.

Public Health Practice, Policy, and Legal Issues

- Have a basic understanding of public health law*.
- Complete CDC's online Public Health Law 101 available at: <http://www2a.cdc.gov/phlp/phl101/>
- Understand the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and recently implemented privacy and information security amendments*.
- Distinguish between public health research and public health practice*.
- Understand policies for the protection of human subjects in research and the role of an Institutional Review Board (IRB)*.
- Know the essential public health functions*.
- Understand the roles of local, state, and federal public health agencies*.
- Appreciate the diversity of how epidemiology is used in different program areas*.
- Effectively negotiate cultural sensitivity issues*.

* indicates Core Competencies addressed in the fellowship orientation curriculum

Example Fellow Presentations

- Use of automated testing in syphilis diagnosis and its impact on surveillance- Connecticut, 2010
- Enhancing statewide drug overdose surveillance by using NC controlled substances reporting system and medical examiner data
- Evaluation of Shiga toxin-producing *E. coli* surveillance in Virginia, 2005-2010
- Racial disparities of self-reported post-partum depressive symptoms among foreign born women in Oregon
- *Campylobacter* outbreak among students consuming raw milk during a field trip

Example Publications in MMWR

- “Exposure to Nitrogen Dioxide in an Indoor Ice Arena-New Hampshire, 2011”
- “Tuberculosis Outbreak Associated with a Homeless Shelter-Kane County, Illinois, 2007-2011”
- “Ectopic Pregnancy Mortality-Florida, 2009-2010”
- “Emergency Department Visits After Use of a Drug Sold as “Bath Salts”- Michigan, Nov 13, 2010-March 31, 2011”
- “Vitamin B12 Deficiency in Resettled Bhutanese Refugees, United States, 2008-2011”
- “Rabies Risk Assessment of Exposures to a Bat on a Commercial Airliner- United States, August 2011”
- “Occupational Transmission of *Neisseria meningitidis*-California, 2009”

Progress Reports

- Provide an opportunity to monitor the plan of action and the fellows progress.
 - Progress reports described on page 8
 - Template available on page 34
- CSTE will provide feedback but will not give technical comments.
- Fellows are required to complete these reports quarterly.
- Schedule of due dates for the quarterly progress reports is listed on page 8.

Biannual Evaluations

- Accompanies the progress reports to evaluate the fellows performance
 - Evaluation described on page 8
 - Templates available on pages 41-48
- Feedback from this evaluation provides an opportunity to identify where the fellow needs to concentrate their energy and effort to strengthen their skills.
- These evaluations are submitted every 6 months

Fellow Evaluation Form – 6 months

Please complete a formal evaluation of the fellow using the criteria below. Discuss your evaluation with the fellow and obtain his/her signature.

Due to CSTE on or before end of 6th month of fellowship.

Date: _____

1. Please describe the progress that the fellow is making on his/her Plan of Action.

2. Please rate the fellow in the following areas:

- Rating scale:
- 1 – Needs significant improvement
 - 2 – Needs some improvement
 - 3 – Meets expectations
 - 4 – Exceeds expectations
 - 5 – Consistently exceeds expectations

	5	4	3	2	1
Skills:					
Technical					
Analytical					
Task Management:					
Quality of work					
Quantity of work					
Organizational skills					
Creativity					
Communication					
Written					
Verbal					
Contribution to team effort					
Judgment					
Degree of independence					
Motivation					
Leadership					
Teamwork					
Interpersonal skills					

Professional Development

(Page 12)

- CSTE provides up to \$970 per year for professional development:
 - Travel to meetings, conferences, short term training programs or classes to enhance work related projects, etc
- Poster expenses, in-state mileage expenses, and other general admin expenses are not approved for professional development funding.
- Additional funding should be available to support fellows' attendance to the CDC-sponsored conference in their subject area.

Employment

(Page 16-17)

- 2 Year program but end date flexibility is possible once competencies are completed if employment opportunities arise. Handled on a case by case basis.
- Grievance process: We encourage issues to be resolved internally at the host site, CSTE will intervene if invited.
 - Page 16
- Leave: The fellow agrees to report to the worksite in accordance to policies established by the host health agency.
 - Fellows are to be granted the same amount of vacation and/or sick leave that a first year health department employee receives.
 - Fellows must receive approval from his or her mentor for any absences.
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Calls and Webinars

- CSTE will conduct check in calls with fellows and be available via email for questions.
- CSTE will conduct periodic check in calls with mentors.
- CSTE will host regular webinars/conference calls for fellows.

Fellowship Activities

- Fellows are required to attend the fellowship orientation in Atlanta August 25-29, 2014.
- Fellows required to submit abstract and attend CSTE Annual Conference.
 - June 2015 in Boston, MA
 - June 2016
- Mentors are required to attend the CSTE Annual Conference at least 1 of the 2 years (2015, 2016)

Thank you Questions?

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