2018-2019 Preventive Medicine Residency Rotations
Application Deadline: Friday, January 3, 2018

The Association for Prevention Teaching and Research (APTR) is pleased to announce continuing field placements for Preventive Medicine residents, and Primary Care residents with a demonstrated interest in public health, prevention, or health policy, at the Agency for Healthcare Research and Quality (AHRQ). Visit www.aptrweb.org/AHRQResidency for additional information.

Eligibility
This rotation with the U.S. Preventive Services Task Force Program is available for current Preventive Medicine residents (General Preventive Medicine/Public Health, Occupational Medicine, or Aerospace Medicine). Primary Care residents (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, an applicant must be a U.S. Citizen to apply. 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 do not qualify.

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 Instructions
All applications must be submitted online through the APTR electronic form for consideration into the program.

Applicants are required to submit:
- Curriculum vitae or resume
- Letter of recommendation from Residency Program Director
- Scientific writing sample (not to exceed two pages)

Timeline
- November - Application Cycle Opens
- February - Application Deadline
- April - Resident Notifications
- May - Resident Commitments Due
Period of Performance
The field placements will consist of two-month rotations from July through June during the year following the application. Residents will select preferred rotation months at the time of application.

Location
Residency rotations are at the AHRQ office in Rockville:

Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20852

Financial Support
A stipend of $3,100 per month and an administrative fee of $1,020 will be paid directly to the residency program.

U.S. Preventive Services Task Force Program
Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality
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 recommendations 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 clinical preventive services topics; researching information on epidemiology and burden of preventable conditions; 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/. For more information on AHRQ, please see 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/uspsft/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
Rotation Experience Questions
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Application Process Questions
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