

ELECTIVE ROTATION IN PUBLIC HEALTH

EVALUATION OF ROTATION

Directions:

This form must be completed by the resident and residency program director. The resident will complete sections I through III, and the residency program director will complete section IV and the Grant Request Form. The Grant Request will not be processed until a completed evaluation is received.

1. After the form is completed, the residency program director must submit a PDF file of the evaluation and the Grant Request Form to:

FamilyPractice@highered.Texas.gov

2. The residency program director should provide a copy of the completed evaluation to the principal contact at the participating public health agency.

ELECTIVE ROTATION IN PUBLIC HEALTH**EVALUATION OF ROTATION**

I. Name of Resident _____ Date _____

Principal Contact _____

Residency Program _____

Directions: After the rotation, the Resident must complete the following evaluation, then return the completed evaluation to the Residency Program Director, who will supplement the Resident's evaluation with additional comments. The evaluation will then be forwarded to the Coordinating Board contact provided on page one.

- II.** To satisfy the requirements of the rotation, the resident must participate in at least **five** of the **nine** objectives. Only **two** objectives may be satisfied solely by readings or lectures. For each objective listed below, please indicate if you have satisfied the objective by circling either yes (**Y**) or no (**N**).

For those objectives you have satisfied, indicate the activities in which you have taken part by circling either yes (**Y**) or no (**N**).

- A. *Objective:* **Understand and appreciate the population basis for public health services.**

Y N*Suggested Activities:*

1. Participate in a Community Oriented Primary Care (COPC) study or intervention being conducted by the sponsoring public health agency;
2. Attend a lecture on population based medical care (as distinct from individual / family medical care);
3. Complete readings related to this objective;
4. Other (please specify) _____

B. Objective: Understand and utilize methods for community health assessment.**Y N***Suggested Activities:*

1. Participate in making a community diagnosis using existing surveillance data;
 2. Attend a lecture on methods for community health care assessment;
 3. Complete readings related to this objective;
 4. Other (please specify)_____
-

C. Objective: Understand and utilize health risk control efforts.**Y N***Suggested Activities:*

Participate in:

1. Inspection and code enforcement to insure food safety;
2. Nursing home inspection and code enforcement;
3. Day care inspection and code enforcement;
4. Water quality programs, including water treatment and water supply protection;
5. Animal control programs;
6. Air quality control programs;
7. Housing inspection and code enforcement;
8. Environmental hazards control;
9. Attend a lecture on methods for public health risk control;
10. Complete readings related to this objective;

D. Objective: Understand and apply measures to report and control epidemics.**Y N***Suggested Activities:*

1. Learn how to define, recognize and/or report epidemics;
2. Participate in outbreak control efforts;
3. Attend a lecture on methods for reporting and controlling epidemics;
4. Complete readings related to this objective

E. Objective: Understand and apply measures for infectious disease surveillance.**Y N***Suggested Activities:*

1. Participate in infectious disease surveillance activities;
2. Attend a lecture on methods for infectious disease surveillance;
3. Complete readings related to this objective;
4. Other (please specify)_____

F. Objective: Understand and apply epidemiological principles and methods.**Y N***Suggested Activities:*

1. Participate in collection of epidemiologic data;
2. Attend a lecture on epidemiological principles and methods;
3. Complete readings related to this objective;
4. Other (please specify)_____

G. Objective: Understand and apply preventive medicine approaches**Y N***Suggested Activities:*

1. Participate in preventive medicine activities of the host agency;
2. Participate in the immunization programs of the host agency;
3. Participate in infectious disease prevention activities;
4. Participate in prophylactic measures for foreign travel;
5. Participate in measures preventing the spread of disease from foreign nationals to Texas citizens;
6. Attend a lecture on preventive medicine methods;
7. Complete readings related to this objective;
8. Other (please specify)_____

H. Objective: Understand and appreciate physician roles and legal responsibilities in promoting public health.**Y N***Suggested Activities:*

1. Participate in public health agency's recording and processing of the infectious disease information reported by practicing physicians;
2. Attend a lecture or lectures concerning
 - a. public health legal requirements affecting practicing physicians,
 - b. the legal ramifications of reporting infectious disease, and/or
 - c. the police powers of public health agencies;

3. Complete readings related to this objective;
4. Other (please specify)_____

- I. **Objective: Understand and appreciate the goals, functions and challenges the of public health department's support of the populations of rural communities, particularly Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs).**

Y N

Suggested Activities:

1. During a four week rotation participate in the on-going activities of one of the three types of public health entities that provides services to rural Texas:
 - a. Participating Rural Health Department,
 - b. Local health Unit, or
 - c. Public Health Regional Office;
2. Attend a lecture concerning the goals, functions and structure of public health agencies;
3. Complete readings related to this objective;
4. Other (please specify)_____

General Evaluation of this Rotation:

1. Overall this rotation was beneficial to my education as a physician. (Check one)
Strongly Agree Agree Neutral Disagree Strongly Disagree
2. What do you consider to be the major strengths and weaknesses of this rotation?
Strengths: _____

Weaknesses: _____

3. What changes would you recommend to improve the rotation?

4. As a result of my Public Health Rotation experience, my interest in considering practice in a similar environment has:
Increased Been Remained
Significantly _____ Reinforced _____ Unchanged _____ Decreased _____
5. Based on your Public Health Rotation experience, would you recommend to your fellow residents that they also complete a Family Medicine Public Health Rotation?
Yes _____ No _____
6. Comments (optional) _____

Resident's Signature_____
Supervisor's Signature_____
Date_____
Date

IV. Residency Program Director's Comments on Educational Value of Rotation.

1. Apparent strengths and weaknesses of this rotation:

Strengths: _____

Weaknesses: _____

2. Suggestions for improvement of this rotation:

3. Our program will utilize this site for future family practice public health rotations.

Yes _____ No _____

4. Other comments: _____
