Population Health and Community Medicine Goals and Objectives
PGY -1

Rotation Description
This rotation will provide residents with a broader sense of population health, community resources and public health concepts as well as how to collaborate with various community based agencies as opportunities arise in practice.

Throughout this two-week rotation, first year residents will be exposed to a variety of social services and community agencies that service children and families available within the medical center and the community. They will also serve as health educators addressing key health topics within our community. Lastly, residents will participate in learning about population health through patient panel management and other population based activities.

Goals and Objectives:

Medical Knowledge
1. Has sufficient medical knowledge to practice community medicine in a primary care setting and in resource limited settings as a FM resident.
   a. Demonstrates the knowledge of the indications for population health and community medicine
   b. Demonstrate effect use of limited medical resources in a mobile medical unit
   c. Identifies the value of family physician-community collaboration.
   d. Explain the value of preventive health services in reducing long term health care costs
   e. Introduction to concepts of social justice, health equity and up-streamist care

Patient Care
1. Cares for acutely ill patients presenting in urgent and emergent situations in all settings including the mobile health clinic
   a. Able to coordinate medical response to an emergent or urgent health situation
   b. Able to recognize the need for immediate referral for higher level of care
2. Cares for patients with chronic conditions seen in primary care setting within a medical home
   a. Identifies risk factors for common chronic conditions
   b. Manages patients with chronic conditions including preventive care related to those conditions within a medical home and within resource limited settings such as the mobile health clinic
   c. Manages patient populations with chronic condition within the medical home and mobile health clinic
3. Partners with patients, family’s, and community to improve health through disease prevention and health promotion
   a. Effectively communicates lifestyle changes that affect patients condition
   b. Provides health education through health related workshops and activities

Medical Knowledge
1. Has sufficient medical knowledge to practice community medicine in a primary care setting and in resource limited settings as a FM resident.
   a. Demonstrates the knowledge of the indications for population health and community medicine
   b. Demonstrate effect use of limited medical resources in a mobile medical unit
   c. Identifies the value of family physician-community collaboration.
   d. Explain the value of preventive health services in reducing long term health care costs
   e. Introduction to concepts of social justice, health equity and up-streamist care
2. Applies critical thinking skills in management of population health through patient panel management as well as in the development and delivery of health education messages
   a. Describe how patient and families can access community based services
   b. Demonstrate knowledge of patient eligibility for state and local health insurance plans and describe what services are covered under these services (IEHP, Every Woman Counts, Family Pact)
3. Describe the bio-psychosocial impact of community and population health on individual health and well being
4. Discuss in general terms, the services of the state and local health departments including DPSS, HIV- Early Intervention Program (EIP), Riverside County Department of Public Health
5. Describe strategies to meet and overcome barriers to continues and comprehensive health maintenance and care, such as:
   a. External barrier that pervade and affect medical and social treatment and outcomes (lack of access, educational, social justice, ethnic and cultural issues, poverty, violence, homelessness).
   b. Barriers within the Family – family dysfunction, substance abuse, domestic violence, lack of education regarding benefits of continuity of care
   c. Personal Barriers within the clinician – social and racial prejudices including unexplored opinions and emotions concerning substance abuse, socio-economic class distinction

**Interpersonal and Communication Skills**
1. Develops meaningful, therapeutic relationships with patients and families
   a. Creates a non-judgmental and safe environment for community members
   b. Respects patients autonomy in their health care decisions
2. Demonstrates effective communication with the community including patients, families, and the healthcare team
   a. Participates in health education sessions and workshops with the community
   b. Engages patients perspective in shared decision making
   c. Effectively communicating and working collaboratively with all staff including resident physicians, attending physicians, community partners and community members
   d. Maintain accurate medical records regarding patient encounters

**Practice-Based Learning and Improvement**
1. Locates, appraises, and assimilates evidence from scientific studies related to the patients’ health problems
   a. Utilizes the best evidence in caring for patients through effective health messaging during educational workshops on current health topics
   b. Critically evaluates information from others, including colleagues, experts, pharmacists, patients
   c. Formulates a searchable question from a clinical scenario
   d. Learn how to critically evaluate literature about current health related topics of interest in our community
2. Demonstrates self-directed learning
   a. Uses information technology to manage and retrieve information about population health and community medicine and support own education.
   b. Uses feedback to improve learning and performance
   c. Applies medical knowledge learned in population health and community medicine, health education workshops to own continuity patients and disseminate the learned information to others to facilitate learning.

3. Improves systems in which the physician provides care
   a. Able to implement changes in patient care based on new information obtained from clinical experience, review of the literature, and community resources.

Professionalism
1. Completes a process of professionalization
   a. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with patients, community and populations
   b. Dress appropriately and maintain good personal hygiene in accordance with hospital policy

2. Maintains emotional, physical, and mental health; and pursues continual personal and professional growth
   a. Maintain patient privacy adhering to standards set forth by HIPAA.
   b. Recognizes fatigue, sleep deprivation and impairment

3. Demonstrates professional conduct, accountability and good work habits
   a. Recognizes the importance of timeliness, efficiency, and punctuality.

4. Demonstrates humanism and cultural proficiency
   a. Recognizes impact of culture on health and health behaviors
   b. Consistently demonstrates compassion, respect and empathy.
   c. Shows sensitivity and responsiveness to patients’ and families’ culture, race, gender, sexual orientation, age, socioeconomic status and physical or mental disabilities.

Systems-Based Practice
1. Emphasizes patient safety for patients and community members
   a. Verifies patient identification with at least 2 identifiers
   b. Recognizes the mechanisms that result in medical errors

2. Provides cost-conscious medical care
   a. Demonstrates an awareness of and responsiveness to the larger context and system of health care
   b. Gains an understanding of procedure coding and basic insurance reimbursement for population health and community services
   c. Able to call effectively on other resources to provide optimal care to patients requiring multidisciplinary care

3. Coordinates team based care
   a. Appropriately utilizes consultation and referrals to community partners in the management and co-management of complex bio-psychosocial issues
   b. Is aware of the hand-off process for transitions of care
Syllabus

1. Community Medicine and Population Health: Communities and Principles of Engagement
   a. See mandatory reading assignments
2. Community Health Programs
   a. RUHS Mobile Clinic and UCR Student Run Health Clinic
      i. Providing care in limited resource setting
         1. Uninsured patients
         2. Underinsured patients
      ii. Utilization and costs
         1. Four dollar formulary
         2. Low cost dental
         3. Low cost eye care
         4. FQHCs partnership
         5. Free or low cost preventive services
   b. Department of Public Health (DPH)
      i. Infection Control
         1. Morbidity and mortality reporting
         2. DPH resources and clinical support
      ii. Director of public health
         1. Introduction of public health services in Riverside County
         2. Public Health Lab education and tour
   c. HIV Clinic
      i. Early Intervention Program services
   d. Substance and Alcohol Abuse
      i. Alcoholics Anonymous
      ii. Al-anon
      iii. Department of Public Health resources - http://www.rcdmh.org/Substance-Use-Programs
      iv. Chronic non-malignant pain (CNPC) Group Visit
   e. Department of Public Social Services (DPSS)
      i. Child Protective Services
      ii. Adult Protective Services
   f. Health education through community-based initiatives and programs
      i. Healthy Eating and Lifestyle Promotion (HELP) Project
         1. Moreno Valley Unified School District (MVUSD) partnership at 3 local high schools
      ii. Mini-Medical School
         1. UCR Undergrad/Medical School/FM Residency collaboration
      iii. Moreno Valley Community Adult School (MVCAS)
         1. Presentation of select health topics
      iv. Alternatives to Domestic Violence
         1. Presentation of select health topics
         2. Tour of services
Assessment:

1. Patient care will be assessed by faculty on a daily basis
2. Formal Evaluation at completion of rotation by the RUHS Community Medicine Faculty

Reading Assignments:

1. http://chtraining.duhs.duke.edu/story.html - complete the module and print the certificate of completion
2. http://www.chcf.org/topics/medical-public-coverage -- pick a topic of interest to read and write a narrative regarding the article
3. Youtube video: Community Medicine Defined https://www.youtube.com/watch?v=-Og1_1XlkFk
6. http://www.rivcoph.org/ - review and write in your narrative 3 programs that may benefit your patient from the Department of Public Health

Block/Week Schedule: PGY 1 residents.

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th></th>
<th>THURS</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td>Mobile Clinic</td>
<td>Continuity Clinic /HELP Project</td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td>FM Lectures</td>
<td>Alcohol Anonymous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 2</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Mobile Clinic</td>
<td>HIV Clinic</td>
<td>Mobile Clinic</td>
<td>Department of Public Social Services</td>
<td>Continuity Clinic</td>
</tr>
<tr>
<td>PM</td>
<td>Riverside County Department of Public Health</td>
<td>HIV or MVCAS</td>
<td>Mobile Clinic</td>
<td>FM Lectures</td>
<td>Continuity Clinic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 3</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Continuity</td>
<td>HIV Clinic</td>
<td>Mobile Clinic</td>
</tr>
</tbody>
</table>
Welcome to the community medicine rotation!

This rotation will give you the chance to discover community medicine.

To make this rotation a successful one, please contact each place at least 2-3 days prior to going. If you have any issues contacting any sites, please let Treva (x64494) or Dr. Tsang (Cell: 626-322-8837) know as soon as possible and we will help you get to where you need to go.

Below, you will find information on each place listed on your schedule including contact information. Please update us of any changes or contact numbers that are not working.

During the rotation, please make sure to **complete the following**:
1. Review the Goals and Objectives for the Community Medicine Rotation
2. Review the syllabus for the Community Medicine Rotation
3. Complete the Resident Narrative Rotation Experience as you go to each site
4. Community Medicine Rotation Evaluation (to be filled by an evaluator at each site)

5. **Mandatory Reading assignments:**
   a. [http://chtraining.duhs.duke.edu/story.html](http://chtraining.duhs.duke.edu/story.html) - complete the module and print the certificate of completion
   b. [http://www.chcf.org/topics/medical-public-coverage](http://www.chcf.org/topics/medical-public-coverage) -- pick a topic of interest to read and write a narrative regarding the article
   c. Youtube video: Community Medicine Defined [https://www.youtube.com/watch?v=-Og1_1XIkFk](https://www.youtube.com/watch?v=-Og1_1XIkFk)
   d. Ted Talk: Atul Gawande: How do we heal medicine? [https://www.youtube.com/watch?v=L3QkaS249Bc](https://www.youtube.com/watch?v=L3QkaS249Bc)

At the end of the rotation, please **schedule a time to meet** with Dr. Tsang to turn in your paperwork and to discuss your experience.

Have a great time!

---

<table>
<thead>
<tr>
<th>PM</th>
<th>Alternative to Domestic Violence</th>
<th>Continuity Clinic</th>
<th>/UCR Student Run Health Clinic</th>
</tr>
</thead>
</table>
**Al-Anon**
909-824-1516
[www.alanonriverside.org](http://www.alanonriverside.org)
or
[www.iealanon.org/meeting](http://www.iealanon.org/meeting)

- Plan to attend one Al-Anon meeting during the two-week rotation. You may find times, dates and locations at the above website.

- Please do not identify yourself as a resident physician. You are there to observe anonymously. No evaluation needs to be completed for this, only your observation/experience 1 page narrative.

- Please look at the icons next to the AA and Al-Anon meetings – do not go to a closed book, or closed session etc...

**Alcoholics Anonymous AA (For your info – please review the site)**
Inland Empire Central Office
897 Via Lata St. Suite AA
Colton, CA 92324
Office Manager: Carol
[www.inlandempireaa.org](http://www.inlandempireaa.org)
Phone: 909 825-4700
Fax: 909 825-7370
M-F: 9am-5pm

**Alternatives to Domestic Violence Shelter**
Contact person: Director of Residential Services
Work: 951-672-6175
Cell: 951-807-6105
dpalmer@alternativestodv.org
26704 Murrieta Road
Sun City, CA 92586

- Please speak with Dr. Tsang at the beginning of the rotation regarding topic assignment for presentation to the shelter residents.
- This lecture will be the same lecture you will present to the MVCAS unless otherwise specified.

**Diabetic Education**
Contact: (nutritionist)
Email:
Start time: 9am

**Please contact Mai ahead of time as she will assign a topic for you to present at the DM class**
Diabetes Education may not be offered during the two weeks you are on community medicine. If diabetes education is not being offered, please see Dr. Tsang for an alternative assignment.

**Mini-Medical School – UCR School of Medicine**
UCR School of Medicine Room 1670
Contact: email below
Alternative Contact: Emma Simmons
Email address: minimedicalschool.ucr@gmail.com

From RCRMC – take 60FWY West
Exit University
Turn Left onto University
Turn Right onto Campus Dr and you will follow the road until you see LOT 10
Park in LOT 10
Walk over to the School of Medicine

**HIV Clinic**
Perris Family Care Center (Dr. Robert Bruce Reid Health Clinic)
308 E San Jacinto Ave
Perris, CA 92570
(951)940-6700

(951) 358-6037 - Riverside Neighborhood clinic – maybe here on some days)
(951) 358-6024
7140 Indiana Ave., Riverside, CA

For HIPAA reasons, please do not remove any patient stickers or patient identifying information from clinic. You can log into New Innovations at the clinic to log your patients.
Contacts: Dr. Pearce and Dr. Dew (emails on County Webmail)
Tuesdays from 7:30am or 8:30am depending on 1st or 2nd Tuesday
Please plan to see patients with the physicians.

HIV Clinic starts at **7:30am** the first Tuesday (with Dr. Pearce). The 2nd Tuesday, clinic starts at **8:30am** (with Dr. Dew).
Go in the main entrance and proceed down a hallway to the small reception area behind a door on the right "EIP" which means Early Intervention Program

The evaluation is done by the second physician, the first passes on any pertinent comments to the second.

**Riverside County Department of Public Health (RCDPH)**
(Please note - 3 sites – meeting with Susan Harrington, Lab Tour and Barbara Cole)

**Department of Public Health**
4065 County Circle Dr. Suite 412
Riverside, CA 92503
Meeting with: Sarah Mach (interim director) and Lab Tour
Contact person: Anna Rivera
Phone: (951) 358-7036
www.rivcoph.org
- Please arrive at 1:30pm to meet with Susan Harrington
- Please call Anna Rivera to confirm meeting 3-4 days prior

**Disease Control Branch**
Riverside Health Administration Building
4065 County Circle, Dr. Suite 219
Riverside, CA 92503
Meeting with: Barbara Cole (3-5pm)
Contact number: (951) 358-5441
www.riveo-diseasecontrol.org
- Please arrive at 3pm to meet with Barbara Cole
- Please email Barbara Cole to confirm meeting 3-4 days prior

**Riverside County Department of Public Social Services**
Contact: Phuong Mach (if cannot reach Phuong, Marnae Potts or Lisa Wunderlich)
Phone: (951) 358-6621
Email: phmach@riversidedpss.org
www.dpss.co.riverside.ca.us/

Alternate contacts:
Garret Bethel (951-413-5818) or Rosemary Jiron (951-413-5009)

Start time 8am-12pm
23119 Cottonwood Ave
Building B
Moreno Valley, CA 92553
- Please call or email Phuong 3-4 days prior to going to DPSS – she will discuss your schedule for your morning experience with Child Protective Services. You may also be asked to respond to a suspected child abuse case while with them that morning.

**UCR Student Run Health Clinic (SRHC)**
First Congregational Church
3504 Mission Inn Ave
Riverside, CA 92501
Phone: (951) 385-8455 or 951-827-5705
Contact: president@riversidesrhc.com

Every other Wednesday 5:30-9 pm – try to arrive by 5:30pm for the pre-clinic huddle.
- Plan on precepting medical students and assisting with the free clinic
- Email president@riversidesrhc.com at least 3-4 days prior to SRHC to confirm date and times

**Riverside County Regional Medical Center - Mobile Health Clinic**
Various Locations
9am-2pm

Contact person: Sharon Jack
*general number:* 951-486-5765
OR
**951-377-7479**
sjack@co.riverside.ca.us

Please touch base with the mobile health clinic through the general number or Sharon Jack (email or cell) **a few days** before going out to the mobile health clinic in order to confirm location and departure times.

Some of the sites can be quite far (with winding roads). Please contact Sharon in advance if you want to ride with the teams going out.

**Moreno Valley Community Adult School (MVCAS)**
13350 Indian Street
Moreno Valley, CA
Contact Person: Mara Rodriguez
951-571-4790 ext: 64848
mrodriguez2@mvusd.net

- please speak with Dr. Tsang at the beginning of the rotation regarding topic assignment for presentation to the MVCAS students

Resources for presentation materials:
http://www.thecommunityguide.org/index.html