The program is accredited by the ACGME to train five PGY-2 residents and five PGY-3 residents. All residents spend 24 months in the program, and didactic and practicum rotations are done concurrently.

Didactics

The didactic component includes: coursework towards the Masters in Public Health (MPH); weekly seminars; weekly journal club; Board preparation sessions; grand rounds; local seminars in our department and others; and local and national conferences. The program requires completion of the MPH with concentration in: a) Epidemiology, b) Health Promotion, c) Environmental Health, or d) Health Services Administration.

The weekly didactics include clinical preventive medicine, occupational medicine, community health, research design, health economics, health policy, health law, and other core subjects. Weekly journal clubs enhance these didactic sessions, and residents are encouraged to choose topics useful for Board preparation. Additional didactics are offered at both SDSU and UCSD, including CME at SDSU Student Health Services, and epidemiology and toxicology grand rounds, and clinical grand rounds in each residency specialty, at UCSD.

Residents attend regional and national meetings such as the ACPM Preventive Medicine annual conference, the San Diego Epidemiology Exchange, the CDC Chronic Disease Conference, and others pertinent to their interests.

Rotations

The practicum rotations train all residents in the following three areas.

1. Clinical Preventive Medicine: The majority of these rotations take place at clinical sites serving underserved populations, immigrants, and refugees. They include Federal 330 HRSA-funded community health centers (CHCs), a refugee screening clinic, and student health centers in both the community colleges and in the three main local universities. One of our aims is to develop the skills of residents to work in medically-underserved settings in order to help address the maldistribution of physicians in the U.S. Other clinical sites enhance the specific training needs of residents in each track (see below) and include the refugee health assessment clinic, student health centers, STD, tuberculosis and travel clinics, cardiovascular clinics, and others.

2. Population-Based Medicine: All residents rotate in the San Diego County Public Health Department. This experience supports core competencies in public health, with residents gaining knowledge and experience of the full range of services provided in public health
settings. This experience includes a one-week introduction to all public health services, followed by resident-specific rotations in units addressing communicable disease, STDs, TB, border health and refugee services, and others. Other population-based rotations include activities such as surveillance, population-based interventions, outbreak investigation, contact investigation, grant proposal writing, needs assessment, program planning, community interventions and quality improvement.

3. **Research:** All residents engage in research that culminates in writing a manuscript of publishable quality in a peer-reviewed journal. This activity assists in the development of core preventive medicine competencies such as written and oral communication skills, computer skills, epidemiological and biostatistical skills required for data analysis, management of research resources, and, if appropriate, supervision of research assistants. While actual publication of the final paper is not required, residents present their research project to residency faculty and the Residency Advisory Committee, and their paper is reviewed and critiqued by a committee of residency faculty.

**Track Rotations**

In addition to the required components above, the program recognizes the breadth of career opportunities in preventive medicine and the specific skills and competencies required for each career path. Therefore, we encourage residents to concentrate their practicum rotation efforts in one of the following four tracks, each of which has specific learning objectives and enhances the skills of residents beyond the basic training described above.

1. **Community-Oriented Preventive Medicine (COPM):** This track provides extensive training of residents in medically-underserved communities, including community health centers (CHCs), Indian Health Services, homeless shelters, and public health agency centers. Skills are developed in a combination of quality assurance, health care administration, community outreach, needs assessment, and research; and residents are encouraged to maintain – and even strengthen – their skills in patient care. Dr. Hill, who has worked in the CHCs since 1980, coordinates resident placement in this track. Residents are supervised by preceptors whose duties are specified in memoranda of understanding (MOUs) between the residency program and the host entity. Residents in this track often assume employment in these settings upon graduation, and our experience is that many graduates become CHC medical directors.
2. **Border and International Health Track:** This track trains residents in health issues related to immigration, migration and refugee status, as well as in the public health and policy issues of border and international health care. Residents develop clinical skills in infectious and chronic disease, mental health, screening, family planning, and health promotion for these populations. Public health and policy training provides skills in outreach, surveillance, research, community needs assessments, epidemiology, and public outreach. Training sites include a refugee health clinic, public health clinics, international rotations, CHCs, international research experiences, travel clinics, and others.

3. **Public Health Track:** This track emphasizes training in the local public health department. Because of the safety-net role the San Diego County Public Health Department plays in providing services to the underserved, this rotation helps us meet our goal of training physicians to support underserved populations. Clinical services are provided for tuberculosis and sexually transmitted diseases. Other areas of emphasis include community health promotion programs, border health programs, communicable diseases, and epidemiology. Track graduates are poised to assume roles in public health facilities. For example, the current Chief Public Health Officer, Tuberculosis Control Officer, and Refugee Health Officer are all graduates. Other alumni are in state and federal positions, including the NIH, FDA and CDC/EIS.

4. **Academic and Research-Related Preventive Medicine:** This track focuses on developing and enhancing the research and evaluation skills of residents who are interested in full-time careers in academic preventive medicine or as researchers in private or public settings. In addition to the required research, residents in this track participate in more extensive research projects with mentors at UCSD or SDSU where internationally-known experts in fields such as epidemiology, health behavior, infectious disease, and health outcomes research have labs. Residents in this track also have increased opportunities to build skills in teaching and mentoring those more junior to themselves. A specialization on the academic track is the **Cancer Prevention and Control Research and Practice track**. This is the track for residents with a specific interest in cancer-related preventive medicine. Residents in this track receive support from the American Cancer Society. This track provides residents with the skills needed for cancer prevention and control activities in both research and applied settings. Residents in these training activities often continue in academic or research settings.
For more information, contact the Program Director
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