Interprofessional Population Health Clerkship (PHC)
MS2 FOM210/ GSN NG603C
Clerkship Leader Manual

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UMMS’s PHC Planning and Oversight Group members will be a resource as you develop and lead a clerkship, so please feel free to reach out with questions.

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- Jennifer Masoud, Administrator for Population Health Clerkship, Drs. Cashman & Haley; 774-442-7059; Jennifer.Masoud@umassmemorial.org
1. Introduction
   A. Goal and objectives

Thank you for agreeing to direct a Population Health Clerkship (PHC) and to share your expertise with our learners. This manual will help you lead a clerkship; it outlines your role and provides a description of course objectives, assignments, and evaluation.

The Population Health Clerkship program is part of a larger Determinants of Health course for medical students and an Interprofessional Population Health course for graduate nursing students; it is the small group, team-based, inter-professional service-learning part of these courses and is embedded in community. Through the clerkship, students develop and nurture relationships with community organizations to promote the mutually beneficial exchange of knowledge and resources.

Goal: The PHC’s overarching goal is to provide relevant real-world context as students expand their understanding of public and population health concepts.

Objectives: Through this clerkship, learners:

1. Collect, synthesize, and manipulate relevant population-level data
2. Identify the interprofessional teams of care available to a population
3. Explore ways organizations advocate for and with a population to improve social and structural determinants of health
4. Apply knowledge toward meaningful service in a community

B. Timeline
See the [website](#) for the current year’s comprehensive calendar.

<table>
<thead>
<tr>
<th>Month</th>
<th>Clerkship Description: develop and submit template to PHC administrator</th>
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<tbody>
<tr>
<td>June</td>
<td>Clerkship activities: begin initial planning</td>
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<tr>
<td>September</td>
<td>Clerkship introduction and small group meeting: initial opportunity for clerkship leaders and student team members to meet and begin learning about one another</td>
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<tr>
<td>October</td>
<td>Two week, 80 hour field experience: includes Reflection assignments, service activity and oral presentation/framework development as well as clerkship leader feedback</td>
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<tr>
<td>November</td>
<td>Peer and community learning sessions with oral presentations</td>
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<td></td>
<td>Students and clerkship leaders complete evaluation/grading forms</td>
</tr>
<tr>
<td>January</td>
<td>Clerkship leaders receive summary of students’ clerkship evaluations from UMMS</td>
</tr>
<tr>
<td>Throughout the year</td>
<td>Ongoing support from PHC Planning and Oversight Group</td>
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</tbody>
</table>
2. Leading a Population Health Clerkship
   A. Identify clerkship leaders
Successful clerkships bring together interprofessional teams of clerkship leaders and co-leaders and identify who will take responsibility for specific clerkship activities including:
   - Planning and scheduling activities/calendar
   - Being available to students during the two clerkship weeks
   - Leading reflection and activity de-briefing discussions
   - Facilitating student identification and exploration of data, especially data needed to complete the Framework
   - Planning and facilitating a mini-service activity
   - Facilitating student exploration of advocacy
   - Providing guidance and review of students’ presentation materials and ideas
   - Providing feedback to students and submitting grades

*Teams run most smoothly when leaders identify individuals who will be available to spend time and meet regularly with the students during the two clerkship weeks.* One clerkship leader must have a UMMS faculty appointment; we can assist with this process if you do not yet have an appointment.

B. Submit a Clerkship Description (June)
Please use the Clerkship Description template, found at the end of this document and on the online version at the [PHC Faculty resource page](#) to provide specific clerkship information so students understand each clerkship’s unique aspects and can rank their clerkship preferences.
   - Give your clerkship a title that includes the population of focus. Examples: Individuals experiencing homelessness; Teen health in a rural community; Adults in XYZ community at risk of becoming addicted to opioids.
   - **Briefly** define the population: Using descriptive characteristics, identify the population of focus; feel free to include readily available data.
   - Provide a 50-word clerkship description summary. Students review these brief descriptions to identify teams of interest before reading accompanying longer descriptions.
   - Specify details (number of students per team, activity locations and timing) – the template will walk you through the items recommended for inclusion.

C. Plan activities for the clerkship
The PHC immersion experience occurs over two weeks in mid/late October and should include ten full days of learning, i.e. 6 hours of experiential learning, plus 2 hours of additional study/research/reading per day. We understand the need for flexibility due to travel and scheduling with community agencies and that the clerkship may include some evenings or a weekend. We encourage you to plan a schedule that includes specific meetings/interviews as well as opportunities for students to follow up unanticipated leads. **Students and host sites profit from students having the opportunity to engage directly with members of the population of focus** and host sites have found resulting students’ insights to be useful in advancing their work. Examples of clerkship activities could include:

1. Collecting, synthesizing, and manipulating relevant population-level data:
   - Use data to define a population and/or community as a unit of focus for improving health.
   - Describe how socio-economic, cultural, policy, behavioral, environmental and biological factors contribute to specific individual and population health outcomes.
   - Collect and review existing data, identify gaps in data, and explain how data can be used to improve the health status of the population of focus.
2. Identifying the inter-professional care teams available to a population:
   ♦ Work and/or learn collaboratively with and from other health professional students, health care providers, and staff from community agencies.
   ♦ Describe the roles of other professionals (health care and others) on the team(s) serving this population.
   ♦ Demonstrate an ability to be aware of and to reflect on personal reactions to people in other professional roles and to those with the particular issues/conditions of focus.
   ♦ Share learning with peers.

3. Exploring ways organizations advocate for and with a population to improve social and structural determinants of health:
   ♦ Articulate specific health professionals' social responsibility related to serving the health needs of a population.
   ♦ Identify the common public health and advocacy strategies and programs for preventing and addressing a health issue in a population of focus.
   ♦ Articulate an organization’s advocacy agenda for this population of focus (and, as relevant, the mission of an organization that works with the population).
   ♦ More fully understand the value of providers as population health advocates.

4. Applying knowledge toward meaningful service in a community:
   ♦ Identify elements of a community-based health intervention that address major issues faced by the population or community of focus.
   ♦ Develop a data-driven activity that will help meet a goal of improved health.
   ♦ Identify and address social determinants of health for this population of focus.

D. PHC introductory meeting (September)
We finalize team placements and provide team lists to clerkship leaders and students in early September. In mid-September, a one-hour introductory session outlining requirements of the PHC is presented to all students, with review of assignments and resources. You are invited (but not required) to attend this large group session. Dates and times can be found here.

Immediately following this large group session, one-hour meetings are scheduled for clerkship leaders and the students selected for their clerkships. During this time, we encourage clerkship leaders to
   ♦ Learn about the interests, skills and talents of students assigned to your clerkship
   ♦ Discuss shared and individual learning objectives
   ♦ Facilitate planning by providing schedule detail when possible (i.e., evening and weekend activities, flex time options)
   ♦ Present service activity options or initial plans on which you seek input
   ♦ Distribute and/or collect any other required paperwork (for parking, ID, etc.)
   ♦ Share clear expectations for dress, attendance and behavior throughout the two weeks, as well as detailed directions for where and when they should report on the first day
   ♦ Report any concerns about student professionalism, attendance or attitude exhibited at this meeting (or at any time during the clerkship) to a member of the PHC planning and oversight group immediately, so timely action can be taken to remediate the situation
   ♦ Note that we have included a data workshop on our website that was given by one of our epidemiologists; its many links to secondary population data help inform students of available information.
3. **During the clerkship**

   **A. Orientation**

   We encourage you to schedule time the first day of the clerkship to set the stage for the two-week experience. This is a time when you can review information about the final two-week schedule and reaffirm expectations regarding professional behavior and commitment – for example, if a student is sick and can’t attend a scheduled activity, whom should they call?

   Decide in advance who will respond to reflection materials, and make that decision known to the students. Schedule information sessions early in the week to provide useful context for planned service activities. It can be quite valuable for the key players in your network to introduce themselves to the students and to share their knowledge of the population and the challenges they face in addressing any of the various factors that influence the health of the population of focus.

   **B. Mini service project**

   Examples of service projects include developing educational materials at appropriate literacy level, conducting a mini community health assessment, contributing to outreach initiatives, collecting and synthesizing data, and drafting advocacy materials and strategies. These need to be realistic for the two-week period, though some students may continue this work as a Capstone or extended community service project.

   **C. PHC Framework**

   The PHC Framework guides students as they obtain and synthesize materials that can help them meet several of the learning objectives. Its three sections require the students to work with data, to learn about interprofessional networks of care and to consider advocacy at a variety of levels. We encourage you to review this assignment in advance and think about ways to connect clerkship activities to its different sections. The materials collected for the PHC Framework should be used to develop the students’ final presentation.

   **D. Guided reflection and feedback**

   Reflection makes the experience stronger for everyone. The students are expected to complete an assignment using photography or found images to guide reflection, as per below. We encourage use of this assignment to inform discussions with the group. Students will receive the following instructions:

   - Take or find one photo (or other image) each day for the first five days of the clerkship. For each photo/image, write a short paragraph that describes why you took or chose this photo/image. Consider the words of photographer Mark Peterson, a contributor to the *New York Times* for over 20 years: “The power of photography is it freezes the moment. What you’re hoping with a still image is to create something that is frozen, so you look at it, but you can see the past and the future in that moment.” What were you hoping to capture? What led up to you take/to select this photo/image? What does this image mean to you? Share your journal with team leaders at the end of the first week of the clerkship.

   - At the end of the second week of the clerkship, revisit your photo/image-journal from Week 1. Consider what has happened since the photo/images were taken or selected. Conclude your photo/image-journal with a short paragraph summarizing this reflection, and share with your clerkship leaders. Have any of the photo/images taken on new meaning in light of these events? What assumptions do you think you had during Week 1? Have any of those assumptions changed in Week 2? What were you not able to capture in images? What stories are you taking with you from your clerkship?

   - You should feel free to use any of these images and elements of your reflections as material for your final presentation. We ask that you be mindful of patient and clinic confidentiality requirements and requests. Note that there is a consent form for image use on the website; if you have selected images with recognizable faces, you should obtain consent before using in a presentation.
The following rubric will be used in scoring the reflection assignment:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
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<tbody>
<tr>
<td>Very Good (13-15)</td>
<td>Good (9-12)</td>
</tr>
</tbody>
</table>
| 1 photo/image per day  
Short paragraph (40 words or more) which shows depth of insight; reflections are honest and balanced. Timely in submission to clerkship team leaders. | 1 photo/image per day  
Short paragraph is of adequate length and ideas are discussed but not comprehensively; reflections are somewhat superficial or uneven. Need to be reminded to submit. | EITHER lacking appropriate amount of photo/images and paragraph length AND/OR photo/images and paragraphs are included but ideas are not discussed; photo/images are described but there is no reflection discussing significant issues. Needed to be prompted more than once to submit. |
| Summary paragraph (40 words or more) which shows depth of insight; reflections are honest and balanced. Refers back to week 1 journal and builds on previous insights or questions. Timely in submission to clerkship team leaders. | Short paragraph is of adequate length and ideas are discussed but not comprehensively; reflections are somewhat superficial or uneven. Refers to journal but no progression of thought. Need to be reminded to submit. | Paragraphs are included but ideas are not discussed; photo/images are described but there is no reflection discussing significant issues. Needed to be prompted more than once to submit. |

Some suggestions for writing effective reflection responses:

- Students value thoughtful feedback that engages them in dialogue with the reader making an effort to understand what they have to say.
- Some of the most useful forms of commenting include questions stimulating further thought.
- Responses are a good place to answer questions, clarify misconceptions and suggest resources for further learning.
- A good response can be just a few paragraphs, especially if you have time built in for further discussion in person.
- Be respectful of confidentiality and ask learners if they'd like to share before using identifiable parts of their feedback in your teaching.
- Reactive commenting and line editing result in fragmented and confusing feedback. This approach is not recommended.

Thank you again for this valuable contribution to the education of our medical learners.  
*Some guidance adapted from Sweetland Writing Center, UM<sub>ichigan</sub> Center for Research on Learning and Teaching. [http://www.crlt.umich.edu/gsis/p8_1](http://www.crlt.umich.edu/gsis/p8_1)*

**E. Supporting the team’s presentation development**

Supporting the team’s development of an oral presentation gives you an opportunity to help the students process all they have seen and done and distill key points for sharing with peers. Teams benefit from practicing their presentations in advance. In prior years, leaders have reported success with facilitating a practice talk, inviting people from participating agencies and the community, especially those who have interacted with the students, to attend a student facilitated/led presentation as the clerkship concludes. This helps the students prepare for the subsequent required school based presentation noted below in 4.A. The students will be preparing a ten minute oral and visual presentation for peers and community partners, in which they:

- use data to describe and characterize a population of interest
- share key points gleaned from developing the framework and from experiences in the community
• discuss lessons learned through interprofessional exposure and service activity

4. Wrapping up
   A. Peer and Community Learning Session
Students are required to give an oral presentation of their clerkship work and to share key lessons with their student peers as well as with our faculty and community partners. Students will use power point and are welcome to use other visuals. Note that each team should bring a laptop with their presentation loaded. Run like a mini-conference, this three-hour learning session includes team presentations held concurrently every 20 minutes in six campus suites. We encourage clerkship leaders to attend. Faculty who are not involved in the current year’s PHC score the presentations. Brightwood students will also participate in a second community learning session in Western MA (details forthcoming).

   B. Assign and submit grades
We ask clerkship leaders to collaborate on assigning two grades for each student – one for the reflection assignment, the other for their professionalism and contributions to the team and clerkship activities. These grades must be submitted before December to the PHC Administrator. The Scoring Report document is now included in the appendix as well as available on the page of Resources for Faculty.

   C. Clerkship evaluations
Clerkship leaders and students are asked to evaluate the PHC. Aggregated results from student evaluations will be shared with all clerkship leaders in January. Results of the clerkship leaders’ evaluations will be used by the planning group for continuous quality improvement.
# Clerkship Description (please follow this template)

Due by mid-July to Jennifer.Masoud@umassmemorial.org

<table>
<thead>
<tr>
<th>1. Team title:</th>
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<th>2. Population of focus, including information on how it is defined:</th>
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<th>3. Brief summary description/abstract (50 words or less):</th>
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<tr>
<th>4. <strong>Team faculty:</strong> please supply full names, titles, telephone number, email addresses</th>
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<tbody>
<tr>
<td>a. Academic faculty: [ ]</td>
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<tr>
<td>b. Community faculty: [ ]</td>
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<tr>
<td>c. Agency name, address, telephone number: [ ]</td>
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<tr>
<th>5. <strong>Defining characteristics:</strong></th>
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<tr>
<td>a. The primary sites and locations at which the students will spend their time are:</td>
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<td>b. Primary student activities include:</td>
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<td>c. The different types of professions that are part of the student experience include:</td>
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<td>d. Do students need to be highly self-directed or are activities largely pre-scheduled?</td>
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<td>e. Possible micro-service projects are:</td>
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<tr>
<th>6. <strong>Specific logistical details, (e.g. housing, transportation, etc.) including:</strong></th>
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<tbody>
<tr>
<td>a. City/Town of primary site:</td>
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<td>b. Maximum number of students on team:</td>
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<td>c. Typical hours, including any weekends or evenings:</td>
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<td>d. Typical daily travel distance (round trip from Worcester):</td>
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<th>7. <strong>Preparatory materials:</strong></th>
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<tbody>
<tr>
<td>a. Site/task requirements (parking or ID badge forms, CORIs, immunization records, CITI completion, injection training):</td>
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<td>b. Readings to prepare for activities, discussions, site visits or meetings:</td>
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<th>8. <strong>Resources:</strong></th>
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<tr>
<td>a. Web resources relevant for this population and/or health issue:</td>
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<td>b. Links to relevant agency reports:</td>
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Population Health Clerkship Team Score Report
This report is to provide scores for the students’ reflections and participation in the clerkship. The UMMS faculty member should work with community clerkship leaders to assign scores. Suggested rubrics are included on page 2. Scores for all students should be summarized in the table and submitted to Heather-Lyn.Haley@umassmed.edu and Jennifer.Masoud@umassmemorial.org by Friday, November 16th.

Clerkship leaders are responsible for sharing feedback on the reflection and final comments directly to the students.

UMMS Faculty Evaluator name:
Clerkship team name:

<table>
<thead>
<tr>
<th>Student name</th>
<th>Reflection 1 Score</th>
<th>Reflection 2 Score</th>
<th>Professionalism Score</th>
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<tr>
<td></td>
<td>max 15</td>
<td>max 15</td>
<td>max 35</td>
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The scores you’ve assigned count for 65% of each student’s grade. These scores will be combined with the team’s Presentation score (35%); determined by an independent rater at the presentation session.

For assistance in determining scores, contact Heather-Lyn Haley, Suzanne Cashman, Linda Cragin, Jill Terrien or Janet Hale. Thank you.
### Reflection Rubric

<table>
<thead>
<tr>
<th></th>
<th>Very Good (13-15)</th>
<th>Good (9-12)</th>
<th>Unsatisfactory (&lt;=8) (request/allow resubmission)</th>
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</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>1 photo/image per day Short paragraph (40 words or more) which shows depth of insight; reflections are honest and balanced. Timely submission.</td>
<td>1 photo/image per day Short paragraph is of adequate length and ideas are discussed but not comprehensively; reflections are somewhat superficial or uneven. Needed to be reminded to submit.</td>
<td>EITHER lacking appropriate amount of photo/images and paragraph length AND/OR photo/images and paragraphs are included but ideas are not discussed; photo/images are described but there is no reflection discussing significant issues. Needed to be prompted more than once to submit.</td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>Summary paragraph (40 words or more) which shows depth of insight; reflections are honest and balanced. Refers back to week 1 images and reflections and builds on previous insights or questions. Timely in submission.</td>
<td>Short paragraph is of adequate length and ideas are discussed but not comprehensively; reflections are somewhat superficial or uneven. Refers to week 1 but no progression of thought. Needed to be reminded to submit.</td>
<td>Paragraph is included but there is no reflection. Needed to be prompted more than once to submit.</td>
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### Professionalism Score Guidance = max = 35

*These are aspects of professionalism to be considered; team leaders may use discretion in their assignment of points as relevant to their team experience and do not have to use this list.*

- Attendance at meetings and other scheduled activities
- Follow through with suggestions
- Appropriate participation in groups and meetings
- Initiating contacts/activities
- Enthusiasm for learning about your population
- Involvement in implementation of a service project
- Understanding of issues relevant to delivery of care
- Communication with others (e.g. staff, patients, peers)
- Ability to articulate and substantiate arguments
- Ability to work well with other students (including those of another school when appropriate)
Population Health Framework & Presentation Assignment

The objective of the Population Health Framework is to help you identify, collect and utilize data to understand the population of focus, to identify the various disciplines involved in the provision of care to the population and how they work together, and to understand advocacy approaches and allies involved in advocacy related to improving health of the population of focus. The Framework serves as the outline for your clerkship’s activities and presentation.

Please work as a team to complete this assignment. Use a variety of current resources to gather information, providing appropriate references. Elements of the Framework will be useful for your presentation which will be submitted through your course Blackboard

Present as a team, identifying who will present which segments and in what order. Allow for 10 minutes total, followed by 5 minutes of questions.

Presentation Segments
Part 1 Definition of the population of focus
Part 2 Exploration of interprofessional teams
Part 3 Population health advocacy
Part 4 Acknowledgements

Part 1: Definition of the population of focus

1. Identify and define the population of focus and the rationale for selecting it – Answer the question: As a future provider, why is this a population that you should know more about?

During your presentation, tell your peers what you have learned.

a. Summarize Key Demographics
   i. Geographic distribution
   ii. Age, race and class distribution
   iii. Language, culture and citizenship
   iv. Other factors shaping care for this population

b. Identify clinically relevant needs or trends
   i. Common medical risk exposures and incidence rates
   ii. Common social risk exposures and incidence rates
   iii. Spotlight on disparities and areas of strength

Part 2: Exploring interprofessional teams of care

As a provider, it is essential that you understand the interprofessional relationships among teams, team members and resources that are available/unavailable for the population of focus.

Please collect and be prepared to share information on the various professions that are involved with the population of focus.

a. Identify the professions that serve the population of focus
   i. What are their qualifications?
   ii. What is their scope of practice?
   iii. How/Where do they provide the care for the population members?
   iv. What are the strengths and limitations of the team?

b. How would you see yourself interacting with these other members of the team? What do you want your peers to know about these potential team members?
Part 3: Health advocacy

What are some of the local, state, national or international organizations that do advocacy work related to the health of the population of focus? Below are several questions that can help you direct your thinking about advocacy.

a. Advocacy specifically refers to promoting legislation, policies, systems, or specific budgetary appropriations that positively affect a health issue and or population. This may occur through decreasing barriers to accessing health services, providing an infrastructure conducive to effective health promotion programs, or directly increasing the resources and infrastructure of the public health system. Identify 2-3 key local, state, national, and when relevant international organizations that do advocacy on behalf of your population on focus.

b. What are their major areas of advocacy? Why?

c. To whom are they advocating? What has been their track record (successes and challenges)?

d. What are the consequences of success or failure?

e. How can providers (you and your peers—nurses, physicians, others?) be involved in advocacy for this population?

Part 4: Acknowledgements

Please end your presentation with an acknowledgement of the UMass and community faculty and staff involved in your clerkship, the agencies you visited, and the people you met. Include the UMMS and agencies’ logos. Often PHC presentations become a foundation for future presentations, especially Capstones, scholarly projects and/or publications, so please document the acknowledgements now. If you have used photos or images with recognizable faces, please include consent forms when you submit your final presentation.

Recommended resources

➢ Worcester Regional Research Bureau maintains an almanac of facts and figures about the city of Worcester, as well as a repository of reports and resource links useful when conducting research at various levels. http://www.wrrb.org/resources-and-related-links/

➢ Worcester Community Health Improvement Plan/Community Health Assessment provide access to recent information about our local public health planning processes and community-identified priorities: http://healthycentralma.com/


➢ MA Public Health Association: https://mapublichealth.org/ is a great source of info about advocacy in our state.

➢ The MA Department of Public Health is developing a Public Health Information Tool that should be available in late 2018 to improve access to state-level data. Updates and the Environmental Public Health Toolkit with tracking data available now at : https://matracking.ehs.state.ma.us/

➢ The Kaiser Family Foundation has launched a new interactive tool for the policy community and journalists to create customized state reports within the Foundation’s State Health Facts resource. Choosing from hundreds of State Health Facts indicators, users can compile data on health coverage, access, and costs, as well as demographic and economic data, into interactive custom reports for a single state or multiple states. https://www.kff.org/statedata/custom-state-report/

➢ Centers for Disease Control:
- Data and Statistics by topic and with links to tools and other resources: https://www.cdc.gov/DataStatistics/
- Database of Interventions: Evidence-based interventions for community health improvement; may be useful for exploring options when writing recommendations for a community partner. Community Health Intervention Navigator: https://www.cdc.gov/chinav/database/index.html
- US Census American Fact Finder is an easy way to get lots of data by zip code, city, state, etc: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
- The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. http://www.countyhealthrankings.org/
- Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains data and background information on 42 topic areas with more than 1,200 objectives. https://www.healthypeople.gov/2020/
CONSENT TO PHOTOGRAPHY AND PUBLICATION
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

I hereby give my consent to the University of Massachusetts Medical School to photograph or film me and/or my minor child and to use the images in such forms as photographs, slides, movies or videotapes in publications and/or video displays and UMMS Web site pages. I understand that such pictures may be used as deemed appropriate by UMMS and that no fees will be paid to me for the use of these pictures. I release UMMS and its employees and agents from liabilities that may arise from the taking or the use of these images.

SIGNATURE OF INDIVIDUAL PHOTOGRAPHED
(If minor child, signature of closest relative or legal guardian)

STREET ADDRESS

NAME OF ACCOMPANYING UMMS STAFF

DAYTIME TELEPHONE NUMBER

<table>
<thead>
<tr>
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<tr>
<td>Population Health Clerkship Group Name/Number:</td>
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<tr>
<td>PowerPoint Slide Number:</td>
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<tr>
<td>Student Name:</td>
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<td>UMMS Program:</td>
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August 7, 2018

The Office of Student Affairs at the University of Massachusetts Medical School certifies that all students in the School of Medicine Class of 2021 have completed Massachusetts Criminal Offender Record Investigation (CORI) and a Certiﬁpi Screening, Inc. (a Vertical Screen® Company) national criminal background check conducted through the AAMC/AMCAS at the time of medical school acceptance. The results, for each student, have been reviewed and have been found acceptable according to University policy. The Massachusetts CORI covers the state of Massachusetts and the Certiﬁpi screening check covers all other states.

All students in the School of Medicine Class of 2021 are US citizens and fulﬁl the SOM’s Massachusetts residency requirement. All SOM students are required to fulﬁl both OSHA and HIPPA training requirements yearly and will not be allowed to participate in the clerkship if compliance has not been met by 2 weeks before the start of the clerkship.

Vaccination requirements for new students:

- **Physical examination**: Within the past year dated and signed by your provider.
- **MMR (Measles, Mumps, Rubella)**: MMR vaccine dates (2 doses) or positive titers.
- **Hepatitis B**: Dates of immunizations (3 doses) and Hepatitis B surface antibody titer (HBsAb).
- **Varicella (Chicken pox)**: Dates of immunizations (2 doses) or positive Varicella titer.
- **Tetanus Diphtheria Pertussis**: A one-time Tdap is required.
- **2-Step Tuberculosis Skin Test (TST)**: 2-step TST or Quantiferon Gold serology or T-Spot is required within 3 months before the start of school.

Annual requirements for existing students:

- **Annual TST**
- If history of positive TST, must complete Annual Review of TB symptoms form and submit to Student Health.

Each School of Medicine student is covered by the Commonwealth Professional Assurance Company for liability/malpractice insurance as follows:
- Each medical incident: $5,000,000
- Professional combined annual aggregate: $10,000,000

Sincerely,

Sonia Nagy Chimenti, MD
Associate Dean for Student Affairs
Clinical Associate Professor of Medicine
To: UMMS Population Health Clerkship Team Leaders:
From: Jacqueline Bergeron, DNP, RN, NEA-BC, CPHQ
Subject: Student Verification
Date: September 4, 2018

All graduate nursing students are required to be US citizens as a pre-condition for acceptance into the school. As part of the admission process, all students are required to complete OSHA and HIPAA training. The students are also required to have a CORI (Criminal Offender Record Information) completed.

Liability insurance is provided by Commonwealth Professional Assurance Company, LTD, Policy number HL.10110.

Health insurance and health clearance (including ppd and immunization status), is kept on file at our school.

Thank-you for providing clinical learning opportunities for our students.