

# Training Tracks

**Med-Peds residents at the University of Rochester have the option of additional training during residency in: research, medical education, global health, and community advocacy. By choosing one of these special tracks, residents receive individualized training and mentorship in these areas from dedicated faculty.**

## Scholarly Research Track

**Director: Dr. Robert Fortuna**

The University of Rochester Combined Medicine-Pediatrics Residency program offers a scholarly research track for residents to pursue mentored scholarly work during their second, third, and fourth years of training. The primary goal of the scholarly research track is to provide structured mentorship to complete a scholarly project and develop the skills necessary for future academic and/or subspecialty careers. Projects are designed to align with individual career or fellowship goals. Mentorship is provided to assist with project design, methodology, and implementation.

Residents in the track will meet on a regular basis to discuss their ongoing projects with their peers and mentors. The research experience culminates with a peer and faculty reviewed project that is presented at a research seminar. With successful completion of this track, residents receive “Distinction in Research” upon graduation.

Scholarly activity encompasses a broad range of projects, including hypothesis driven research, educational projects, in-depth topic reviews, quality improvement projects, and advocacy projects. Based on the specific project proposal, acceptable projects may fall into one of the following categories:

### Primary Data Collection and Analysis

- Surveys (residency surveys, patients surveys)
- Existing projects already underway

### Secondary Data Analysis

- NAMCS, NHAMCS, NHANES, MEPS, other local and national data sets
- URMC data sets

### Quality Improvement Projects (requires rigorous assessment)

- Improvement in the delivery of care at Culver Medical Group (CMG)
- Inpatient QI/QA projects

### Educational Projects (requires rigorous assessment)

- Curriculum development, implementation, and evaluation



## Medical Educator Track

**Director: Dr. Catherine Gracey**

The Medical Educator Pathway (MEP) is designed to support the growth and development of residents who envision education as a significant part of their future careers. Through participation in the MEP, residents have the opportunity to practice teaching in different venues and improve their practice by getting feedback on their teaching, learn and discuss fundamental content areas critical in education, and develop skills in areas such as curriculum development, assessment and evaluation of learners, and program evaluation. Participating residents also have the opportunity to develop skills in educational scholarship through the development and dissemination of medical education focused projects. Residents also have the option of participating in a teaching elective in which they are the “teaching resident” on an inpatient floor team and provide focused teaching to the students and other residents on the team.

Under mentorship of URMC faculty, residents can participate in undergraduate medical student courses designed to teach clinical reasoning, physical examination, communication skills and also participate in skills assessment of medical students.

Residents who complete the requirements of the program, including educational scholarship, receive “Distinction in Education” upon graduation.

## Global Health Track

The Global Health Track (GHT) is designed to provide a broad-based didactic curriculum along with eight weeks of time over the course of the residency to pursue involvement in Global Health activities. Maximum flexibility is afforded to allow for the development of individual interests.

A project is required to complete participation in the GHT, culminating in a poster, abstract, presentation, or manuscript. The project may be educational in nature, community based, or research oriented. Examples of recent projects include: a research study evaluating knowledge of HPV and HPV vaccination among HIV-infected adolescents in South Africa; an evaluation of patterns of alcohol consumption among migrant farm workers in Western New York; teaching neonatal resuscitation at a small hospital in Ghana; conducting a comparison of government supported geriatric care between Japan and the United States. Mentorship will be provided to help design projects, identify overseas opportunities, choose among opportunities, and steer GHT activities towards individual career goals.

The GHT track includes a two-week course in community health followed by Global Health presentations/seminars spread throughout the academic year. Every effort will be made to coordinate didactic activities with clinical schedules. GHT residents will be encouraged to participate in Global Health activities that are sponsored by other departments and schools at the University of Rochester. With successful completion of this track, residents receive “Distinction in Global Health” upon graduation.

## Community Advocacy Track (CARE)

The CARE Track is an award-winning program of the Hoekelman Center, in the Department of Pediatrics. Under the mentorship of community partners, URMC faculty and staff, CARE track residents are given the opportunity to acquire lifelong skills in evidence-based public health and advocacy.

CARE Track begins in the summer after intern year with an intensive two-week experience (CARE Block), during which residents learn core skills for starting an effective community-based project. Topics include public speaking, grant-writing, brainstorming, project design and much more. After the block, residents have protected time to work on longitudinal projects. Our Community Liaison is here to help you build partnerships in the community and to turn your ideas into projects.

Med-Peds residents have participated in several long running local and global CARE Projects:

**Coping Power**- A social emotional learning program implemented in a dozen schools in Rochester.

**Preventing Malaria** – Dr. Alexi Bulloch went to Senegal with Netlife to pilot the use of outdoor bed nets.

**Increasing Literacy** – Dr. Erin Kelly made national news when she presented research on her project of allowing kids to choose their own books to prevent the “summer slide” at the Pediatric Academic Societies Meeting.

**Evidence-Based Contraception** – This teen pregnancy prevention project led to the LARC Initiative, which has received almost \$1 million in funding from the Greater Rochester Health Foundation and has measurably moved the needle on public health statistic in Rochester!

Maybe your project will be the next one to become an effective community-level health program. For more information on CARE Track you can visit our website at [www.hoekelmancenter.org](http://www.hoekelmancenter.org), email Dr. Andy Aligne ([Andrew\\_aligne@urmc.rochester.edu](mailto:Andrew_aligne@urmc.rochester.edu)), visit the Hoekelman Center, or talk to a current CARE resident!

## Director: Dr. Amina Alio

**UR | GOLISANO CHILDREN'S HOSPITAL**

**Future Planning: Improving Access To Long-Acting Reversible Contraception (LARC) To Reduce Unwanted Pregnancy In Adolescents With Type I DM**  
Samvil M, MD<sup>1</sup>; Alteror K, MD<sup>2</sup>; The Hoekelman Center<sup>3</sup>  
University of Rochester Medical Center, <sup>3</sup>Ray Mackenzie Clinic, Haiti<sup>4</sup>

**Conclusion**

- By partnering Kay Hoekelman providers with other local champions of effective forms of family planning, we believe that the rate of unintended pregnancy, maternal morbidity and mortality will be more informed thus reduce rate of unintended pregnancy, maternal morbidity and mortality.
- Teenagers with type 1 DM from developing countries will have access to accurate, important and timely reproductive health information, and various methods of family planning.
- Established, developed, and strengthened functional partnerships with global and local non-governmental organizations and global partners with the donation of 70 units of LARC IUDs will increase access to family planning.

**Barrier/Reasons**

- COVID-19 pandemic
- International institutional travel restrictions
- Accessibility to medical professionals- OB-GYN to train or place LUGIS
- Political unrest in Haiti inhibiting patients from traveling to clinic, providers from being trained

**References**

- International Diabetes Federation. IDF World Diabetes Atlas (2019). Geneva, Switzerland: International Federation of Diabetes; 2019. Accessed: August 2020. Available from: <https://www.idf.org/-/media/assets/policy-and-practice/resource-centre/statistics/global-diabetes-statistics-and-forecasting-tables-of-2019-2024.ashx>
- 1. Hoekelman R, ed. Children's Health: A Manual for the Primary Care Provider. 4th ed. New York, NY: McGraw-Hill; 2007.
- 2. Grimes D, Trussell J, Benson J, et al. Long-acting reversible contraceptives. In: Hatcher RA, Trussell J, Nelson E, et al, eds. Contraceptive Technology. 20th ed. New York, NY: Alan R. Liss; 2013:307-348.
- 3. Gershoff E, Tocino C, McNeil S, Lanzagorta R, Gottschall P, et al. Adolescent pregnancy prevention: a review of the evidence. J Adolesc Health. 2019;64(1):1-10.
- 4. Ray Mackenzie Clinic. Available from: <http://www.raymackenzieclinic.com>.

**Table 1: Donation from ICA Foundation**

## **Leadership Track**

**Director: Dr. Brett Robbins**

The Leadership Track is designed to be a 1-year self-contained curriculum by design. It is intended to provide foundational training in leadership and allow flexibility to move to more advanced topics as the year progresses.

Components:

1. Participants – each trainee participating in the track will select 2-3 faculty mentors who they see as leader role-models. This group of 3-4 will then meet monthly over the course of the academic year to go over the curricular components
2. Didactic – monthly self-rating scales, readings, reflections with individual trainee and their mentor group
3. Reflective: Reflective journaling following each monthly session by trainee, turned in to mentors and residency director. What will you take forward from this reading/experience as a leader?
4. Review – Bi-annual meeting of all track participants and their mentors to reflect on progress
5. Experiential: Any experience where the trainee is in a supervisory role
6. Evaluation: Summary of reflective journaling process, review of evaluations of trainee by their assigned learners
7. Mentor Development: Quarterly meeting of mentors to review curricular components: common themes, successes and necessary changes.



## **Lifestyle Medicine Track**

**Director: Dr. Karen Nead**

Lifestyle Medicine Education track allows residents to learn the principles of Lifestyle Medicine and how to integrate these principles into patient care. Residents will take part in the American College of Lifestyle Medicine Residency Curriculum (<https://lifestylemedicine.org/residency-lmrc/>). The educational component includes 40 hours of didactic material along with 60 hours of application activities, which can be completed over a 2-3 year period. The group will meet regularly for discussions, cooking and other Lifestyle Medicine related activities.



**If you would like more information about any of our training tracks,  
please contact the Med-Peds program office.**