Texas Department of State Health Services
Preventive Medicine and Public Health Residency Program
Texas Disaster Response Elective Rotation

Texas Department of State Health Services Preventive Medicine Residency Program announces a Disaster Response Elective Rotation. The rotation provides an opportunity to participate in disaster response activities in Texas for residents in their PG2 or above of training who are in good academic standing in an ACGME accredited residency program. The experience will include observation and hands-on participation.

**Rotation Experience:** During the rotation, the resident will be engaged in:

- Disaster incident command structure/implementation at state, regional, and local levels in emergency operation centers, and in the field command.
- Medical special need population evacuation planning, transportation health care, shelter management and provision of health care in shelter setting, and repatriation efforts of special populations.
- Post-disaster rapid community assessment for public health needs and ascertainment of continuity of government/public health services in impacted areas.
- Provision of health care to disaster responder work force including preventive services pre-deployment, direct care while deployed into affected areas and whole person evaluations (to include mental health, evaluation of potential exposures, prophylaxis if indicated, etc) upon return from impacted areas.
- Public health services to displaced populations in a variety of settings including shelters, in transport, in acute care temporary clinics and integrated into facility of opportunity to provide health care.
- Traditional public health roles modified to disaster settings including investigations of communicable diseases, food sanitation, immunizations, mental health services, risk communication, vector control, Women Infant Children (WIC), disease surveillance, quarantine and environmental health issues.
- Web based and electronic systems for the following: Web Based Emergency Operation Center (WebEOC), electronic disease surveillance systems, electronic medical records/disease reporting-investigation forms, and electronic identification tracking of evacuated persons.
- Public health policy/decision making in line with relevant public health laws and statues to protect the public’s health.
- Experience in the influences of politics, public health systems, contract partners, volunteers and collaborative efforts within Texas government in responding to disasters.

**Rotation Duration and Locations:** The resident will spend up to two 2-week rotations (fourteen consecutive days/ nights, with a minimum five-day break before starting the next 2-week rotation) in a combination of settings including: field/on the ground, incident command/emergency operations center, shelter/evacuation center, regional/local health department, clinical site providing care to displaced persons.

The elective is available during time of public health emergencies including, but not limited to: preceding and following a hurricane, flood, tornado, communicable disease outbreak, or any other event that leads to mass sheltering of displaced persons after evacuations.

**Requirements:** Accepted applicants must have:

- Schedule flexibility to rapidly mobilize to sites in Texas with minimal advance notice for duration of rotation.
- Written approval and recommendation from home residency program director to participate in the elective.
- Successful completion of the elective rotation application.
- Current unrestricted Texas medical license.
- Physical/mental stamina to work in emergency settings under stressful conditions and provide public health/medical care in austere locations.

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• Willingness to live in housing quarters that are non-traditional: possibilities based on the event may include sleeping in a non-climate controlled tent, cot, using shower trailers and portable toileting for hygiene, temporarily stay in office buildings, on call/hospital room, hotel rooms without electricity/hot water and eat military-style meals-ready-to-eat (MREs) or other emergency rations immediately following a disaster.
• Willingness to travel to destinations in rental car, airplane, helicopter, bus, or train as the need presents.
• Demonstrated up to date immunizations for the following diseases:
  o Tetanus
  o Pertussis
  o Meningococcal
  o Hepatitis A/B
  o Varicella (or history of disease)
  o Seasonal Influenza
  o Ability to receive additional appropriate vaccination as indicated by the event.

Residents are expected to have wages compensated by home residency program during this elective.

Residents will be reimbursed for travel expenses, food, lodging during the rotation. Reimbursement will be commensurate with State provisions for emergency response personnel not employed by DSHS.

Necessary protective interventions (vaccinations, chemoprophylaxis medication, equipment provision, etc.) during the rotation will be commensurate with State provisions for emergency response volunteers.

**Liability Coverage During Elective Rotation:** The Angel Staffing Professional Medical Liability Benefit Plan (Plan) will provide medical liability insurance. The Plan provides liability indemnity for medical liability claims to its participants, subject to the terms and conditions of the Plan Provider.

**Supervision:** Residents will be assigned to work under the direct supervision of a DSHS-employed Preventive Medicine Boarded Physician (preceptor) during the duration of the event. The rotation elective supervisor is Sandra Guerra, MD, MPH, Residency Program Director. Residents will be expected to take direction from the assigned preceptor/supervisor. Due to the acute nature of a disaster, the preceptor reserves the right to release the resident for any reason (including, but not limited to patient safety, resident safety, lack of good match for the needs of the event during the event) notification to the home program director will be made immediately.

**Competencies:** Participants can expect to observe, participate in, and be exposed to the following ACGME* competency components (scope will be determined by the event):

- **Communication:** Communicate clearly with multiple professional and lay target groups, in both written and oral presentations the level of risk from hazard and the rationale for selected interventions.
- **Computer Application:** Use computers for word processing, reference retrieval, statistical analysis, graphic display, database management, and communication.
- **Laws and Regulations:** Identify and review relevant laws and regulations germane to the residents’ specialty area and assignments.
- **Ethical, Cultural, Social Issues:** Recognize ethical, cultural, and social issues related to a particular issue and develop interventions and programs that acknowledge and appropriately address the issues.
- **Organizational Decision-Making:** Identify organizational decision-making structures, stakeholders, style, and processes.
- **Program and Community Resources:** Assess program and community resources, develop a plan for appropriate resources, and integrate resources for program implementation.
- **Epidemiology and Biostatistics:** Use epidemiology and biostatistics, to:
  - Characterize the health of a community
  - Design and conduct an epidemiological study
  - Design and operate a surveillance system
  - Design and conduct an outbreak or cluster investigation, and
  - Translate epidemiological findings into a recommendation for a specific intervention.

- **Clinical Preventive Medicine:** Use skills in clinical preventive medicine including the ability to:
  - Develop, deliver, and implement, under supervision, appropriate clinical services for both individual and population and
  - Evaluate the effectiveness of clinical services for both individual and populations.

- **Occupational and Environmental Health:** Use skills in occupational and environmental health; assess and respond to individual and population risks for occupational and environmental disorders.

- **Health Administration:** Plan, manage, and evaluate health services to improve the health of a defined population.

ACGME* – Accreditation Council for Graduate Medical Education
**TO APPLY:**

The application deadline is open. Application packet **must** include the following:

- Completed elective rotation application
- A copy of applicant’s:
  - □ curriculum vitae
  - □ vaccination history
  - □ current driver’s license
  - □ current Drug Enforcement Administration license to prescribe medication
- Letter of recommendation and approval to participate in elective rotation from your current residency program director. Approval must include agreement to compensate resident wages while resident is on elective rotation status.

**To apply - please mail, email, or fax the complete application package to:**

Preventive Medicine Residency Program
Office of Academic Linkages
Texas Department of State Health Services
PO Box 149347, MC 1864
Austin TX 78714-9347

[PrevMed@dshs.state.tx.us](mailto:PrevMed@dshs.state.tx.us)
Fax: 512-458-7416

**Questions should be directed to:**

Sandra Guerra, MD, MPH
Preventive Medicine Residency Program Director
Texas Department of State Health Services
7430 Louis Pasteur
San Antonio, TX 78229

[PrevMed@dshs.state.tx.us](mailto:PrevMed@dshs.state.tx.us)
Phone: 210.949.2003
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PREVENTIVE MEDICINE / PUBLIC HEALTH RESIDENCY TRAINING PROGRAM

APPLICATION FOR ELECTIVE ROTATION

Name ____________________________
Last __________________ First ________ Middle ________
Address ________________ Number ______________________
Street ____________________________ Apt. Name & No. ________
City __________________ State ________ Country ______________
Telephone H ______ W ______ Ext _____ Fax ________
Email ________________________________
Citizenship US [] Other _______________ Country ______________________
Visa Status Permanent [] Temporary [] Type __________________________

CURRENT RESIDENCY PROGRAM

Current residency program year (circle one): ___PG2 ___PG3 ___other
If other, please explain: ____________________________________________
Name of Residency Program: _______________________________________
Name of Residency Program Director: _________________________________
Residency Program Mailing Address: _________________________________
Residency Program Director Phone: _________________________________
Director’s Emergency Contact Phone: ________________________________

FORMAL EDUCATION

DEGREE PROGRAM

<table>
<thead>
<tr>
<th>School / Institute</th>
<th>Date Begun</th>
<th>Date Completed</th>
<th>Degree Awarded</th>
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CLINICAL TRAINING

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<th>Institute / Hospital</th>
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MEDICAL CREDENTIALS

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<th>Yes ☐ No ☐ Date Passed</th>
<th>Certificate #</th>
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<tr>
<td>USMLE II</td>
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<td>USMLE III</td>
<td>Yes ☐ No ☐ Date Passed</td>
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<td>ECFMG</td>
<td>Yes ☐ No ☐ Date Passed</td>
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Other Date Issued/Passed Certificate #

Comment(s)

Medical License in the State of Texas

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<th>License #</th>
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<th>Expiration</th>
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Comment(s)

License From Any Other Medical Authority

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<tr>
<th>State</th>
<th>License #</th>
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<th>Certificate #</th>
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Comment(s)

Board Examinations in a Specialty Area?

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<tr>
<th>Specialty #1</th>
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<td>Subspecialty #2</td>
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Comment(s)

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### ALL POSITIONS HELD AS A PHYSICIAN

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<tr>
<th>Institution / Hospital</th>
<th>Position Held</th>
<th>Dates (From – To)</th>
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### PROFESSIONAL DISCIPLINARY ACTIONS

Have you ever been released/terminated from a medical position because of allegations of professional incompetency, moral turpitude or unethical practice or behavior?

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<th>Yes</th>
<th>No</th>
<th>If yes, where and when? (Use a separate sheet if necessary).</th>
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Have you ever had your license suspended or removed?

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<th>Yes</th>
<th>No</th>
<th>If yes, please describe the circumstances and outcome including dates and name of medical authority which took action against you: (Use a separate sheet if necessary).</th>
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Have you ever had your credentials suspended or removed by any credentialing authority?
Yes [ ] No [ ] If yes, please describe the circumstances and outcome including dates and name of the organization/agency that took the action against you: (Use a separate sheet if necessary).

________________________________________________________________________
________________________________________________________________________
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Describe why you are interested in the disaster response rotation, what experience you have and what you hope to learn and/or achieve. (Include as a separate document.)

With the understanding that it is impossible to schedule disaster response in advance, are there specific time periods you would be available? Indicate multiple time periods, if possible.

☐ January 2010
☐ February 2010
☐ March 2010
☐ April 2010
☐ May 2010
☐ June 2010
☐ July 2010

I (Print Name) __________________________ certify that the information
Provided in this application is true and complete, to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

__________________________________________  __________________________
Signature of applicant                                Date
Application Checklist

This application includes:

____ Completed elective rotation application

____ Copy of applicant’s:
    ____ curriculum vitae
    ____ vaccination history
    ____ current driver’s license
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