Society for Academic Emergency Medicine Fellowship Approval Application Geriatric Emergency Medicine Fellowship

PARTICIPATING SITES

SPONSORING INSTITUTION (university, hospital, or foundation that has ultimate
responsibility for this program) :
Name of sponsoring institution:
Name of fellowship director:
Name of department chair:
Administrative contact:
Program address:
City, state, zip code:
Email:
Telephone:
Fax:
Type of institution: (e.g., emergency department, hospital, medical school)
AFFILIATED SITE (e.g., medical school, clinical site, other):
Name:
Address:
Clinical site? () Yes () No
Type of rotation (select one): () Elective () Required () Both
Length of fellow rotations (in months):
Experience gained through this affiliation:
AFFILIATED SITE (e.g., medical school, clinical site, other):
Name:
Address:
Clinical site? () Yes () No
Type of rotation (select one): () Elective () Required () Both
Length of fellow rotations (in months):
Experience gained through this affiliation:
Length (years and months) of fellowship program

FACULTY / RESOURCES		
1. Fellowship Director Inform	nation	
ame:		
tle:		
ddress:		
ity, state, zip code:		
elephone: Fax:	Email:	
ate first appointed fellowship direc	ctor:	
	n: Most recent y	vear:
imary specialty board certification	i. Most recent y	
ibspecialty board certification:	Most recent y	
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ubspecialty board certification: umber of years spent teaching in the Please attach curriculum vitae or 2. Key Faculty Roster (list onloassumed that the fellow will additional expertise through Please include degrees earned, subspecialty certification (if	Most recent ynis subspecialty: NIH biosketch of fellowship y those with a significant rol be joining a diverse academ association with the genera	director to the application le in training the fellow): It is ic environment and may gain l faculty.
ubspecialty board certification: umber of years spent teaching in the Please attach curriculum vitae or 2. Key Faculty Roster (list onloassumed that the fellow will additional expertise through Please include degrees earned, subspecialty certification (if	Most recent ynis subspecialty: NIH biosketch of fellowship y those with a significant rol be joining a diverse academ association with the genera	director to the application le in training the fellow): It is ic environment and may gain l faculty.
2. Key Faculty Roster (list onloassumed that the fellow will additional expertise through Name of Faculty Please include degrees earned, subspecialty certification (if	Most recent ynis subspecialty: NIH biosketch of fellowship y those with a significant rol be joining a diverse academ association with the genera	director to the application le in training the fellow): It is ic environment and may gain l faculty.

	b) Describe how the fellowship position is to be funded.	
FE	ELLOW APPOINTMENTS	
Νι	umber of Positions (for the current academic year)	
	Number of positions offered	
	Number of filled positions	
GR	RIEVANCE PROCEDURES	
	Describe how the program handles complaints or concerns the fellows raise. (The answer must describe the mechanism by which individual fellows can address concerns in a confidential and protected manner, as well as steps taken to minimize fear of intimidation or retaliation.)	
Mı	EDICAL INFORMATION ACCESS	
	Do fellows have access to specialty-specific and other appropriate reference material in print or electronic format?	No
	2. Are electronic medical literature databases with search capabilities available to fellows?() Yes()	No
Ev	ALUATION (FELLOWS, FACULTY, PROGRAM)	
1.	Are fellows provided with a description of the milestones that they should reach by the conclusion of the program?() Yes ()	No
2.	Does (will) the faculty provide formative feedback in a timely manner?() Yes ()	No
3.	Describe the evaluation process.	
	Limit your response to 400 words.	
4.	Describe the mechanisms used for program evaluation, including how the program uses aggregated results of the fellows' performance and/or other program evaluation results to improve the program.	

Limit your response to 400 words.

Fei	LIOW DUTY HOURS
1.	Briefly describe your backup system when clinical care needs exceed the fellows' ability.
2.	On average, will fellows have one full day out of seven free from educational and clinical responsibilities?() YES()
3.	What is the maximum number of consecutive nights of night shifts assigned to any fellow in the program?
Ed	UCATIONAL PROGRAM
1.	Program Narrative
	Please provide a brief overview of your fellowship program, including career development opportunities, partnerships, and other unique opportunities. Please include a description of ongoing collaboration with geriatric providers, division, and/ or programs that can be of benefit to the geriatric emergency medicine fellows. Please also include a copy of the curriculum for the one year and/ or two year program (which rotations are included, length of each rotation, etc.) Please indicate funding policies for salary and support for other expenses incurred by fellows (e.g., master's degree, travel to meetings to present research, etc.).
2	
۷.	Clinical Milestones
	Describe the educational methods used to train and evaluate fellows in evaluation and treatment of each of the following and how they will implement these skills during the training period (please enter "N/A" if this skill is not taught):
	Atypical presentations of disease in older adults:

Clinical reasoning strategies:
Cognitive and behavioral disorders:
Emergency intervention modifications:
Medication management:
Transitions of care:
Effect of comorbid conditions:
Ethics, palliative care, and end-of-life issues:
Continuum of care:
Geriatric syndromes:
Wound management/ pressure ulcers:
End-of-life care:
Other:

3. **Education Milestones**: All programs should address these to some extent and should comment on below. For programs that include an education track as part of an education fellowship, please describe in greater detail how fellows are trained in each of the following areas. If you do not offer specific aspects of educational training, please note "N/A."

*Please note, it is a requirement of the fellowship approval program that all fellowships and graduating fellows must address the core components of Clinical Care, and

	Completion of a master's degree in teaching or education (for two-year programs focusing on education):
	Curricular development:
	Case-based learning series:
	Simulation session development:
	Delivery of educational topics to EM residents through multiple modalities (as listed in request for applications document):
	Mentorship of students and residents in geriatric care areas:
	Other:
All prome the not *Pl and add	programs should address these to some extent and should comment on below. For ograms that include an administration track as part of a geriatric emergency edicine fellowship, please describe in greater detail how fellows are trained in each of a following areas. If you do not offer specific aspects of educational training, please te "N/A." lease note, it is a requirement of the fellowship approval program that all fellowships d graduating fellows must address the core components of Clinical Care, and ditionally the elements of at least one of the three tracks (Education, Administration, d Research). Completion of an MBA or other administrative degree (for two-year programs focusing on administration):
	Development of policies and protocols to advance geriatric care in the ED:

	Development of policies and protocols to advance linkage from the ED with all other providers needed for transitions of care and follow-up care:
	Provision of records to help ensure the fellowship demonstrates achievement of program goals and objectives:
	Participation on national and local panels on emergency elder care issues:
	Completion of ACEP leadership and advocacy conference:
	Other:
5.	Research Milestones All programs should address these to some extent and should comment on below. For programs that include a research track as part of a geriatric emergency medicine fellowship, please describe in greater detail how fellows are trained in each of the following areas. If you do not offer specific aspects of research training, please note fN/A." FPlease note, it is a requirement of the fellowship approval program that all fellowships and graduating fellows must address the core components of Clinical Care, and additionally the elements of at least one of the three tracks (Education, Administration, and Research). Completion of an MPH or other master's level programs (for two-year programs focusing on research):
	Development of expertise in statistics, qualitative research, decision-making, health services research, methodology, epidemiology, etc.:
	Grant writing and review:
	Analysis of existing literature:
	Submission of individual research abstracts and/ or manuscripts:

		Submission of individual grant proposals:
		Completion of research projects within the institution:
		Understanding of development of collaborative research consortiums:
		Other:
5.	Bri	reer Development Milestones efly describe the fellows' career development program. Please indicate how each will evaluated for success:
	A.	Development of curriculum vitae and/or educator's portfolio
	B.	Navigating the academic promotions and tenure process, including an understanding of various academic series and how to write referee letters.
	C.	Setting short- and long-term career goals.
	D.	Identifying mentor(s) and becoming an effective mentor.
	E.	Leadership training.
	F.	Negotiation techniques.
	G.	Time-management skills.

6. Service

Please describe opportunities for fellows to serve the university, residency, regional, or national community though committee or volunteer service. Provide an explanation of

how the program wil	l support the fellows'	participation,	including financia	l support and
compliance with duty	hours. Please enter '	'N/A" if this o	pportunity is not a	vailable.

Service:			

Updated 2/24/2014