

Society for Academic Emergency Medicine

Global Emergency Medicine Fellowship Programs
Fellowship Approval Application

PARTICIPATING SITES

SPONSORING INSTITUTION (The university, hospital, medical school, department, or foundation that has ultimate responsibility for this program.)
Sponsoring institution:
Affiliated ACGME-accredited EM Residency:
Fellowship Director(s) name(s)/degrees:
Department Chair/Division Chief:
Program Coordinator Name:
Program Street Address:
Program City, State, Postal Code:
Program E-mail:
Program Telephone:
Program Fax:
Type of Institution (see examples above):

Add additional sheets, if necessary.

AFFILIATED INTERNATIONAL SITE #1 (e.g., medical school, hospital, other, etc.)
Name:
Full Physical Address:
Clinical Site? () YES () NO
Type of Rotation (select one): () Required () Elective () Both
Length of Fellow Rotations (in months):
Experience offered through this affiliation:
AFFILIATED INTERNATIONAL SITE #2 (e.g., medical school, hospital, other, etc.)
Name:
Full Physical Address:
Clinical Site? () YES () NO
Type of Rotation (select one): () Required () Elective () Both
Length of Fellow Rotations (in months):
Experience offered through this affiliation:
AFFILIATED INTERNATIONAL SITE #3 (e.g., medical school, hospital, other, etc.)
Name:
Full Physical Address:
Clinical Site? () YES () NO
Type of Rotation (select one): () Required () Elective () Both
Length of Fellow Rotations (in months):
Experience offered through this affiliation:

Length (in months) of Fellowship Program:

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Is an advanced degree a component of this Fellowship Program? If yes, please indicate the duration of this program. Again, if applicable, list estimated degree costs and how this degree program is financed.

What is the anticipated start date for fellows in your Fellowship Program?

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If applicable, please list the names, degrees, email addresses, and dates of graduation of ALL prior Fellowship Program graduates. (Add sheets, if necessary.)

1.

2.

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FACULTY / RESOURCES

1. Fellowship Director Information

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Date first appointed as Fellowship Director:	
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Number of years post-residency and/or post-fellowship as faculty in Global Emergency Medicine:	
Active SAEM membership? () YES () NO (RECOMMENDED but NOT REQUIRED).	
Required: Attach curriculum vitae or NIH bio-sketch of Fellowship Director with application.	

1a. Co-Fellowship Director Information (if applicable)

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Academic Department(s):	School/College:
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Date first appointed as Fellowship Director:	
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Number of years post-residency and/or post-fellowship as faculty in Global Emergency Medicine:	
Active SAEM membership? () YES () NO (RECOMMENDED but NOT REQUIRED).	
Required: Attach curriculum vitae or NIH bio-sketch of Co-Fellowship Director with application.	

2. Essential Faculty Roster (List only those faculty members—**excluding the Fellowship Program Director**—with a significant role in training Global Emergency Medicine fellows; **this list should include the Department Chair/Division Chief**. Add additional sheets, if necessary.)

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Academic Department(s):	School/College:
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Role(s) in Fellowship Program:	
Required: Attach curriculum vitae or NIH bio-sketch of essential faculty member with application.	

2a. Essential Faculty Roster (if applicable)

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Academic Department(s):	School/College:
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Role(s) in Fellowship Program:	
Required: Attach curriculum vitae or NIH bio-sketch of essential faculty member with application.	

2b. Essential Faculty Roster (if applicable)

Full Name/Degrees:		
Administrative Title(s):		
Rank (Instructor, Assistant/Associate/Full Professor):		Tenured? () YES () NO
Academic Department(s):		School/College:
Work Street Address:		
Work City, State, Postal Code:		
Work Telephone:	Work E-mail:	
Primary specialty board certification:		Most recent year:
Sub-specialty board certification:		Most recent year:
Secondary specialty board certification:		Most recent year:
Sub-specialty board certification:		Most recent year:
Role(s) in Fellowship Program:		
Required: Attach curriculum vitae or NIH bio-sketch of essential faculty member with application.		

2c. Essential Faculty Roster (if applicable)

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Academic Department(s):	School/College:
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Role(s) in Fellowship Program:	
Required: Attach curriculum vitae or NIH bio-sketch of essential faculty member with application.	

2d. Essential Faculty Roster (if applicable)

Full Name/Degrees:	
Administrative Title(s):	
Rank (Instructor, Assistant/Associate/Full Professor):	Tenured? () YES () NO
Academic Department(s):	School/College:
Work Street Address:	
Work City, State, Postal Code:	
Work Telephone:	Work E-mail:
Primary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Secondary specialty board certification:	Most recent year:
Sub-specialty board certification:	Most recent year:
Role(s) in Fellowship Program:	
Required: Attach curriculum vitae or NIH bio-sketch of essential faculty member with application.	

3. Program Resources

How will the program ensure that faculty (physician and non-physician) have sufficient time to supervise, teach, and mentor Global Emergency Medicine fellows? (Add additional sheets, if necessary.)

Describe how the fellowship positions and components of the Global EM fellowship program (e.g., time abroad, coursework, etc.) are funded. (Add additional sheets, if necessary.)

FELLOW APPOINTMENTS

Number of Positions (for the current academic year):

Number of positions OFFERED	
Number of positions FILLED	

GRIEVANCE PROCEDURES

Describe how the program handles complaints or concerns raised by fellows. Responses 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. (Add additional sheets, if necessary.)

MEDICAL INFORMATION ACCESS

1. Do fellows have access to Emergency Medicine- and subspecialty-specific and other appropriate reference materials in print or electronic format? () YES () NO
2. Are electronic medical literature databases with search capabilities available to fellows? () YES () NO

EVALUATION (FELLOWS, FACULTY, AND PROGRAM)

1. Are fellows provided with a description of the milestones/core competencies/expectations that they should reach by the conclusion of the program?
() YES () NO
2. Do (will) faculty provide formative feedback in a timely manner? () YES () NO
3. Describe, in detail, mechanisms used for fellow, faculty, and program evaluation. Add additional sheets and supporting documents, if necessary.

a. Global EM Fellows:
b. Global EM Faculty:
c. Global EM Fellowship Program:

CLINICAL RELEASE-TIME

1. Does your program provide adequate clinical release-time to its fellows for administrative, educational, and research activities related to the fellowship program?

Note: SAEM recommends that Global Emergency Medicine fellowship programs participating in the SAEM Fellowship Approval Process provide at least 50% clinical release-time to its fellows.

() YES () NO

CULTURAL COMPETENCY

1. Are Global Emergency Medicine fellows in your program required to complete training in cultural competency before international rotations? () YES () NO
2. Does your Global EM fellowship program provide training in cultural competence to its fellows? () YES () NO

TRAVEL HEALTH AND SAFETY

1. Are Global Emergency Medicine fellows in your program required to undergo a Travel Health evaluation before international rotations? () YES () NO
2. Does your Global EM fellowship program work with its fellows to devise a plan for personal safety during their time abroad? () YES () NO
3. Does your Global EM fellowship program work with its fellows to devise an evacuation plan from international sites in case of emergency? () YES () NO

PROGRAM DESCRIPTION

A. Program Narrative, Part I

In the space below, list the major components (e.g., clinical care, time abroad, coursework, etc.) of your Global Emergency Medicine fellowship program. Include with each component its respective allotted time during the program; this should serve as a quick reference as to how Global EM fellows (will) spend their time while in your program. Lastly, explicitly discuss how much time Global EM fellows (will) spend abroad versus at the program's sponsoring home institution during their time in the program.

B. Program Narrative, Part II

All graduates of an SAEM-approved Global Emergency Medicine fellowship program must demonstrate clinical competence—at the home institution and at an international site.

In no more than TWO pages, single-spaced, describe the clinical duties of the Global EM fellows at the home (sponsoring) institution. In the narrative, the following should be explicitly addressed:

- Description of Emergency Department(s) (e.g., annual volume, trauma designation, etc.) and hospital(s) (e.g., total number of beds, available clinical services, etc.) at which Global EM fellows will provide direct patient care and/or supervision of trainees providing care to patients in the ED;
- Discussion of clinical commitment (e.g., number of shifts/month for each of the months of the program, length of shifts, etc.) and processes for scheduling shifts during the program;

- Description of plan for clinical mentorship by the Fellowship Program Director and Department Chair/Division Chief; and
- Discussion of methods (e.g., written evaluations, patient satisfaction surveys, Emergency Medicine Physician Quality Reporting Initiative (PQRI), etc.) for evaluation of clinical competence of Global EM fellows.

In no more than TWO pages, single-spaced, describe the clinical duties of the Global EM fellows at the international host site(s). In the narrative, the following should be explicitly addressed:

- Description of Emergency Department(s), its local equivalent(s), or other acute care setting(s) (e.g., patient volume, available clinical services, etc.) and/or hospital(s) (e.g., total number of beds, available clinical services, etc.) at which Global EM fellows (will) provide direct patient care and/or supervision of trainees providing care to patients in that/those setting(s);
- Discussion of clinical commitment and processes for scheduling clinical time for Global EM fellows during their time abroad;
- Discussion of local credentialing requirements (i.e., local medical licensure, liability coverage, clinical site privileges);
- Description of plan for clinical mentorship by the Fellowship Program Director and local site director(s);
- Discussion of methods (e.g., written evaluations, etc.) for evaluation of resource- and culturally-appropriate clinical competence in Global EM fellows;
- Discussion of plan for training Global EM fellows in the diagnosis and management of locally endemic diseases in a resource-appropriate manner.

B. Program Narrative, Part III

In addition to demonstrating clinical competence (at the home institution and at an international site), fellows enrolled in an SAEM-approved Global EM fellowship program must demonstrate competence in several—but not all—of the elements of at least one of three areas of concentration: Administration; Education; and/or Research.

In no more than TWO pages, single-spaced, describe in detail how your Global EM fellows will meet the Compulsory and optional elements outlined for the Administration, Education, and/or Research areas of concentration described above in the section entitled, “Specific Requirements” (pages 3-5 of this document). Be specific in your description.

Note: All completed forms—with all CLEARLY LABELED additional pages and supporting documents—must be submitted as a single .pdf file to grants@saem.org prior to the specified deadline—or next business day if the deadline falls on a weekend.