

**Society for Academic Emergency Medicine Fellowship Approval Application
Education Scholarship Fellowship**

PARTICIPATING SITES

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| 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) |

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| AFFILIATED SITE (e.g., medical school, clinical site, other): |
| Name: |
| Address: |
| Clinical site? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| Type of rotation (select one): (<input type="checkbox"/>) Elective (<input type="checkbox"/>) Required (<input type="checkbox"/>) Both |
| Length of fellow rotations (in months): |
| Experience gained through this affiliation: |

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| AFFILIATED SITE (e.g., medical school, clinical site, other): |
| Name: |
| Address: |
| Clinical site? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No |
| Type of rotation (select one): (<input type="checkbox"/>) Elective (<input type="checkbox"/>) Required (<input type="checkbox"/>) Both |
| Length of fellow rotations (in months): |
| Experience gained through this affiliation: |

Length (years and months) of fellowship program

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Planned start date for fellows in SAEM-approved fellowship program

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Please list the number of fellowship graduates and dates

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FACULTY / RESOURCES

1. Fellowship Director Information

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| Name: | | |
| Title: | | |
| Address: | | |
| City, state, zip code: | | |
| Telephone: | Fax: | Email: |
| Date first appointed fellowship director: | | |
| Primary specialty board certification: | Most recent year: | |
| Subspecialty board certification: | Most recent year: | |
| Number of years spent teaching in this subspecialty: | | |
| <input type="checkbox"/> Please attach curriculum vitae or NIH biosketch of fellowship director to the application | | |

2. Key Faculty Roster (list only those with a significant role in training the fellow): It is assumed that the fellow will be joining a diverse academic environment and may gain additional expertise through association with the general faculty.

| Name of Faculty Please include degrees earned, subspecialty certification (if applicable) | Role in Fellowship Program | Email |
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3. Program Resources

- a) How will the program ensure that faculty (physician and non-physician) have sufficient time to supervise and teach fellows?

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b) Describe how the fellowship position is to be funded.

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FELLOW APPOINTMENTS

Number of Positions (for the current academic year)

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| Number of positions offered | |
| Number of filled positions | |

GRIEVANCE 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.)

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MEDICAL INFORMATION ACCESS

1. Do fellows have access to specialty-specific and other appropriate reference material in print or electronic format? () Yes () No
2. Are electronic medical literature databases with search capabilities available to fellows?..... () Yes () No

EVALUATION (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.

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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.

FELLOW 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 () NO
3. What is the maximum number of consecutive nights of night shifts assigned to any fellow in the program?()

EDUCATIONAL PROGRAM

1. Program Narrative

Please provide a brief overview of your fellowship program, including learning objectives and outcomes, career development opportunities, partnerships, and other unique opportunities (e.g., advanced degree available, ACEP Teaching Fellowship, MERC at CORD, faculty development program available, 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. Teaching Milestones

Describe the educational methods used to train fellows in 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):

Adult learning theory instruction:

Instructional systems design and curriculum development:

Clinical reasoning strategies:

Large group teaching methods (e.g., didactic lectures):

Small group teaching methods (e.g., PBL):

Bedside teaching:

Clinical teaching not conducted at the bedside (e.g., during case presentations, etc.):

Procedural skills teaching:

Other:

Other:

Other:

Simulation Milestones: For programs that include simulation as part of an education fellowship, please describe how fellows are trained in each of the following areas. If you do not offer simulation instruction, please note "N/A."

Scenario development:

Operation of equipment:

Real-time implementation of scenario:

Debriefing methods:

3. Feedback and Evaluation Milestones

Please describe how fellows are trained in learner evaluation and feedback. What experience do they have in the program to apply these skills? Please enter "N/A" if this skill is not taught.

Formative feedback:

Summative feedback:

Writing letters of recommendation:

Interviewing strategies:

4. Administrative Milestones

Please describe how fellows are trained in program administration. What experience do they have in the program to apply these skills? Please indicate if fellows are "in charge" of a particular element of one of these areas. Please enter "N/A" if this skill is not taught.

General program administration training:

Undergraduate medical education (medical students) administration experience:

Graduate medical education (residents) administration experience:

Continuing medical education (CME) administration experience:

Other medical education (e.g., nurses, EMS providers, etc.) administration experience:

5. Career Development Milestones

Briefly describe the fellows' career development program. Please indicate how each will be 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 through committee or volunteer service. Provide an explanation of how the program will support the fellows' participation, including financial support and compliance with duty hours. Please enter "N/A" if this opportunity is not available.

Service:

7. Education Scholarship Milestones

Please describe how fellows are trained in scholarly activity. Please list types of publications by current or former fellows. Please enter "N/A" if this opportunity is not available.

How to access, search, and interpret the medical education literature:

Writing a peer-reviewed textbook chapter:

Writing a peer-reviewed original contribution or review article (not hypothesis-driven):

8. Education Research

Please describe how fellows are trained in education research methodology. Please list types of publications and scientific presentations by current or former fellows. Please enter "N/A" if this opportunity is not available.

General Description:

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Does your program provide training in the following?

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| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Identifying a research problem |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Generating a testable hypothesis |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Navigating Institutional Review Board requirements |
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| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Ethical conduct of education research |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Data collection methods |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Quantitative research methods |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Qualitative research methods |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Survey development |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Instrument development |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Assessment methods |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Understanding statistical testing |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Grant writing |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Manuscript preparation |
| Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) | Responding to reviewers' and editors' comments |

Research Support: Please describe how fellows will have access to information technology, statistical support, and appropriate research mentors:

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Updated 10/9/2013