

Society for Academic Emergency Medicine Wilderness Medicine Fellowship Review Application

TITLE OF FELLOWSHIP PROGRAM: _____

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, outdoor/rescue/technical skills, 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, outdoor/rescue/technical skills, 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: |

If more than two affiliated sites, check here () and attach additional page to application.

FACULTY

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: |
| Completed Wilderness Medicine Fellowship Training? | () YES () NO |
| WM Fellowship Graduated From: | Grad. Date: |
| Number of years post-residency and/or post-fellowship as faculty in Wilderness Medicine: | |
| Active SAEM membership? () YES () NO (RECOMMENDED but NOT REQUIRED). | |
| Required: Attach curriculum vitae or NIH bio-sketch of Fellowship Director with application. | |

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

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|--|-------------------------|
| 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: |
| Completed Wilderness Medicine Fellowship Training? | () YES () NO |
| WM Fellowship Graduated From: | Grad. Date: |
| Number of years post-residency and/or post-fellowship as faculty in Wilderness Medicine: | |
| Active SAEM membership? () YES () NO (RECOMMENDED but NOT REQUIRED). | |
| Required: Attach CV or NIH bio-sketch of Assistant/ Co-Fellowship Director with 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 professional degrees) | Professional title/admin rolls currently held | Role in Fellowship Program | Email |
|--|---|----------------------------|-------|
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If more space required, check here () and attach additional page to application

PROGRAM RESOURCES

1. Faculty Resources:

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

2. Fellowship Funding

Describe how the fellowship positions and components of the Wilderness Medicine fellowship program (e.g., expenses incurred by fellows for skills training, clinical field experience, coursework, travel to meetings to present research, etc.) are funded. (Add additional sheets, if necessary.)

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

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

FELLOW APPOINTMENTS

Number of Positions per Year (for the current academic year)

| | |
|-----------------------------|--|
| Number of positions OFFERED | |
| Number of positions FILLED | |

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

PROGRAM DESCRIPTION

1. Program Narrative, Part I

Provide an overview of your fellowship program, including the major learning objectives (e.g. teaching, clinical skills, education, research, and administrative, etc.), career development opportunities, partnerships, and other unique opportunities (e.g., advanced degrees, etc.). Please indicate funding policies for salary and support for other expenses incurred by fellows (e.g., travel to meetings to present research, etc.)

2. Program Narrative, Part II

All graduates of an SAEM-approved Wilderness Medicine fellowship program must demonstrate clinical competence—at the home institution as well as in wilderness environments.

In no more than TWO pages, single-spaced, describe the clinical duties of the Wilderness Medicine 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 Wilderness Medicine 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 Wilderness Medicine fellows.

In no more than TWO pages, single-spaced, describe the clinical duties of the Wilderness Medicine fellows at the non-emergency department **wilderness environment** site(s). In the narrative, the following should be explicitly addressed:

- Description of clinical setting(s), (e.g., potential patient volume, available clinical services, etc.) setting (e.g., mountain medicine clinic, rural EMS, medical support team of wilderness event, etc.) at which Wilderness Medicine 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 Wilderness Medicine fellows during their wilderness environment clinical experience(s);
- Discussion of local credentialing requirements, if any (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 Wilderness Medicine fellows;
- Discussion of plan for training Wilderness Medicine fellows in the diagnosis and management of local injuries, illnesses, and / or diseases in a resource-appropriate manner.

3. Program Narrative, Part III

In addition to demonstrating clinical competence (at the home institution and in the field), fellows enrolled in an SAEM-approved Wilderness Medicine fellowship must demonstrate competence in educating others, development of original scholarship through publication(s) and / or research, and technical outdoor and / or rescue skills.

In no more than TWO pages, single-spaced, describe in detail how your Wilderness Medicine fellows will meet the elements described above in the document entitled, "Criteria for SAEM Review of Wilderness Medicine Fellowships." Be specific in your description (If you have already developed a formal curriculum, it should be attached here).

EVALUATION

(FELLOWS, FACULTY, PROGRAM)

1. Are fellows provided with a written description of the milestones/core competencies/expectations 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, in detail, mechanisms used for **fellow and faculty evaluation**. It is highly encouraged that there is a formal process with objective criteria. If these criteria exist, please attach a copy to this application. (Areas to be addressed must include formal evaluation of skills/knowledge

related to outdoor and technical skills, administrative curricular elements and the majority of the research/education curricular elements set forth in the request for application. In addition, it is highly encouraged that the following elements are also included in the fellowship's evaluation process: leadership skills, organizational skills, public speaking/ presentation skills, mentorship skills and career planning skills). Limit your response to 400 words.

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.

FELLOW CLINICAL PRACTICE

1. On average over a year, please list the minimum and maximum clinical hours fellows are expected to work per week.

2. Are fellows allowed to participate in additional "moonlighting" clinical hours either at your institution or outside? If so, how are these monitored to ensure that they do not erode from the educational mission of the fellowship?

3. Do the fellows practice clinically at the primary fellowship teaching site? If no, please explain the reasoning behind this.

4. On average, will fellows have one full day out of seven free from educational and clinical responsibilities?() YES () NO

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. (If the fellowship uses the local graduate medical education process, please state this and provide brief summary of this process.) (Add additional sheets, if necessary.)

Service

Please describe opportunities for fellows to serve the university, residency, regional, national or international 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.

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.

Updated 5/18/18