

**Society for Academic Emergency Medicine Fellowship Approval Application
Disaster Medicine Fellowship 2 Year Program**

TITLE OF FELLOWSHIP PROGRAM:

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? <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:

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:

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

Length (years and months) of fellowship program

Planned start date for fellows in SAEM-approved fellowship program. Please affirm your program's policy to honor the uniform applicant notification of acceptance date when that is determined.

Please list the names of past fellowship graduates, their dates of graduation and their current positions:

FACULTY / RESOURCES

1. Fellowship Director Information

Name:		
Title:		
Address:		
City, state, zip code:		
Telephone:	Fax:	Email:
Fellowships completed:		
Location & dates:		
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 professional degrees)	Professional title/admin rolls currently held	Role in Fellowship Program	Email

If more than five or if more space required, check here () and attach additional page to application

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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FELLOW APPOINTMENTS

Number of Positions per Year

Number of positions offered	
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EDUCATIONAL PROGRAM

1. Program goals

Please describe the goals of the fellowship curriculum

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2. Curriculum

Please submit a copy of the two year curriculum of your program and an explanation below of how your curriculum addresses the required curricular elements set forth in the request for application. The curriculum must address all the clinical, administrative, educational, and research elements set forth in the request for application.

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3. Master's level training in leadership/administration

Please describe the expectation and process for fellows to pursue Master's level training (include at least the following elements: is there a formal relationship with a master's program, is admission automatic or do the fellows need to apply, is there an informal arrangement with such programs, what types of master's programs are acceptable for the fellowship program, how is time supported for this education?)

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4. Additional program Narrative

Please provide a brief overview of additional opportunities within your fellowship program that may not have been covered in the formal curriculum (i.e. research/publication opportunities, career development opportunities, partnerships, and other unique opportunities.

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RESEARCH REQUIREMENT

1. Describe the research program in which the fellow will participate. Please state how the concepts will be taught and what work product the fellow will produce as part of his or her research education. What are the goals and expectations of the fellow in regards to this aspect of their training?

2. Research Support and Information Access

1. Do fellows have access to clinical research support such as statisticians or research librarians?() Yes () No
2. Are electronic medical literature databases with search capabilities available to fellows?.....() Yes () No

EVALUATION

1. Describe the fellowships' evaluation process of fellows. 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 the all of the clinical, administrative, research, and 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 and presentation skills, clinical skills, adaptability, and personnel management skills.

Limit your response to 500 words. (If attaching the formal criteria, this can be excluded from the 500 word limit)

FELLOW ADMINISTRATIVE/CLINICAL REQUIREMENTS

Explanations for these input fields can be found in Sections III D. 1-4 of the 2 Year Disaster Medicine Program Request for Applications document.

1. Identify the disaster related committees on which the fellow will serve while enrolled in the program.

2. List the fellow's participation and support of Emergency Department activities such as journal clubs, disaster drills, and grand rounds.

3. Describe the type of educational support provided by the fellow.

4. Review the types of activities in which the fellow will engage related to disaster response groups. These groups may include but are not limited to state medical assistance teams, the National Disaster Medical System, or international response organizations.

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

Fellowship Funding

1. Please indicate funding policies for salary and support for other expenses and obligations incurred by fellows (e.g., master’s degree, travel to meetings to present research, additional educational opportunities, deployments, etc.).

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. If the fellowship uses the local graduate medical education process, please state this and provide a brief summary of this process.

Service

Please describe opportunities for fellows to serve the university, residency, regional, or national community through 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. Discuss your disaster medical team deployment policy if you have one.