

**Society for Academic Emergency Medicine  
Request for Applications for Geriatric Emergency Medicine Fellowship Approval  
Program**

**Description of General Program:**

The Society for Academic Emergency Medicine recognizes there are many valuable non-ACGME-approved post-graduate training opportunities for EM residency graduates. In an effort to promote standardization of training within a sub-specialty area, guidelines have been developed for any eligible fellowship program to earn the endorsement of SAEM as an approved fellowship. SAEM has developed guidelines for training programs that address curricular elements, faculty support recommendations, and career development opportunities.

Approval of a fellowship is contingent upon a review of the institutional environment, success of prior graduates and current members of the faculty fellowship team, and proposed curriculum for future fellows. All approved institutions must have an ACGME-approved emergency medicine residency and support for geriatric programs in place. They must demonstrate strong collaboration with geriatric clinicians, educators, and researchers as well as with other clinical services that supervise relevant rotations. This support may frequently be provided by collaboration with an existing internal medicine geriatric fellowship program. If such a program is not available for collaboration at an applying institution, careful attention will be given by reviewers to ensure adequate support, including the opportunity for mentorship from several geriatricians, is in place.

A site visit and/or interview may be requested at the discretion of the SAEM Fellowship Approval Committee members. Initial approval of a fellowship is for a period of three academic years (July 1 – June 30). At the end of the initial period, programs with demonstrated success can apply for renewal of approval every five years. On an annual basis, approved programs must communicate to the committee annually any changes in geriatric emergency medicine fellowship personnel. In the event of the departure or replacement of the program director, a secondary review will be required.

**Description of Process:**

1. Submit the application as a single .pdf file to SAEM prior to the application deadline (or next business day if the deadline falls on a weekend).
2. The application fee is \$400 for first-time applicants and \$500 for renewals. Applications will not enter the review process until the fee is received. The fee must be received on or before the submission deadline. No exceptions will be made. The full application will be reviewed by the SAEM Fellowship Approval Committee (this process requires approximately 2 months).
3. After approval, the fellowship will receive the designation “SAEM Approved” on the SAEM Fellowship Directory list.

## **Essential Elements for an SAEM-Approved Fellowship in Geriatric Emergency Medicine**

A geriatric emergency medicine (GEM) fellowship should prepare the participant to become a leader in GEM by combining clinical and academic training in geriatric acute and, when appropriate, preventative care. In addition, graduates should have the necessary skills to facilitate career advancement in GEM **both clinically and in at least one of three other areas:**

**1. Administration** – the development of fundamental administrative skills to allow the fellow to evolve as a leader in the care of older patients at their institution. This may include expertise in clinical operations, quality improvement processes, patient safety, or other appropriate administrative topics.

**2. Education** – the development of fundamental medical education experiences to allow the fellow to evolve as a leading educator in GEM. This may include establishing expertise in key areas of geriatric core content as listed below, with educational materials developed by the fellow that can be used to advance the field of geriatric emergency care.

**3. Research** – the development of fundamental skills in medical research, basic science, translational, and/ or clinical research to allow the fellow to evolve as a leading researcher in GEM. This should include focused education research training, training in design and conduct of clinical trials, and training in writing and reviewing scientific manuscripts. A fellow should produce a scholarly project, at minimum a well-developed potentially fundable proposal.

**Clinical** – Clinical experiences should include care of the acutely ill older adult and experiences encompassing the complete continuum of care of these patients. Clinical experience should be as broad as possible, using the opportunities provided by the health care system hosting the fellowship. These should include several of the following: EMS care, emergency department, inpatient wards, intensive care units (MICU, SICU, CCU, burn unit), geriatric consult service, palliative care service, outpatient clinic, home care visits, and nursing home experiences. Depending upon the institution, consideration should also be given to subspecialty exposure including but not limited to dizziness/vertigo clinics, dementia assessment units, fragility fracture management programs, home-based primary care, and home-based palliative care.

Fellowships should demonstrate how they will prepare graduates to become scholars, and may choose to have a curriculum that provides broad training in all areas of scholarship (administration, education, and research), or to develop separate tracks that focus on one or more areas of scholarship in more depth while still including a degree of exposure and training in all three areas.

Fellowships may be one year or two years in length. An advanced degree should be a part of the curriculum if the fellowship is two years.

In order to meet the standards for an approved fellowship, the following curricular elements (core content) must be addressed (please see Geriatric Emergency Milestones for more complete list). 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) listed below.

A. Clinical care

1. Atypical presentations of disease in older adults
2. Trauma, including falls
3. Cognitive and behavioral disorders
4. Emergency intervention modifications
5. Medication management
6. Transitions of care
7. Effect of comorbid conditions
8. Ethics, palliative care, and end-of-life issues
9. Continuum of care
10. Geriatric syndromes
11. Wound management/ pressure ulcers
12. End-of-life care

B. Educational Skills

1. Completion of a master's degree in teaching or education (for two-year programs focusing on education)
2. Curricular development
3. Case-based learning series
4. Simulation session development
5. Delivery of educational topics to EM residents through
  - a. didactic lectures
  - b. podcasts
  - c. textbook and chapter content
  - d. skills workshops
  - e. GEM journal clubs
6. Mentorship of students and residents in geriatric care areas

C. Administrative skills

1. Completion of an MBA or other administrative degree (for two-year programs focusing on administration)
2. Development of policies and protocols to advance geriatric care in the ED
3. Development of policies and protocols to advance linkage from the ED with all other providers needed for transitions of care and follow-up care
4. Provision of records to help ensure the fellowship demonstrates achievement of program goals and objectives
5. Participation on national and local panels on emergency elder care issues
6. Completion of ACEP leadership and advocacy conference

D. Research skills

1. Completion of an MPH or other master's level programs (for two-year programs focusing on research)
2. Development of expertise in statistics, qualitative research, decision-making, health services research, methodology, epidemiology, etc.
3. Grant writing and review
4. Analysis of existing literature
5. Submission of individual research abstracts and/ or manuscripts
6. Submission of individual grant proposals
7. Completion of research projects within the institution
8. Understanding of development of collaborative research consortiums

Applicants may wish to consult the following publications for suggestions and clarification within each area:

Hogan TM, Losman ED, Carpenter CR, Sauvigne K, Irmiter C, Emanuel L, Leipzig RM. Development of geriatric competencies for emergency medicine residents using an expert consensus process. Acad Emerg Med. 2010 Mar; 17 (3): 316-24.