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

Simulation Fellowship Application

**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? ( ) Yes ( ) No |
| Type of rotation (select one): ( ) Elective ( ) Required ( ) 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? ( ) Yes ( ) No |
| Type of rotation (select one): ( ) Elective ( ) Required ( ) Both |
| Length of fellow rotations (in months): |
| Experience gained through this affiliation: |

Length (years and months) of fellowship program

|  |
| --- |
|  |

Planned start date for fellows in SAEM-approved fellowship program

|  |
| --- |
|  |

Please list the number of fellowship graduates and dates

|  |
| --- |
|  |

Please highlight successes of fellowship graduates and, if known, indicate their post-graduation employment (e.g., simulation-related or other)

|  |
| --- |
|  |

**Faculty / Resources**

**1. Fellowship Director Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | | | |
| * 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. Program Resources**

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

|  |
| --- |
|  |

1. Describe how the fellowship position is to be funded. Include sources of funding for compensation, benefits, travel, conferences and educational expenses.

|  |
| --- |
|  |

**Fellow Appointments**

**Number of Positions** (for the current academic year)

|  |  |
| --- | --- |
| 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.)

|  |
| --- |
|  |

**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 for fellows during their fellowship.

Limit your response to 400 words.

|  |
| --- |
|  |

1. 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. If the fellowship is 2 years, please also describe the feedback process that will occur after the first year of fellowship is completed.

Limit your response to 400 words.

|  |
| --- |
|  |

**Fellow Duty Hours**

1. Briefly describe your backup system when clinical care needs exceed the fellows’ ability.

|  |
| --- |
|  |

1. On average, will fellows have one full day out of seven free from educational and clinical responsibilities? ( ) YES ( ) NO
2. 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.). If this is a two-year fellowship, please specifically comment on whether fellows will complete an advanced degree, and if so, what kind.

|  |
| --- |
|  |

**2. Simulation Theory**

This section looks at the fellowship’s process for exposing fellows to evidence-based simulation literature, landmark articles and established simulation best practice.

Describe the educational methods used to train fellows in each of the following (please enter “N/A” if this skill is not taught):

Theoretical basis of simulation in team based interprofessional health education, patient safety, and systems improvement:

|  |
| --- |
|  |

Conceptual framework/foundations of simulation-based medical education:

|  |
| --- |
|  |

Foundational literature and current topics in simulation:

|  |
| --- |
|  |

Other:

|  |
| --- |
|  |

**3. Curriculum Development**

This section looks at various aspects of curriculum design, integration, and assessment using established models in medical education and simulation.

Describe the educational methods used to train fellows in each of the following (please enter “N/A” if this skill is not taught):

General curriculum design principles:

|  |
| --- |
|  |

Instructional systems design and curriculum development:

|  |
| --- |
|  |

Integration of simulation into existing training programs:

|  |
| --- |
|  |

Assessment of participants and curriculum:

|  |
| --- |
|  |

Skill acquisition and maintenance:

|  |
| --- |
|  |

Other:

|  |
| --- |
|  |

**4. Simulation Fellowship Teaching and Career Development**

Fellows are expected to experience training in a variety of debriefing methods as well as gain exposure to basic teaching skills they can incorporate into simulation based medical education. Furthermore, they should be guided in how to prepare for a post-fellowship career.

Briefly describe the fellows’ teaching and career development program. Please indicate how each will be evaluated for success:

Teaching Skills

Training and evaluation of debriefing skills:

|  |
| --- |
|  |

General teaching skills (including feedback skills, expectation setting, modifying teaching to learner level, etc):

|  |
| --- |
|  |

Career Skills

Development of curriculum vitae and/or educator’s portfolio:

|  |
| --- |
|  |

Mentoring and networking opportunities:

|  |
| --- |
|  |

1. **Technical Operations and Techniques**

The graduating fellow should be able to perform the technical skills necessary to run a simulation-based scenario. The fellow should demonstrate application of skills in determining the optimal simulation modality and using a variety of methods and tools to deliver educational content.

Briefly describe the fellows’ exposure to the following technical operations and techniques. Please indicate how each will be evaluated for success:

1. General simulation creation and implementation:

|  |
| --- |
|  |

Exposure to specific simulation modalities

1. Human patient simulators:

|  |
| --- |
|  |

1. Partial task trainers:

|  |
| --- |
|  |

1. Computerized simulation technologies:

|  |
| --- |
|  |

1. Virtual reality simulators:

|  |
| --- |
|  |

1. Hybrid Simulations:

|  |
| --- |
|  |

Exposure to specific simulation methods

1. Alternatives to post-event verbal debriefing (including deliberate practice, mastery learning, rapid cycle deliberate practice, video debriefing, etc)

|  |
| --- |
|  |

Exposure to specific simulation uses

1. Team Training (using crisis resource management or other established tools):

|  |
| --- |
|  |

1. Patient safety initiatives:

|  |
| --- |
|  |

1. Special populations:

|  |
| --- |
|  |

K. Outcomes/Assessment methods (including high stakes assessments):

|  |
| --- |
|  |

L. High-risk communication:

|  |
| --- |
|  |

M. Other:

|  |
| --- |
|  |

1. **Simulation Directorship & Administrative Milestones**

Graduating fellows should have the skills necessary to lead a simulation program. This section describes how the fellow will learn leadership skills and management skills to direct both a departmental simulation program and a center-based program.

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 administration training:

|  |
| --- |
|  |

Simulation center administration training:

|  |
| --- |
|  |

**7. Simulation Research and Scholarship**

Please describe how fellows are trained in simulation research methodology. Please enter “N/A” if this opportunity is not available.

General description:

|  |
| --- |
|  |

Does your program provide training in the following?

Yes (\_\_\_) No (\_\_\_) Identifying a research problem

Yes (\_\_\_) No (\_\_\_) Generating a testable hypothesis

Yes (\_\_\_) No (\_\_\_) Navigating Institutional Review Board requirements

Yes (\_\_\_) No (\_\_\_) Ethical conduct of simulation research

Yes (\_\_\_) No (\_\_\_) Data collection methods

Yes (\_\_\_) No (\_\_\_) Quantitative research methods

Yes (\_\_\_) No (\_\_\_) Qualitative research methods

Yes (\_\_\_) No (\_\_\_) Survey development

Yes (\_\_\_) No (\_\_\_) Instrument development

Yes (\_\_\_) No (\_\_\_) Assessment methods

Yes (\_\_\_) No (\_\_\_) Understanding statistical testing

Yes (\_\_\_) No (\_\_\_) Grant writing

Yes (\_\_\_) No (\_\_\_) Manuscript preparation

Yes (\_\_\_) No (\_\_\_) Responding to reviewers’ and editors’ comments

Yes (\_\_\_) No (\_\_\_) Simulation Policy Writing

Defined scholarly project: Please list types of publications and scientific presentations by current or former fellows. (Please enter “N/A” if this opportunity is not available):

|  |
| --- |
|  |

Research Support: Please describe how fellows will have access to information technology, statistical support, and appropriate research mentors. Please comment whether this support available within the department, hospital or medical school:

|  |
| --- |
|  |

Presentation Support: Please describe the support fellows will receive to present their research at national/international meetings (Please enter “N/A” if this opportunity is not available):

|  |
| --- |
|  |

**8. Service**

Please describe opportunities for fellows to serve the university, residency, regional, or national community though 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:

|  |
| --- |
|  |

Updated 5/12/2021