VA New England GRECC fellowship programs

New England GRECC is directed by Jonathan Bean, MD, MPH, and located at VA Boston and VA Bedford Healthcare Systems. Our work focuses in three areas:
1. Innovative support and care coordination for aging Veterans
2. Risk identification across the lifespan
3. Novel treatments to optimize wellbeing and independence

We offer two fellowship programs.

Advanced Fellowship in Geriatrics
This two-year fellowship allows for more traditional research as well as clinical innovation, quality improvement and medical education with at least approximately 75% time in scholarly pursuit of geriatrics (coursework and research) under the direction of a research mentor and approximately 25% in clinical care. Fellows are required to make substantive, independent, and identifiable contributions to a research or evaluation project. The advanced fellowship is intended for clinicians with a doctoral degree and is open to any discipline. For more information contact Jennifer.moye@va.gov.

Second year geriatric medicine fellowship
First year fellows in geriatric medicine with a programmatic affiliation at VA Boston or VA Bedford may continue their training a second year through a stipend paid by VA Boston Healthcare System. The number of available positions is contingent upon funding and mentor availability. This one-year fellowship allows fellows to: (1) complete a research, education, or clinical demonstration project; (2) attend and precept residents in a Department of Veterans Affairs (VA) geriatrics clinic. In this fellowship, trainees continue their affiliation with their academic fellowship program, but spend the majority of their time at VA. The second year geriatric medicine fellowship is open only to physicians who have completed their geriatric medicine fellowship. For more information contact Andrea.Schwartz@va.gov.

For both fellowships, the candidate will develop a letter of interest that describes their individualized training plan. Please see “Application Procedures.” The deadline for submitting a formal letter of interest, plus CV, is January 15, 2022, or until filled.

Read more about citizenship requirements, selection criteria, fellowship tracks, projects, and mentors on the following pages.
Contents
Requirements and selection criteria ................................................................. 2
Fellowship paths ................................................................................................. 3
New England GRECC: two sites ........................................................................ 4
REPPAIR ........................................................................................................... 4
Application procedures ....................................................................................... 5
Individualized training plan ............................................................................. 5
Educational activities ......................................................................................... 5
Clinical innovation projects ............................................................................. 7
Educational projects ......................................................................................... 8
Faculty mentors ............................................................................................... 8

Requirements and selection criteria
Citizenship: Citizenship is required for the advanced fellowship. Non-U.S. citizens interested in an advanced fellowship may be considered with appropriate visa/residency status if no qualified U.S. citizen has applied. The second year fellowship in geriatric medicine is not restricted by citizenship.

Selection criteria: Fellowship offers will be determined by a fellowship selection committee using the following criteria.

1) Recruitment and retention of historically under-represented groups to the field of geriatrics/gerontology
2) Fit of the applicant’s project with New England GRECC’s research, education, and clinical innovation missions, as well as the GRECC focal areas and benefit to Veterans’ health
3) Match with the mentor’s project and mentor availability. Note that typically projects that align closely with the mentor’s work are more favorably considered
4) Career commitment to geriatrics and to a VA career
5) Inter-professional representation to include balance across disciplines and degrees (e.g., MD, Ph.D., PharmD)
6) Balance across Bedford and Boston campuses
Fellowship paths

We do not have official “tracks” for our fellowship. Instead, fellows formulate individualized plans that match their training and career goals. However, fellows typically plan their training with one of three career paths in mind. These paths mirror those at our academic affiliates.

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<tr>
<th>Path</th>
<th>Career vision and fellow activities</th>
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<tr>
<td>Investigation</td>
<td>Some fellows envision a career in which they spend the majority of their time performing research, be it basic, translational, and clinical research, epidemiology, outcomes, or health services research, etc. To succeed in such a career path, fellows typically need advanced research training such as through an MPH, Ph.D., or Sc.D. and/or as achieved via a training plan articulated in a career development award (CDA, also referred to in NIH as a K award). Fellows interested in a career as an investigator will work closely on a mentor’s research projects and also work to develop an independent (yet still mentored) project. They will focus their fellowship activities on research training, scientific work (data collection, analysis, publication), and preparation of a career development award.</td>
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<td>Clinical expertise and innovation</td>
<td>Some fellows envision a career in which they are primarily a clinician with the goal of becoming a leader in a clinical field. Such careers often include a majority of time spent in clinical work, particularly during early years. In the clinical setting, the individual develops innovations in diagnosis, treatment, or models of care delivery, which are empirically evaluated and published. To succeed in such a career path, fellows need strong training in clinical program design, implementation, and evaluation. Fellows seeking to develop a career as clinical experts will likely work with a GRECC faculty member who is designing, implementing, disseminating, and evaluating a clinical innovation. These fellows will then move to clinical positions with relevant program evaluation skills and publication, allowing them to be able to negotiate time to devote to clinical scholarship. Some fellows interested in clinical innovation may pursue a CDA in a clinical science or health-services field.</td>
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<td>Teaching and educational leadership</td>
<td>Some fellows envision a career in which they are primarily a clinician with a portion—and in some cases, later in their careers, a majority—of time allocated to teaching and education. To succeed on such a career path, fellows need strong training in educational program design and evaluation, as well as teaching skills and techniques. Fellows seeking a career as a medical or clinical educator will typically enroll in medical education training opportunities at an affiliate or educational institute while they design and evaluate educational curriculum in partnership with a mentor. Typically, fellows in this area will not pursue a CDA but rather work to develop a skill set and scholarly record to allow them to obtain positions including time allocated to teaching and educational leadership.</td>
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You may also envision a combination of these. For example, some fellows have utilized the advanced fellowship to prepare for a traditional university-based assistant professor position. These fellows typically combine work in educational skill building and research activities in order to enhance their qualifications for such positions.

If you are considering applying, we have examples from previous fellows that lay out activities each quarter that align with these paths.
New England GRECC: two sites
The New England Geriatric Research Education and Clinical Center (GRECC) is a two-site GRECC, spanning both the VA Boston & VA Bedford sites. Opportunities for fellows exist on both campuses.

VA Bedford Healthcare System has robust geriatrics and mental health service lines, hosting the largest long-term care geriatric facility in the VA system. In addition to 200 community living center (CLC) nursing home beds, the geriatrics service line includes new geropsychiatry and hospice units, an inpatient memory special care unit, and a 24-bed geriatric evaluation and management inpatient unit. Outpatient services include a memory disorders clinic, home-based primary care, and a new interprofessional geriatrics consult clinic. The Bedford campus is a sprawling 179 acres with a beautiful adjacent walking trail, the Narrow-Gauge Rail-Trail, and picturesque Patriot Golf Course. Affiliates from the Boston University geriatric medicine fellowship and the BU family medicine residency currently rotate through nine rotations across the medical system. A rich research environment, the Bedford campus is also home to the Bedford division of CHOIR, the Center for Healthcare Organization and Implementation Research, which employs big data in the focal areas of patient-centered care, care coordination, and more.

VA Boston Healthcare System (VABHS), the largest consolidated facility in VISN 1, encompasses three main campuses and five outpatient clinics within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain Campus, located in the heart of Boston’s Longwood Medical Community; the West Roxbury Campus, located on the West Roxbury/Dedham line; and the Brockton Campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, the community based outpatient clinics (CBOCs) that make up VA Boston Healthcare System are located in Framingham, Lowell, Quincy, Plymouth, and Causeway Street (Boston). VA Boston is dedicated to serving the needs of America’s Veterans. It is committed to providing the highest quality health care, to expanding the boundaries of medicine through research, and to training the next generation of health care professionals.

REPPAIR
New England GRECC is home to the Rehabilitation Promoting Prevention and Improved Resilience (REPPAIR) research center, funded as a Research Enhancement Award Program (REAP) by VA Rehabilitation Research & Development (RR&D). The main goal of this research program is to help redesign rehabilitative care in new and innovative ways so that it can be used to help Veterans in maintaining their health and independence as they age. REPPAIR focuses on strategies to address this priority by concentrating on the 3M’s (mentation, mobility, and motivation). By targeting the priorities valued most by patients, we can proactively design personalized care that VHA prioritizes in its strategic goals. REPPAIR is also designed to serve as a vital platform for advancing the careers of research trainees and creating a data repository accessible for VA researchers to support future RR&D research. REPPAIR will rapidly implement rigorously proven interventions in the clinical care of middle-aged and older Veterans.

https://www.boston.va.gov/services/Rehabilitation_Promoting_Prevention_and_Improved_Resilience_REPPAIR.asp
**Application Procedures**

To apply for the fellowship:

1) Indicate your interest via email
   a. Advanced fellowship: Jennifer.moye@va.gov
   b. Second year geriatric medicine fellowship: Andrea.schwartz@va.gov

   Dr. Moye and Schwartz will connect you with possible mentors.

2) After conversations with mentor(s) and Dr. Moye or Schwartz prepare a 2–3-page letter of interest which includes:
   a. Which fellowship program you are applying to
   b. Identified mentor
   c. An individualized training plan that proposes
      i. Learning goals
      ii. Proposed project(s)
      iii. Proposed didactic activities
      iv. Proposed clinical activities

   The individualized training plan serves as a blueprint for your fellowship and may be revised as your training unfolds.

3) Email your letter of interest along with your CV and the name and contact information of three references to Dr. Moye.

4) The deadline for submitting your letter of interest is **January 15** or until filled.

**Individualized training plan**

Each fellow develops an individualized training plan upon application to the program, which is revised and refined over the course of the fellowship. The ITP specifies training goals and how these will be achieved through didactic educational activities and project-based work. We can provide a template and examples.

**Educational activities**

We ask all fellows to attend our weekly seminars which alternate between the “IDEAS” Seminar and the Function and Frailty Journal Club. The fellow then selects additional didactic opportunities consistent with their ITP which may include the following, along with educational courses through hospital and program affiliates.

**IDEAS Seminar.** The New England GRECC “IDEAS” (implementation, dissemination, evaluation, and authorship) seminar is held two times per month. The session features two types of presentations: participant presentations about research and evaluation projects and professional development presentations. The professional development presentations focus on topics such as grantsmanship, authorship, develop collaborations, and effective mentor-mentee relationships.

**Function and Frailty Journal Club.** Led by Dr. Bean, this journal club examines function and frailty in the geriatric population. This journal club is innovative in that it focuses on the intersection of geriatrics and rehabilitative care with regard to function/frailty, examining both clinical issues and research methods related to this important topic.

In addition to these educational activities, fellows craft educational plans which include:

**National Webinars.** Each month VA offers five or more webinars dedicated to improving care of older adults. These are catalogued by NE-GRECC on the “TeamApp.” We use the app to communicate about local educational opportunities and national webinars to all our associated health trainees, medical trainees, and other interested
learners. The Team app distributes live/dynamic information to mobile devices or desk top calendars – search the app for Team GRECC to sign up.  http://www.teamapp.com/

**Harvard Catalyst.** Most of our fellows take one or more courses through Harvard Catalyst. Harvard Catalyst is funded by the NIH Clinical and Translational Science Awards Program as one of 57 collaborative networks. Harvard Catalyst focuses on building and growing an environment of team science. They offer in person and online training courses, most of which are free to our fellows.  https://catalyst.harvard.edu/train/

**Harvard Macy Institute.** The institute is an inter-professional, international incubator for innovators in health care education offering courses and fellowships to those particularly interested in healthcare education.  https://www.harvardmacy.org/index.php/hmi-courses

**Special Fellowships and Programs.** Our fellows have also applied for special programs focusing on education or policy at our affiliates and outside our affiliates, such as the health and aging policy fellowship:  https://www.healthandagingpolicy.org/ . These programs tend to be competitive and provide intensive training within an area. Fellows negotiate with mentors to apply, and to allocate time to training activities if selected.
Clinical innovation projects
Our clinical innovation projects vary and evolve from year to year. Here is a recent listing of clinical innovation projects. Please speak with mentors about these projects and about other opportunities in the area of clinical innovation.

Care transitions
Coordinated Transitions of Care (C-TraC) program is a collaboration with Amy Kind MD, Ph.D., and Laury Jensen, RN, from VA Madison, in which a nurse identifies and enrolls Veterans at high risk for readmission while they are inpatients and then provides proactive follow up and support for 30 days after discharge. This program has been extended through a second clinical innovation focusing on palliative and supportive care.

Hospital in Home promotes earlier discharge, decreased hospital length of stay and aims to improve post-hospital outcomes by providing in-home care to Veterans with acute medical issues related to CHF CAP, COPD, UTI, cellulitis, wound care, and in need of IV antibiotics.

Enhancing physical function
Live Long Walk Strong is an intervention intended to enhance gait and balance stability for those at risk of falling offered in collaboration with rehabilitation services and other clinical services.

GeroFit is an exercise program being replicated from the Durham GRECC in which Veterans complete a tailored exercise prescription.

Geriatricizing healthcare
Age-Friendly Healthcare System is a model of care in which care is organized around four Ms: mobility, mind, medication, and what matters most. The age friendly healthcare system is being evaluated and implemented at our GRECC locations with opportunities for fellows to participate in implementation and evaluation. A related project has evaluated the “What Matters Most – Structured Tool” for guiding discernment about what is most important for Veterans as relates to healthcare.

Geri-Renal Clinic is collaboration with the Department of Medicine, Division of Nephrology. An NE-GRECC trained geriatrician is embedded in the outpatient renal clinic to “geriatricize” the multidisciplinary staff and perform targeted geriatric assessment. The geriatrician also provides short didactic sessions for clinic staff and trainees.

Geriatric Cardiology Clinic is collaboration with the Department of Medicine, Division of Cardiology. An NE-GRECC geriatrician trained in preventive cardiology is embedded in the preventive cardiology and electrophysiology clinics. The staff in these clinics are now collecting gait speed as a new “vital sign” which can trigger a consult to PT or a comprehensive geriatric evaluation.

Improving dementia care
Family and Caregiver Telemedicine (FaCT) Clinic increases communication between clinicians, Veterans, and family members using video technology.

Neuropsychology Visit Experience survey assesses satisfaction with in-person care versus tele-neuropsychology care.

The Geriatric Capacity Evaluation Clinic at VA Boston (Brockton campus) provides outpatient capacity evaluation for older adults with neuropsychiatric or neurocognitive concerns, often whom have experienced or are at risk for elder financial exploitation. Ongoing process and outcome measures inform development and dissemination.

Enhancing mental health
Later Adulthood Trauma Re-Engagement (LATR) group provides a protocolized 10-session psychoeducation group for the purposes of helping older Veterans tap into resilience as they confront increased memories of trauma as they age.
Educational projects

Conferences
NE GRECC hosts and evaluates conferences each year. These include an annual dementia conference offered in collaboration with GRECC-Connect, a fall geriatric medicine fellow conference, and a spring interprofessional conference on the care of older adults. Fellows help to plan, implement, and evaluate these conferences. We’d love to have you involved!

Products
NE GRECC develops and disseminates educational products to improve care of older Veterans. Recent products include dementia caregiver educational videos, late life PTSD videos, geriatric 5Ms curricula and pocket cards, assessment of capacity handouts, and a dementia home safety workbook. Please speak with your mentors about products being developed or evaluated this coming year.

Harvard Medical School education
Harvard Medical School Curriculum in Geriatrics. NE-GRECC core staff Dr. Schwartz began embedding geriatrics and palliative care training into the newly revised Harvard Medical School curriculum. Dr. Schwartz leads a half-day Introduction to Geriatrics session and half-day home visit. She is developing an Objective Structured Clinical Evaluation (OSCE) on the Comprehensive Geriatric Assessment and Breaking Bad News. Fellows can assist in the development and evaluation of these educational activities.

My Life, My Story
My Life, My Story. NE-GRECC Affiliate Dr. Susan Nathan, a palliative care physician, has launched the “My Life, My Story” project from Madison VA on a palliative care unit as an educational initiative. At VA Boston, trainees interview Veterans under Dr. Nathan’s supervision and document these life stories in the medical record. At VA Bedford, Dr. Megan Gately oversees Occupational Therapy students participating in the My Life, My Story initiative.

Faculty mentors
Your mentor for your scholarly project will be a GRECC Investigator. Potential research mentors include the following. Your application letter of interest will describe a plan for collaboration with a mentor. Applicants and mentors meet prior to application to discuss opportunities and define roles. Non-VA projects may be considered that benefit Veteran’s health.

Patricia M. Bamonti, PhD. (Boston). Dr. Bamonti is a geropsychologist and early-career investigator at VA Boston and the GRECC. Her research is focused on jointly targeting mental health symptoms and physical activity promotion among individuals with chronic obstructive pulmonary disease (COPD). She also engages in collaborative research focused on increasing exercise self-efficacy and enhancing physical therapists’ (PT) use of cognitive-behavioral skills in PT to enhance motivation and exercise adherence. Fellows may participate in ongoing projects including:

1. Recruitment, screening, and conducting mixed-methods interviews exploring beliefs, emotions, and behaviors of Veterans with COPD, emotion distress, and low physical activity.
2. Data analysis involving validation of new measure of exercise self-efficacy among older adults with slow gait speed.
3. Program development related to enhancing physical therapists’ use of motivational interviewing and cognitive-behavioral skills
4. Literature reviews, grant, and manuscript writing as available.
Jonathan Bean, MD, MPH (Boston and Bedford locations). Fellows may join Dr. Bean’s research that addresses both risk factor identification and the efficacy of treatments, especially rehabilitative care, which address the prevention of functional decline and frailty. This work has been seminal in identifying important risk factors that underlie mobility skills among older adults, simple clinical tests that can be utilized within the context of primary care, and treatment paradigms that can be disseminated across the care continuum. This research takes a multidisciplinary approach to the optimizing of care for aging Veterans.

Catherine (Katie) Dawson, MD (Bedford). Dr. Dawson is a geriatric medicine physician and education researcher at the VA Bedford GRECC. She completed the two-year GRECC advanced fellowship in geriatrics in 2021 and would be happy to speak with prospective fellows about her experience as well as mentored education opportunities at VA Bedford. Along with a talented interprofessional geriatrics team, Dr. Dawson is initiating a new geriatrics interprofessional outpatient clinic using a Patient Priorities Care model aligned with the age-friendly health systems initiative. Dr. Dawson’s current scholarship focuses on the national landscape of medical student geriatrics education. She is enthusiastic about co-mentoring early educators in curriculum development projects for any level of learner.

Jane (Jenny) Driver, MD, MPH (Boston). There are opportunities to work with Dr. Driver in areas of research and clinical evaluation in the following areas.
1. Geriatrics and extended care systems of care.
2. Epidemiology of cancer and cognitive impairment in AD and PD, including investigation of inverse comorbidity and potential drugs that that might be repositioned as prevention or therapy for AD. Relationship between diabetes, cancer, and dementia.
3. Geriatric oncology focusing on the benefits of geriatric evaluation for prognostic information.
4. Developing models for risk of readmission and enhancing care transitions.

Clark DuMontier, MD, MPH (Boston). Fellows may collaborate with Dr. DuMontier on projects related to geriatric oncology. As a recent CDA awardee, Dr. DuMontier is also happy to be provide mentoring/advice regarding CDA processes and career development.

Megan Gately, PhD, OTD (Bedford). Dr. Gately is an occupational therapist clinical researcher and educator at the Bedford division of the GRECC. Dr. Gately focuses on rehabilitation strategies to maximize health and quality of life for geriatric Veterans at risk for functional impairment, with an emphasis on strategies to support Veterans living with cognitive impairment and their caregivers. She is particularly interested in remote delivery of care and implementation of video telehealth across the VA health care system. Dr. Gately also oversees the OT trainee program at the Bedford GRECC. As part of this program, OT students have participated in VA Bedford’s My Life, My Story program.

Rebekah (Becky) Harris, PT, DPT, PhD (Boston). Fellows may join Becky in areas of clinical innovation research:
1. Gerofit: Physical activity program for older Veterans that examines the impact of regular physical activity on function, pain, depression, PTSD, hospitalization, and social engagement. This program has a face to face and telehealth component.
2. Live Long Walk Strong- clinical: Physical therapy intervention addressing known impairments contributing to gait and functional decline in middle and older age Veterans, including innovative aspects of care not commonly found in treatment including power training, timing and coordination of gait, and behavior change. This program has a face to face and telehealth component.
3. Becky also serves as the project coordinator for Dr. Bean’s research projects that may be available for collaboration: Live Long Walk Strong Rehabilitation Program: What Features Improve Mobility Skills (in-person clinical trial & telehealth pilot), Pilot study to Evaluate the feasibility and Efficacy of a Multi-faceted Rehabilitation Intervention (data analysis only), and the Boston Rehabilitative Impairment Study of the Elderly (BRISE) (data analysis only).

**Chelsea Hawley, PharmD, MPH (Bedford).** Dr. Hawley is a Geriatrics Research Pharmacist. Dr. Hawley’s research interests include telemedicine, medication adherence, and innovative models of care for chronic disease state-management for older adults. Fellows may join Dr. Hawley on ongoing clinical innovation projects related to integrating patient priorities care into a clinic or practice, disseminating age-friendly care through an age-friendly clinical dashboard, improving care transitions through medication history pharmacy technicians. Fellows may join Dr. Hawley on ongoing research projects related to medication adherence, interprofessional telemedicine delivery to older adults, and cardiovascular and metabolic risk mitigation for older adults.

**Meaghan Kennedy, MD, MPH (Bedford).** Dr. Kennedy is a primary care physician and early-career investigator in the Bedford division of the GRECC. She uses mixed methods to develop and implement innovative models of care for older adults and individuals with complex health and social needs. Broadly, her interests are focused on social determinants of health and developing programs to help older Veterans live independently at home and in the community. Fellows may collaborate with Dr. Kennedy on research and clinical innovation projects related to:

1. Developing psychosocial interventions to support older adult independence at home
2. Identifying and addressing health-related social needs in healthcare settings
3. Understanding the relationships between psychosocial factors, health, and functioning in older adults

**Gina McGlinchey, PhD (Boston).** Fellows may collaborate with Dr. McGlinchey on

1. Studies using the VA RR&D Traumatic Brain Injury National Research Center, TRACTS. TRACTS data set. TRACTS conducts multidisciplinary clinical research that aims to characterize the long-term effects of deployment trauma. Studies most relevant to NE-GRECC include neuroimaging studies to examine the effects of remote (military-related) brain injury in older Veterans using MRI and PET. We are also examining aging trajectories in younger Veterans exposed to blast munitions.
2. Impact of adolescent binge drinking on the development of frontal lobe function across the lifespan.
3. Studies of hemispatial neglect and memory systems using magnetic resonance imaging (MRI), diffusion tensor imaging (DTI), and positron emission tomography (PET) to relate learning and memory function to functional and structural brain changes associated with alcohol use disorders.

**James Meisel, MD (Bedford).** Fellows may collaborate with Dr. Meisel to help create a new graduate medical education rotation on the CLC. The fellow will learn how to take a systems perspective on resource acquisition and allocation, including ACGME and VA regulatory requirements and funding. The trainee will use a curriculum design approach to assess learner and institutional needs, identify goals and learning objectives, assess what evidence would constitute successful completion of the learning objectives, create educational resources that ensure learner success, and then iteratively improve learners’ experience. The fellow will teach in the rotation that he or she develops. This scholarly demonstration project will be mentored by ACOS-Education Jim Meisel, MD, MHPE, and colleagues, at the end of which the fellow will publish an abstract or present a poster documenting the rotation’s effectiveness.
Addie Middleton, PT, DPT, PhD (Boston). Fellows may collaborate with Addie on a clinical innovation project implementing the Live Long Walk Strong program at VA Boston’s Community Living Center. The Community Living Center is the setting within VA Boston where Veterans receive post-acute nursing home care. The innovative program focuses on optimizing functional recovery during the Community Living Center stay and improving care transitions post-discharge.

William Milberg, PhD (Boston). Opportunities with Dr. Milberg include collaboration on TRACTS as described above. In addition, he studies the effects of cerebrovascular disease (CVD) risk factors on brain health and cognition in older adults. There are several lines of research that this area encompasses, including the identification of neuroimaging biomarkers of metabolic syndrome in middle aged and older adults, as well as the effect of CVD on neuropsychological function.

Lauren Moo, MD (Bedford). Dr. Moo is extensively involved in education related to dementia and telemedicine across the Bedford campus and nationally. Fellows have the opportunity to work across various projects with Dr. Moo. Her primary interest is in the intersection of geriatrics and telemedicine. Video-telemedicine program development, evaluation, and implementation projects are available for interested trainees. Programs include dementia management using clinical video telehealth (CVT) into the homes of Veterans with dementia, neuropsychological assessment via telemedicine for rural Veterans, a tele-pharmacy visit clinical trial, and evaluation of a national, multi-VA geriatric telemedicine network.

Marilyn Moy, MD, MSc (Boston). Fellows may collaborate on projects with Dr. Moy that focus on chronic lung disease, pulmonary rehabilitation, physical activity and exercise, technology-mediated exercise interventions, and patient-centered outcomes such as symptoms (pain, dyspnea) and health-related quality of life. Fellows with strong statistics backgrounds and coding skills may have opportunities to develop their own analyses using an existing, comprehensive pulmonary data repository.

Jennifer Moye, MPH, PhD (Boston and Bedford locations). Fellows may collaborate with Dr. Moye on projects spanning clinical and educational research. Topics include assessing healthcare values relevant for healthcare for chronically ill adults, educational research/evaluation, and late life PTSD.

Ariela Orkaby, MD (Boston). Fellows may collaborate with Dr. Orkaby in areas of research related to epidemiology and prevention of frailty, pharmacoepidemiology, and cardiovascular disease prevention in older adults. Fellows with strong coding skills may have opportunities to run their own analyses.

Julie Paik, MD, ScD, MPH (Boston). Fellows may collaborate with Dr. Paik on research and clinical innovation projects in the following areas.

1. Geri-renal clinic – a collaborative, interprofessional model of care that incorporates geriatric principles to improve the care of older adults with kidney disease
2. Video-telemedicine for older adults with kidney disease. This is particularly timely and relevant in the current COVID-19 pandemic
3. Medication management and deprescribing in older adults with kidney disease
4. Understanding values of older Veterans with serious illness.

**Camilla (Cami) Pimentel, MPH, PhD (Bedford).** Dr. Pimentel is a health services researcher at the New England GRECC and the Center for Healthcare Organization and Implementation Research (CHOIR) and an assistant professor in health informatics and implementation science at UMass Medical School. She uses mixed methodologies to conduct policy-relevant research on quality, medication use, and implementation of evidence-based practices in long-term care settings. Fellows may work with Dr. Pimentel on research projects in the following broad areas:

1. Quality measurement and risk adjustment in VA nursing homes
2. Implementation science in long-term care
3. Frontline staff engagement in quality improvement
4. Evaluation of pharmacologic and non-pharmacologic pain management in VA nursing homes

**Anica Pless Kaiser, PhD (Boston).** Dr. Pless Kaiser is a clinical research psychologist in the Behavioral Science Division of the National Center for PTSD and a Research Assistant Professor of Psychiatry at Boston University School of Medicine. She is broadly interested in the effects of stress and trauma over the lifespan and the relationship between PTSD, health, and aging. Current projects include assessment of PTSD and related disorders and the development, implementation, and evaluation of psychosocial and physical interventions for older Veterans. Opportunities for collaboration include:

1. Participant screening and recruitment
2. Telephone-based assessment of Veterans and Informants
3. Co-facilitation of groups for older Veterans with late-onset stress and/or PTSD
4. Co-facilitation of Wellness Education groups
5. Co-authorship of conference presentations or manuscripts
6. Grant writing

**Emma D. Quach, PhD (Bedford).** Dr. Quach is a gerontologist and recipient of the VA VISN 1 Career Development Award 2019-2021 upon completing VA Health Services Research & Development postdoctoral fellowship at the Center for Healthcare Organization and Implementation Research. Fellows may collaborate with Dr. Quach on these research topics:

1. Enhancing formal and informal long-term care, such as nursing home safety climate, utilization of home and community-based supports among patients with dementia, and family caregiving
2. Multidisciplinary mechanisms/teams to support patients needing medical and non-medical supports to thrive in community settings

**Andrea Wershof Schwartz, MD, MPH (Boston).** Dr. Schwartz is a clinician educator at VA Boston. Awarded the 2018 American Geriatrics Society award for Outstanding Junior Clinician Educator, Dr. Schwartz serves as Associate Program Director for Medical Education for Harvard Multicampus Geriatrics Fellowship and leads the geriatrics education expansion for the Harvard Medical Students in the Pathways curriculum as an HMS Academy Medical Education fellow. She also sees patients in VA’s multidisciplinary geriatrics consult clinics. Trainees may collaborate with Dr. Schwartz on:

1. Quality and process improvement projects and educational projects in the VA Boston geriatrics consult clinic, a multidisciplinary teaching clinic that serves frail older Veterans, often referred for cognitive or functional decline, polypharmacy or falls. Our clinic is a sought-after teaching site for trainees in geriatrics, internal medicine, geriatric pharmacy, neuropsychology, audiology, and the National VA geriatrics scholars’ program. Opportunities also exist in the tele-geriatrics clinic at VA Boston, which serves Veterans in rural areas without access to geriatrics. Projects include assessing the impact of telegeriatrics, improving clinical processes, educational sessions for trainees in the clinic, developing patient education materials.
2. Geriatrics educational projects at VA Boston. Previous fellows developed geriatrics curricula for the home based primary care team and for internal medicine residents in Primary Care. Other educational opportunities include working with the medicine residents in the inpatient or outpatient settings, teaching subspecialists, and allied-health professionals.

3. HMS Geriatrics education: Trainees can work with Dr. Schwartz in development and assessment of geriatrics educational modules for Harvard Medical school students, including pre-clinical geriatric clinical reasoning, geriatric home visits, development of new course content, and faculty development in geriatrics.

4. Geriatrics Fellowship Medical education curriculum: Dr. Schwartz leads the medical education curriculum for the Harvard geriatrics fellow. Trainees could participate in curriculum/session design, evaluation/assessment of the curriculum.

**Weiming Xia, PhD (Bedford).** Dr. Xia is a Professor of Pharmacology at BUSM and principal investigator of two BLRD MERIT-award studies on biomarker and therapeutic development for neurodegenerative disorders like Alzheimer’s disease. He also established a well-equipped biomarker laboratory that was supported by multiple VA ShEEP awards and created an analytic platform using four Mass Spectrometers and three ELISA instruments. He is the principal investigator of five projects funded by VA MERIT, NIH RF1, a private foundation and a pharmaceutical company. He is a full-time investigator at the VA Bedford division of the NE-GRECC.