

## ADVANCED FELLOWSHIP IN GERIATRICS

### 1. FELLOWSHIP PURPOSE

The purpose of the VA Advanced Fellowship in Geriatrics is to offer post-specialty education to foster the development of leadership in health care issues of the elderly. The program capitalizes on the international prominence of VA's Geriatric Research, Education, and Clinical Centers (GRECCs) to provide outstanding training opportunities in clinical practice, to contribute to the improvement of clinical practice, and to advance scholarly pursuits that will benefit care for elderly veterans and all older Americans. Fellows may be either post residency physicians or from an associated health discipline. This program shall not lead to board-eligibility in Geriatrics for physicians.

#### a. Program Announcement.

This program announcement provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities that wish to submit applications to the Office of Academic Affiliations (OAA) for approval as a funded site for the VA Advanced Fellowship in Geriatrics. Approved fellowship sites will provide (1) post-residency training for outstanding physicians who have completed a residency in Internal Medicine, Family Medicine, or Psychiatry and a Geriatrics residency accredited by the Accreditation Council for Graduation Medical Education (ACGME) or the American Osteopathic Association (AOA) Executive Committee of the Council on Postdoctoral Training (ECCOPT) or, (2) post-residency training for outstanding physicians who have completed a residency in Internal Medicine, Family Medicine, or Psychiatry and a subspecialty residency other than Geriatrics accredited by the ACGME or the AOA ECCOPT or, (3) post-residency training for outstanding physicians who have completed an approved residency in any discipline other than Internal Medicine, Family Medicine, or Psychiatry or, (4) post-doctoral training for graduates of clinical doctoral programs that prepare them for eligibility for VA employment (see associated health fellows in section 4.c.2), and who have also completed at least one year of post-doctoral training. Approved centers can begin these fellowships in AY 2009-2010. Sites previously approved for participation in the VA Advanced Fellowship in Geriatrics are not required to respond to this announcement.

#### b. Eligibility to Apply.

Applications may be submitted only by VA facilities that host a GRECC.

## 2. BACKGROUND

### a. History of Geriatrics Training in VHA.

For many years, the Office of Academic Affiliations (OAA), the Geriatrics and Extended Care Strategic Healthcare Group, and the GRECCs have played a leading role in training health care providers in geriatrics. In 1978, VA established the Geriatric Medicine Fellowship to develop a cadre of physicians committed to excellence in geriatric research, education, and clinical care and interested in becoming leaders of local and national geriatric medicine programs. Graduates were expected to become role models for residents and medical students. From 1980–1991, OAA funded 275 Fellows.

VA's longstanding training leadership and support played a key role in the development and recognition of geriatrics as a subspecialty of internal medicine. The ACGME recognized geriatrics as a subspecialty of internal medicine in 1988. Thus, in AY 1991-1992, OAA phased out its Geriatric Medicine Fellowship and incorporated the positions into its residency allocation process.

This same process occurred with the Geriatric Psychiatry Fellowship Program that VA started in 1980. Its purpose was to develop a cadre of physicians with teaching and research skills and expertise in the diagnosis and treatment of elderly patients with dementia and other psychiatric problems. When ACGME recognized geriatric psychiatry as a subspecialty of psychiatry, OAA began phasing out the Geriatric Psychiatry Fellowship Program in 1994. It incorporated these positions into VA's residency allocation process.

In the mid-1990s ACGME reduced its accreditation requirements from two years of subspecialty training to twelve months for residencies in Geriatrics. The American Board of Internal Medicine changed the length of subspecialty training in geriatrics from two years to one year to conform to these changes. Consequently, OAA changed the length of its support for individuals in geriatric medicine subspecialty residency training from two years to one year.

Concerned that more than one year of subspecialty clinical training was required to continue leadership in the field of geriatrics, VA's Geriatrics and Extended Care Strategic Healthcare Group, the Geriatrics and Gerontology Advisory Committee (GGAC), and the GRECC Directors in 2000 recommended that OAA establish a fellowship to support advanced training in geriatrics. OAA decided to base Fellowships in Advanced Geriatrics at some of VA's 21 GRECC sites. This would provide a critical mass of geriatric research, education, and clinical expertise and a rich learning environment for the Fellows at these sites. In 2006, the VA Advanced Fellowship in Geriatrics was opened for application to sites that did not participate in the 2000 RFP. The current RFP is to address needs of GRECC sites that have not yet been approved for the Advanced Fellowship but are interested in offering this training option. GRECC sites offer a recognized standard of excellence in geriatric research, education, and clinical care since GRECCs are competitively selected through a rigorous peer review process and are evaluated on a regular basis by both VA and the GGAC.

**b. Current status of Advanced Geriatrics training in VHA.**

In FY2000 and again in FY2006, a Call for Proposals was circulated among the GRECCs, inviting them to submit proposals to host an Advanced Geriatrics fellowship. Fellowship slots were awarded to GRECCs at Ann Arbor, Little Rock, Puget Sound, San Antonio, St. Louis, Durham, and Greater Los Angeles in 2000; and Baltimore, Birmingham/Atlanta, Madison, Miami, New England, Palo Alto, Salt Lake City, and Tennessee Valley in 2006.

**c. Rationale for the current proposal.**

Approximately one-fourth of all geriatric medicine training slots and almost 1/2 of all geriatric psychiatry slots are financially supported by VA; nearly half of all geriatric medicine residents and 2/3 of geriatric psychiatry residents in the US receive some or all of their training in VHA facilities. Yet with nearly 50% of enrolled veterans older than 65, the VA has fewer geriatricians per patient over 65 years than does the general US population. Research efforts in geriatrics, which are understood as key to survival in academic medicine, continue to be predominantly accomplished within medical subspecialties. As the leading proponent for health care geriatric education in the US, VHA has an obligation to offer a wide variety of clinical research training opportunities for postdoctoral geriatrics professionals committed to pursuing careers in academic health care. The fundamentally interdisciplinary nature of geriatric health care necessitates that Advanced Geriatrics training opportunities not be limited to physicians, but be available to associated health professionals with advanced training and expertise in geriatric care within their respective disciplines, and who are committed to academic careers in their respective fields.

**3. PROGRAM EXPECTATIONS**

**a. Program Structure.**

Sites approved for the VA Advanced Fellowship in Geriatrics shall have a suitable curriculum, an appropriate infrastructure, and qualified leadership.

(1) Curriculum. The two-year curriculum at each site shall include an orientation to VA, research and analytic methodology, and written and oral communication skills. Training sites shall also provide basic overviews and opportunities to pursue more intensive training in health services research, research methods, educational and evaluative design, and project management. Fellows who have not completed approved Geriatrics training shall be offered fundamentals of geriatrics and gerontology in their course of study. In addition, the curriculum shall include content areas of significant interest to VHA, including quality improvement methods, leadership skills, and patient safety. Each of the SFPAG sites will be unique in its own area(s) of expertise. An outline of the proposed curriculum for the full two-year course of study must be included in the application for the VA Advanced Fellowship in Geriatrics. The curriculum for physicians and associated health fellows should be characterized by significant overlap in didactic coursework and should foster interprofessional activity.

(2) Infrastructure. The application must include discussion of how research, education, and clinical infrastructure at the site will foster a high quality learning environment and fellowship experience.

(3) Recruitment. Each approved VA Advanced Fellowship in Geriatrics site may actively begin recruitment of fellows once approval is gained. Approved fellowship programs may begin in Academic Year (AY) 2009-2010.

(4) Program Directors. Program Directors must have demonstrated expertise in geriatrics-related research, experience in program management; and demonstrated ability to teach and mentor.

(5) Affiliate Relationship. Affiliates should appropriately support the VA Advanced Fellowship in Geriatrics program, through involvement of faculty, research opportunities, and student teaching experiences. Reduction or waiver of tuition for VA Advanced Fellowship in Geriatrics Fellows participating in courses or degree programs is encouraged. Tuition support from OAA or other VA funds is not possible due to legal restrictions. Affiliated institutions unable to offer tuition reduction or waiver should explore alternative arrangements to foster VA Advanced Fellowship in Geriatrics Fellow participation, such as allowing fellows to audit courses on a not-for-credit basis.

(6) Site Collaboration. The Director of Geriatric Programs, Office of Geriatrics and Extended Care, will foster collaborative activities among the fellowship sites. Individual sites' directors will look for and capitalize on opportunities for fruitful collaboration including curriculum development, implementation, and improvement; program evaluation; recruitment strategies and advertisements for fellows and fellowship program publicity; and other communication with all of the training sites and OAA.

**b. Program Implementation.**

Approved VA Advanced Fellowship in Geriatrics sites may begin their training programs in AY 2009-2010. Program implementation expectations include the following:

(1) Fellows. Fellows shall spend at least 75 percent of their time in scholarly pursuit of geriatrics (coursework and research) and no more than 25 percent in clinical care. Fellows shall develop and implement a research project resulting in some form of professional recognition such as submission of a manuscript to a peer-reviewed journal or presentation at a recognized professional forum.

Geriatric clinical care experiences are also essential for a well-rounded VA Advanced Fellowship in Geriatrics experience. The majority of any fellow's clinical care responsibilities should be conducted at a VA facility. Should a program wish to have fellows conduct clinical activities at non-VA sites, prior written approval from the Office of

Academic Affiliations must be obtained. Across the entire special fellowship experience, on average, fellows are expected to carry out a significant portion of their research and educational activities at a VA facility. (See Paragraph 4.f).

(2) Preceptors (mentors). Each fellow shall be assigned at least one mentor (preceptor) in the first quarter year of the program. Mentors should provide assistance with project and research methodology and content, as well as guidance in personal and professional development. For these reasons, several mentors are often needed. Each fellow shall develop an individualized learning plan in collaboration with the mentor(s) by the end of the second quarter of the program. Mentors are expected to meet regularly with the fellow to assess progress, serve as role models, and provide constructive feedback and assistance in meeting the fellows' goals. Mentors are expected to participate in formative and summative evaluation of fellows and the fellowship program.

(3) Recruitment. Each selected VA Advanced Fellowship in Geriatrics site will be authorized to recruit one physician fellow or one associated health fellow, to begin a two-year fellowship for AY 2007-2008 (to begin in summer 2007). Another physician or associated health fellow can be recruited for AY 2008-2009. The fellowship is generally for 2 years, however programs may request a third year of funding for second-year fellows with exceptional accomplishments, but who require additional time to complete research projects that make substantial contributions to VA.

(4) Project. All fellows will participate in at least one research project to which they make substantive, independent, and identifiable contributions. The project should have direct relevance to VHA's mission, although VA medical facilities do not necessarily have to be the sole sites of the research.

(5) Annual Special Fellowship Advanced Geriatrics Program Meeting. On an annual basis and in collaboration with and through coordination of the Director of Geriatric Programs, program directors shall select an appropriate meeting or other opportunity for as many Program Directors and fellows as possible to meet and discuss fellowship program issues and to provide fellows an opportunity to present and discuss their work.

**c. Post fellowship follow-up and tracking**

Beginning in 2008, the Director of Geriatric Programs will coordinate an annual survey reflecting graduated and current fellows' satisfaction with the program, employment (including recruitment to VA), success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in geriatrics. This information will be reported to OAA no later than the end of the each fiscal year. These evaluative reports will be considered in evaluation of participating sites at the time of future program re-competition.

**4. POLICIES**

**a. Governance.**

The Office of Academic Affiliations (OAA), maintains overall responsibility for the administration of VA's Advanced Geriatrics Fellowship Programs. This announcement is a collaborative effort by OAA and the Office of Geriatrics and Extended Care within Patient Care Services.

(1) Physician Fellows. The fellowship program for post-residency physicians is governed by M-8, Part II, Chapter 4, "Fellowship Programs for Physicians and Dentists" or subsequent handbooks that may supersede that section.

(2) Associated Health Fellows. The fellowship program for associated health disciplines is governed by M-8, Part II, Chapter 2, "Associated Health Professions" or subsequent handbooks that may supersede that section and supplemental documents from OAA.

**b. Program approval.**

The fellowship sites will be approved until re-competition is announced by the Office of Academic Affiliations. OAA will monitor program implementation. Approval may be withdrawn from sites that have not recruited new fellows in two successive academic years.

**c. Fellow Selection Criteria.**

(1) Physician fellows. Physician fellows must meet the following criteria:

(a) Residency. Have completed an ACGME- or ECCOPT- accredited physician residency program. Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry must also have completed an accredited subspecialty residency in Geriatrics or other subspecialty. Special Fellows are expected to be board certified in their primary specialty and board eligible in their subspecialty by the time of VA Special Fellow appointment and to meet credentialing and privileging requirements to qualify as a licensed independent practitioner.

(b) Participation in other programs. **Not** be enrolled simultaneously in another accredited physician residency program.

(c) Licensure. Have an active, full and unrestricted license to practice in the US.

(d) Board status. Be ABMS or ECCOPT- recognized board certified or eligible with demonstration of active pursuit of board certification. Physicians whose initial certification is in Internal Medicine, Family Medicine, or Psychiatry must also be sub-specialty board certified or eligible, with demonstration of active pursuit of sub-specialty board certification.

- (e) International medical graduates. Have required Education Commission for Foreign Medical Graduate (ECFMG) documentation.
  - (f) Citizenship. Citizens of countries other than United States must possess appropriate visa to participate in this program. U.S. citizens shall receive preference.
  - (g) Interest. Demonstrate special interest in geriatrics.
  - (h) Potential. Demonstrate likelihood for embarking on a geriatrics-related career that will be of service to US veterans receiving care from the VA.
- (2) Associated Health Fellows. Postdoctoral associated health fellows must meet the following criteria:
- (a) Doctoral program. Have graduated from an accredited clinical doctoral program including all required residency or internship experiences that prepare them for eligibility for VA employment. This includes clinical disciplines such as nursing, dentistry, optometry, psychology, podiatry, pharmacy or audiology / speech pathology. Psychology fellows must have completed an accredited doctoral program, including an internship program accredited by the American Psychological Association (APA).
  - (b) Post-doctoral training. Have completed one year of post-doctoral clinical training in the discipline, preferably but not exclusively in geriatrics.
  - (c) Participation in other programs. **Not** be enrolled simultaneously in another accredited post doctoral program in an associated health discipline.
  - (d) Citizenship. Be a U.S. citizen.
  - (e) Interest. Demonstrate special interest in geriatrics.
  - (f) Potential. Demonstrate likelihood for embarking on a geriatrics-related career that will be of service to US veterans receiving care from the VA.

**d. Appointment and Compensation.**

- (1) Physician fellows.
  - (a) Appointment authority. Appointments will be made under 38 U.S.C. 7406 for two years, except if extended per paragraph 3.b.3.
  - (b) PAID Codes. Use Pay Plan L; type of appointment code 6; pay basis 1; grade 00; step N; remark code 99; occupational series 0602-64; and a paid assignment code of H7, Sub Account 1043.

(c) Stipend determination. The stipend will be based on years of previously completed ACGME-accredited physician residency training (or equivalent per OAA policy) and on VA stipend rates based on the local indexed hospital.

(2) Associated Health fellows.

(a) Appointment authority. Appointments will be made under 38 U.S.C. 7405 (a)(1)(D) for two years. The fellows are eligible for VA group health or life insurance benefits.

(b) PAID codes. For PAID coding purposes, these fellows will be identified by the use of Occupational Series, 0601-87-T5. Consult the OAA website at <http://vaww.va.gov/oa> for specific occupational codes.

(c) Stipend. Stipend rates will be determined by OAA, depending on the discipline and previous education of the trainee (as an exception to the provisions of VHA Supplement, MP-5, Part II, Chapter 3, Section 3A.05). Rates are reviewed annually against national norms for the discipline. Current rates are listed on the OAA intranet web site at <http://vaww.va.gov/oa>, then “Associated Health Stipend Rates” under the Reports section. Approved sites with potential fellows from disciplines not on the table should contact OAA for salary rates.

**e. VACO Support.**

OAA will provide funds to VA facilities for fellows’ stipends and fringe benefits.

**f. Educational detail.**

Fellows may be detailed to other educational institutions without loss of pay, but under no circumstances may the total time spent in non-VA institutions exceed one-sixth of the total hours a fellow is in a pay and training status with VA.

**g. Liability.**

Fellows will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d). Should a program wish to have fellows conduct clinical activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained.

**h. Expenses.**

Except as specified above, expenses connected to the fellows' recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected fellows.

**i. Service Obligation.**

There is no service obligation after completion of the fellowship program. However, fellows are encouraged to seek VA employment. Program faculty mentorship is expected to include career counseling, including assistance in obtaining VA employment.

**j. Identification of Fellowship Status.**

Fellows must identify the VA support of their fellowship in all reports and presentations during the fellowship program and after the fellowship program if the report or presentation is related to research conducted during the fellowship program. Failure to do so while in the fellowship program may result in termination of the fellowship.

**k. Clinical Privileges/ Scope of Practice.**

(1) Physicians

Physician Advanced Fellows must have completed their primary specialty training in order to qualify for initial board certification. Subject to the policies and procedures of the appointing institution's medical staff bylaws, Advanced Fellows are to be privileged as licensed independent practitioners (LIPs) in the primary medical specialty in which they completed approved training. Exceptions to this requirement for LIP privileging are rare, and require written OAA approval. The assigned privileges as an independent practitioner shall be within the scope of practice for which the Advanced Fellow has been previously trained. A physician Advanced Fellow participating in courses of study that provide clinical training pertinent to the Advanced Fellowship shall be considered a dependent practitioner subject to appropriate graduated supervision for such clinical care.

(2) Associated Health Professionals

Clinical Psychologists who do not yet have a license but meet other eligibility criteria states above shall be considered dependent practitioners. Other Associated Health professionals shall either be privileged as licensed independent practitioners or boarded with scope of practice consistent with their licensure and prior training. Associated Health practitioners participating in courses of study that provide clinical training pertinent to the Advanced Fellowship shall be considered dependent practitioners, subject to appropriate graduated supervision for such clinical care.

**5. SELECTION CRITERIA FOR FELLOWSHIP SITES**

**a. Affiliations.**

The VA facility must be affiliated with an accredited medical school providing ACGME- or ECCOPT- accredited residency training. If new affiliations are made to develop additional relationships, a formal affiliation agreement must be executed. (Contact Office of Academic Affiliations (144) for assistance).

**b. Site Characteristics.**

The facility must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in geriatrics research, education, clinical care, and administration. The site must demonstrate the following:

- (1) Host a GRECC;
- (2) VISN, facility, and geriatrics leadership commitment to build and sustain an outstanding learning environment;
- (3) A strong partnership between the VA facility and its academic affiliate(s);
- (4) Strong leadership by the Fellowship Program Director(s);
- (5) Outstanding geriatrics programs, interprofessional educational opportunities, and advanced learning opportunities at the site;
- (6) Past experience providing excellent mentoring of fellows;
- (7) Commitment to develop individualized learning programs with fellows;
- (8) Strong administrative infrastructure to support a fellowship program;
- (9) Commitment to be an active participant, with OAA, in fostering interactions among all the sites with VA Advanced Fellowship in Geriatrics;
- (10) Evidence of sound strategies for programmatic and individual evaluation.

**c. The facility must submit the information requested in Attachment A to include:**

- (1) Facility Director's transmittal letter;
- (2) Letters of Commitment from VISN Director;
- (3) Letters of Support;
- (4) Core narrative - See Attachment A. (20-page maximum, excluding the curriculum vitae).

- (a) Direction and framework. (Include documentation of eligibility to apply to the program. See paragraphs 1b and 5b)
- (b) Proposed leadership.
- (c) Proposed faculty.
- (d) Proposed curriculum (see paragraph 3a1).
- (e) Research resources.
- (f) Educational resources.
- (g) Clinical resources.
- (h) Evaluation strategy.

## **6. REVIEW PROCESS**

### **a. Review committee.**

An ad hoc, interdisciplinary review committee designated by the Chief Academic Affiliations Officer in consultation with the Director of Geriatrics, Office of Geriatrics and Extended Care, will assess the merits of the applications. The reviewers will have demonstrated expertise and leadership in clinical geriatrics, graduate medical education, and research.

**b. Scoring of Applications.**

Applications will be scored according to the following criteria and weights:

<u>VISN and facility commitment</u> to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure.	20 points
<u>VA Advanced Fellowship in Geriatrics Director and faculty</u> with strong records in geriatrics research, education, clinical care, and leadership.	20 points
<u>Research resources</u> including strong research track record, meaningful opportunities for fellows' participation, and sound infrastructure.	20 points
<u>Educational resources</u> including strong, constructive partnership with the affiliate; excellent learning opportunities in academic and clinical geriatrics, commitment to developing individualized learning programs for fellows; quality of proposed curriculum; excellent mentoring of fellows; sound educational infrastructure; and interdisciplinary educational opportunities.	20 points
<u>Evaluation Plans</u> for formative and summative evaluations for the program and the individual fellows.	20 points
<b>TOTAL</b>	<b>100 points</b>

**7. SCHEDULE**

October 10, 2008	OAA sends request for applications to eligible facilities, VISNs, and appropriate Central Office officials.
<b>November 19, 2008</b>	<b>Applications are due in OAA.</b>
December 2008	Review committee reviews applications and makes recommendations for approval of fellowship sites to the Chief Academic Affiliations Officer.
December, 2008- January 2009	OAA notifies facilities about the approval or disapproval of their applications.
January, 2009	Fellowship recruitment begins
July 1, 2009	Fellowship training begins.
July 1, 2010	Assuming satisfactory performance, first-year fellows advance to the second fellowship year, and new first-year fellows begin.

## **8. OAA CONTACT PERSONS**

For information or questions related to this fellowship program, please contact Ms. Deborah Ludke by email at [deborah.ludke@va.gov](mailto:deborah.ludke@va.gov) or by phone at (562) 826-5492 or Dr. Stuart Gilman at [stuart.gilman@va.gov](mailto:stuart.gilman@va.gov) or by phone at (562) 826-5323.

## **9. APPLICATION INSTRUCTIONS**

Applications shall be uploaded to the OAA Support Center <http://vaww.oaa.med.va.gov/> by persons authorized and registered at the site (typically the station's staff in the Office of the Associate Chief of Staff for Education or the Designated Education Official). The application materials should be combined into two documents to be uploaded. Only Microsoft Word documents or PDFs can be uploaded and scanned documents are acceptable. The first section (entitled "Letters") will contain items 1-3 (found in section 5.c, page 11 of this announcement). and the second section (entitled "Core Narrative") will contain item 4 (found in section 5.c, page 11 of this announcement). Note: This is a new format for submission; please read instructions available on website carefully prior to submission.

ATTACHMENT A

APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

a. **Font and margin sizes.** Font size must be 10-point or larger. Margins must be at least one inch all around.

b. **Page limit.** Total number of pages should not exceed 50. The core document, excluding Curriculum Vitae, must not exceed 20 pages. The additional materials must not exceed 30 pages.

**Note:** Any pages over 50 will NOT be forwarded to reviewers.

2. APPLICATION PACKAGE INSTRUCTIONS

a. **Facility Director's transmittal letter.**

(1) **Contributions.** Unique contributions the facility can make to the fellowship program.

(2) **Resources.** Facility commitment to provide resources for the program including:

(a) Release time for the Advanced Geriatrics Fellowship Program Director and Advanced Geriatrics staff who supervise fellows

(b) Appropriate space

(c) Funding for travel related to the training program

(d) Technology resources.

(e) Other support. Additional support that the facility will provide the Fellowship Program Director and fellows to ensure program success.

(3) **Contact information.** Identification of the facility contact person: Name, title, business address, telephone and fax numbers, and e-mail address.

b. **Letters of Commitment from VISN Director.**

(1) **Contributions.** Unique contributions the VISN and Advanced Geriatrics Program Director can make to the Fellowship Program.

(2) **Teamwork.** Commitment to be part of a national Advanced Geriatrics Fellowship Program.

(3) Travel and registration. Commitment to assist, if needed, in the funding of annual travel and registration for the Fellowship Program Director and fellows to attend one national Advanced Geriatrics meeting per year.

(4) Other Support. Additional support that the Network will provide the Fellowship Program Director and fellows to ensure program success.

**c. Letters of Support.**

(1) Geriatrics Leadership. Letters indicating fellowship support from facility and affiliate leaders in geriatrics.

(2) Clinical leaders. Letters indicating fellowship support from facility clinical leaders.

(3) Affiliates. Letters from program director(s) at the affiliate(s) indicating support of the fellowship program and the resources the affiliate will provide to support the program, e.g., tuition waivers for courses, equipment, library use, space.

(4) Research Education and Clinical Centers, Other Special Fellowships. Letters indicating the particular support and collaboration intended, if any with other fellowship programs. For example, commitment to share resources such as curriculum, incorporate VA Advanced Fellowship in Geriatrics Fellows in conference participation, research and grant mentorship, and anticipated research collaboration when appropriate (e.g., VA Special Fellowships such as Quality Scholars, RWJ Clinical Scholars, HSR&D, See <http://www.va.gov/oaa/specialfellows/default.asp> )

**d. Core narrative (20-page maximum, excluding the curriculum vitae).**

(1) Direction and framework. Proposed goals and conceptual framework for the fellowship program.

(2) Leadership. Information about the proposed Advanced Geriatrics Fellowship Program Director.

(a) Contact information. Name, title, business address, routing symbol, telephone and fax numbers, and e-mail address.

(b) Letters of commitment. A letter from the proposed VA Advanced Geriatrics Fellowship Program Director describing that individual's commitment to serve in the position, experience in teaching and mentoring, and approaches to integrating the fellowship program roles into plans and ongoing responsibilities.

(c) Copies of curriculum vitae. CV's are not counted in the 20 page core narrative page limit, but are included in the 50 page total application size. A complete CV for the proposed VA Advanced Geriatrics Program Director can be included. However, a VA Research Biosketch (VA Form 10-1313, pages 5/6) can be used. In order to minimize

size of the total application, a VA Research Biosketch or equivalent is strongly encouraged for all other proposed faculty or others identified in the application.

(3) Proposed faculty. Summary of information about proposed faculty including research, education, clinical expertise, and publications and their potential contributions to the program.

(4) Curriculum. Description of how the program objectives will be achieved over the course of a typical two-year fellowship. This should include description of didactic, seminar, lab or practicum experiences. If the proposed curriculum includes resources from other programs, such as joint sessions with other programs or participation in scheduled classes at an affiliate, letters of support from those educational partners must be included in the application.

(5) Research resources.

(a) Research opportunities. Describe opportunities for fellows to demonstrate competence in originating and conducting research in geriatrics.

(b) Research activities. List facility-specific geriatrics research activities. For each project, include name of project; name of investigator; and, source, date, and amount of funding.

(c) Research infrastructure. Describe activities to be undertaken in the coming year to develop the research infrastructure for the fellowship program.

(d) Other resources. Identify other resources available to the fellowship program including but not limited to VA and other databases, office space, computers and computer support, e-mail, Internet and Intranet access, statistical support, and telephone access.

(6) Educational resources.

(a) Acquisition of knowledge. Describe educational resources that will provide opportunities for fellows to gain advanced knowledge in geriatrics, research and research methodology, quality improvement methodology, and interprofessional training.

(b) Teaching competence. Describe educational resources that will provide opportunities for fellows to develop and demonstrate advanced teaching competence in theory and practice. Experiences should encompass provision of feedback to the fellows.

(c) Customized learning. Identify methods to be used to customize learning activities to meet fellows' needs.

(d) Educational infrastructure. Describe activities to be undertaken in the coming year to develop the educational infrastructure for the fellowship program. Such activities might include working with the affiliate to plan courses fellows will take and to obtain tuition

waivers, as well as working with the local VA to develop a VA orientation, access to VA databases, and training in using those databases.

(7) Clinical resources.

(a) Clinical activities. Describe VA clinical opportunities and settings that will advance fellows' learning.

(b) Clinical infrastructure. Describe activities to be undertaken in the coming year to develop the clinical infrastructure for advanced fellowship activities.

(8) Evaluation Strategy. Describe the proposed formative and summative evaluation plans for the program and the individual fellows.

(a) Formative evaluation plans. Description should include such issues as timeline for implementation during the first (recruitment) year, criteria for individual curricula, and plans for evaluation of faculty by fellows.

(b) Summative evaluation plans. Description should include such issues as methods for judging interim progress of the fellows during the program (covering clinical, research, administrative and research domains), means for assessing tracking and assessing integration of VA Advanced Fellowship in Geriatrics with GRECC and other post-graduate training programs specified as part of the curriculum, means for determining the efficacy of different program elements within the program as well as their integration, and means for tracking graduates' activities and productivity post-fellowship.