



Johns Hopkins Intensive Geriatrics Review and Teaching Skills Course January 17-19, 2008 Application Form

Audience

This program has been developed to enhance the ability of primary care physicians, hospitalists and specialists who serve as clinical teaching faculty to teach geriatric medicine principles within their disciplines to medical students and residents.

Learning Objectives

At the end of the Intensive Geriatrics Review and Teaching Skills Course, participants will have:

- Enhanced appreciation of geriatric principles relative to the care of older patients as part of the established Johns Hopkins Topics in Geriatrics CME course
- Expanded knowledge of teaching skills essential to teaching about geriatrics within a community practice settings
- Discovered opportunities to teach geriatrics within their current clinical educational venues
- Established a support network to facilitate development and implementation of new curricula in their own practices and institutions

Tuition

Tuition for this program is generously provided by the Donald W. Reynolds Foundation for faculty members with significant teaching responsibilities. This includes tuition for the Johns Hopkins Topics in Geriatrics CME course.

Schedule Overview:

Friday, January 18, 2008- Participants will receive a brief orientation upon registration and will participate in all the educational programs of the Johns Hopkins Topics in Geriatrics CME course. Participants of the Intensive Geriatrics Review and Teaching Skills Course will participate in a round-table discussion of solutions to barriers to teaching geriatrics during lunch, which is provided.

After return to their home institutions, participants will be contacted for follow-up and program evaluation.

Registration:

Please submit (*via* fax or mail) your completed application **and a current CV no later than 01/04/08 to:**

Laura Gibson
Reynolds Program Coordinator
John R. Burton Pavilion
5505 Hopkins Bayview Circle
Baltimore, MD 21224
410-550-3268
410-550-2116 FAX

Attendees selected for this program will be notified within a few days of application receipt.

Instructions: Please type or print clearly. Attach additional sheets if more space is needed. Send **form, CV, and additional sheets** either by FAX to 410-550-2116 *or* by mail to Laura Gibson, John R. Burton Pavilion, 5505 Hopkins Bayview Circle, Baltimore, MD 21224. Instructions: Please type or print clearly.

PERSONAL INFORMATION

Last Name	First Name	MI
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Mailing Address	City	State	Zip
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Telephone	FAX	E-mail Address
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Present Position(s)	Name of Institution
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Institution Address	City	State	Zip
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Office Telephone	FAX	E-mail Address
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Specialty area (s)

Special Clinical or Teaching Interest(s)

Have you had any training in geriatric medicine? If so, please describe briefly.

Have you participated in any geriatrics mini-fellowships or courses? If so, which ones and when

Previous Course	Dates
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Additional Information

1. What percentage of patients that you treat is in the following age groups?
 - a. Under 65 _____
 - b. 65-74 _____
 - c. 75-84 _____
 - d. Over 85 _____
2. What percentage of time do you spend in each of the following activities?
 - a. Teaching _____
 - b. Clinical care _____
 - c. Administration _____
 - d. Research _____
 - e. Other (specify) _____
3. In what settings do you teach?
 - a. Acute care hospital _____
 - b. Ambulatory care facility _____
 - c. Long-term care institution _____
 - d. Long-term non-institutional care (e.g. home care, assisted living) _____
 - e. Other (_____) _____
4. Are you involved in creating the teaching curriculum at your institution? If so, in what capacity?
5. What interested you most about participating in the Donald W. Reynolds Johns Hopkins Intensive Geriatrics Review and Teaching Skills Course? (Check all that apply.)
 - a. Desire to improve teaching skills _____
 - b. Desire to improve geriatrics clinical skills _____
 - c. Interest in specialized training _____
 - d. New or expanded teaching role _____
 - e. CME credit _____
 - f. Other (please specify) _____
6. Any Dietary Restrictions?

X _____
APPLICANT SIGNATURE _____
DATE