



Donald W. Reynolds FD~AGE



## **Mini-Fellowship Program September 13-16, 2009 Application Form**

### **Audience**

This program has been developed to enhance the ability of medical and surgical faculty to teach geriatric medicine principles within their disciplines to medical students and residents.

### **Learning Objectives**

At the end of the mini-fellowship, participants will have:

- Enhanced appreciation of geriatric principles relative to the care of older patients within their area of expertise
- Expanded knowledge of teaching skills essential to teaching about geriatrics within their practice settings
- Discovered opportunities to teach geriatrics within their current educational venues
- Established a support network to facilitate development and implementation of new curricula in their own institutions

### **Tuition**

Tuition for this program is generously provided by the Donald W. Reynolds Foundation for faculty members with significant teaching responsibilities.

### **Lodging and Meals**

Lodging and all meals during the conference are generously funded by the Donald W. Reynolds Foundation.

### **Cost**

The only cost to participants is travel to and from Baltimore and the Mt. Washington Conference Center.

### **Schedule Overview:**

Day 1: Sunday, September 13, 2009-Arrival

Days 2-4: Monday-Wednesday, September 14, 15, and 16, 2009- On- site didactic, small group, and case based learning focused on remediation of geriatric principles (e.g., Assessing Cognition, Nutrition, Poly pharmacy, End of life care) and teaching skills (e.g., Review of principles of adult learning, one minute precepting, geriatrics teaching pearls). Some small group sessions will focus on teaching geriatrics within particular disciplines (e.g., surgery and anesthesia, emergency medicine, outpatient internal medicine, or hospitalist) while other sessions will be interdisciplinary. A dinner event will be scheduled for the evening of Tuesday, September 15, 2009.

After return to their home institutions, participants will continue to receive on-going mentorship from the Mini-fellowship faculty for one year.

### **Registration:**

Please submit (*via fax or mail*) your completed application **and a current CV no later than 08/14/2009** to:

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

Attendees selected for this program will be notified by August 21, 2009.

**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

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Present Position(s) \_\_\_\_\_ Name of Institution \_\_\_\_\_

Institution Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

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 Mini-Fellowship Program at Johns Hopkins? (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. Other (please specify) \_\_\_\_\_
6. Note any dietary restrictions: \_\_\_\_\_

X \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE