

Primary Care Faculty Development Fellowship Program Michigan State University

Application: 2009-2010 Academic Year

The selection of fellows will be based on their promise as full-time academic medicine faculty. Thus, special attention will be given to evidence of prior teaching experience, interest in academic medicine, scholarly productivity, ability to communicate effectively, and the potential for leadership in academic organizations. These criteria should be kept in mind as the fellowship application is completed and arrangements are made for letters of reference.

In accordance with grant program priorities, special consideration will be given to qualified minority applicants and physicians who teach and/or practice in medically underserved communities or with medically underserved populations. (See page 3 of the application.)

To be eligible for the Fellowship, candidates must meet the following criteria:

1. Be a citizen of the United States or a foreign national possessing a visa permitting permanent residence in the United States.
2. Be a physician who has graduated from a school of medicine or osteopathy in the United States or Canada or from a foreign medical school that meets the criteria of the Liaison Committee on Graduate Medical Education or the American Osteopathic Association.
3. Plan to teach in a medical school or graduate medical education program.
4. Agree to commit 10% effort, during the fellowship year, to completing assignments and a major project. This time commitment statement must be signed by the fellow and their supervisor.
5. Agree to pay a non-refundable \$3,500 Fellowship Program Fee. (Trainee travel assistance may be available.)
6. Applications will be accepted until the cohort limit is reached.

Send the following materials to the address listed below.

1. A **completed, legible Fellowship Application**.
2. A current **Curriculum Vitae**.
3. A **Letter of Reference** from your supervisor. The letter must address the items listed in the attached "Criteria for Letters of Reference". **Please give a copy to your supervisor.**
4. A copy of your **Medical School Diploma**.
5. Signed **Letters of Agreement** from both the fellowship applicant and the Supervisor.
6. A completed **Needs Assessment and Interest and Abilities Survey**.

Return materials to:

Ms. Donna Mulder Educational Programs Coordinator Primary Care Faculty Development Fellowship Program A-101 East Fee Hall Michigan State University East Lansing, Michigan 48824 Donna.Mulder@hc.msu.edu

**Primary Care Faculty Development Fellowship Program
Michigan State University**

**Fellowship Application
2009-2010**

Personal Information

Date: _____

Name: _____
(Last) (First) (Middle)

Home Address: _____

Home Phone: _____

Business Address: _____

Business Phone: _____

Cell Phone: _____

Fax Number: _____

E-Mail Address: _____

Preferred Mailing Address: Home Business

Birth Date: _____
(Month/Day/Year)

Sex: Male Female

Citizenship: U.S. Other (specify) _____
If you are not a U.S. citizen, do you have a Visa? Yes No

Ethnic Background: Black Hispanic Asian or Pacific Islander
(requested by granting agency) American Indian/Alaskan Native White

Social Security Number: _____

Medical Specialty: _____

Board Certification: Board Eligible Board Certified Date: _____

MSU Affiliation: Do you hold a **non-paid or paid** affiliation or appointment with Michigan State University? (If "yes", complete the information below.)

No Yes → Paid Non-Paid (include volunteer positions)

Appointment Title _____

Department _____

Appointment Dates _____

Teaching and Professional Information

- 1. Are you currently in a teaching position? No Yes
If "yes", are you full-time or part-time? Full-time Part-time

- 2. If you answered "yes" to Question 1, what type of faculty appointment do you have? Tenure Track Non-Tenure Track
 Part-Time Preceptor

- 3. Will you be in a teaching position next year? No Yes
If "yes", will you be full-time or part-time? Full-time Part-time

4. What percent of time do you **currently** spend in each of the following areas? (1 day = 20%)

Area	Percent Effort
Teaching	_____ %
Research	_____ %
Administration	_____ %
Patient Care	_____ %
Other	_____ %
Total	100%

5. What administrative and/or leadership responsibilities you have/had within the past 5 years?

Supervisor Information

Supervisor's Name: _____

Supervisor's Address: _____

Telephone: _____

Supervisor's Email: _____

Medically Underserved Information & Agreement to Teach

Note: accurate responses to the questions below are very important. Please check with your supervisor to verify accuracy.

In accordance with grant program priorities, special selection consideration will be given to fellowship applicants who teach and/or practice in medically underserved communities or who serve medically underserved populations. To qualify for this selection preference, applicants must answer the following questions:

1. I teach and/or practice in a medically underserved community.

No Yes

2. List the percentage of time you teach/practice in the following centers. (1 day = 20%)

- _____ Community Health Centers
- _____ Migrant Health Centers
- _____ Homeless Health Care Centers
- _____ Public Housing Primary Care Centers
- _____ Rural Health Clinics
- _____ National Health Service Corps Sites
- _____ Indian Health Service Sites
- _____ Federally Qualified Health Centers
- _____ Primary Medical Care Health Professional Shortage Area
- _____ State or Local Health Departments
- _____ Clinical Practice Sites Designated by State Governor
- _____ Other: (please Specify) _____

3. Agreement to Teach

I intend to pursue a full-time career in academic primary care medicine. Upon completion of the Primary Care Faculty Development Fellowship Program, I anticipate taking/maintaining a full-time position in medical school or graduate medical education program.

Fellow's Signature

Date _____

Interest in Academic Medicine

Please answer the following questions on separate sheets of paper and include them with your application.

1. Why are you interested in a career in academic medicine? (500 words or less)
2. What kind of faculty position (i.e., in what kind of institution, with what responsibilities) will you hold upon completion of the fellowship? (500 words or less)
3. What are your goals for this fellowship program? What topics or skills are you most interested in learning? (500 words or less)
4. As part of the fellowship program, participants must complete a curriculum development, educational leadership or research major project. Discuss your possible major project ideas.

Fellows requesting selection preference for service in a medically underserved community will be required to select a major project dealing with medically underserved communities/populations. (1,000 words or less)

**Primary Care Faculty Development Fellowship Program
Michigan State University**

**Fellowship Application
2009-2010**

Criteria for Letters of Reference

Please give a copy of this information to your Supervisor. Your application will not be considered complete until the Supervisor's Letter is received. Supervisor letters must be responsive to the items below.

Letters of reference must comment on the applicant's ability in the following areas.

1. Current strengths and weaknesses as a faculty member.
2. Effectiveness at working with others in a group setting.
3. Responsiveness to feedback.
4. Potential for a productive career in academic medicine.
5. Ability to meet deadlines.

LETTER OF AGREEMENT
Fellow

I accept a position as a postdoctoral fellow in the Primary Care Faculty Development Fellowship Program at Michigan State University for the 2009-2010 academic year.

The dates for the on-campus sessions of the fellowship program are: **Sunday, January 17–Friday, January 22, 2010; Sunday, March 21–Friday, March 26, 2010; and Sunday May 16, 2010–Friday, May 17, 2010. The two required videoconference days are Wednesday, February 17, 2010, and Wednesday, April 21, 2010.**

Specifically, I agree to:

1. Have my institution pay a non-refundable \$3,500 Fellowship Expenses/Materials Fee prior to the start of the first on-campus session.
2. Allocate one half-day of my time working for fellowship and major project assignments.
3. Have institutional access to a reliable high-speed Internet connection for web-based instruction and video conferencing.
5. Complete a research, curriculum development or educational leadership project under the guidance of fellowship program mentors.
6. Complete and return all requested materials and assignments by the stated mailing deadline.
7. Attend, arrive on time, and stay for all on-campus sessions and designated at-home sessions of the Fellowship Program.

I understand that I will be assigned a fellowship mentor to assist me in my major project. Upon completion of the program, I will receive a diploma certifying completion of a Public Health Service fellowship.

Fellow's Signature

Date

Print Fellow's Name

LETTER OF AGREEMENT
Supervisor

I understand one of my faculty has been selected as a postdoctoral fellow in the Primary Care Faculty Development Fellowship Program at Michigan State University for the 2009-2010 academic year. Fellows must attend all three weeks of on-campus training at Michigan State University and the two days of videoconference training while at-home.

The dates for the on-campus sessions of the fellowship program are: **Sunday, January 17–Friday, January 22, 2010; Sunday, March 21–Friday, March 26, 2010; and Sunday May 16, 2010–Friday, May 17, 2010. The two required videoconference days are Wednesday, February 17, 2010, and Wednesday, April 21, 2010.**

I also agree that:

1. Our institution will pay a non-refundable \$3,500 Fellowship Expenses/Materials Fee prior to the start of the first on-campus session.
2. Our fellow will have ½ day per week (.10FTE) protected for fellowship and major project activities.
3. Our fellow will have reliable institutional access to a high-speed Internet connection for web-based instruction and video conferencing.
5. We will support our fellow in completing a research, curriculum development or educational leadership project at our institution during the fellowship year.
6. Our fellow will attend all on-campus sessions and designated at-home sessions of the Fellowship Program.
7. Our fellow will complete all assignments and requested materials by the stated deadlines.

Upon successful completion of the Fellowship Program, fellows will receive a diploma certifying completion of a Public Health Service fellowship.

Supervisor's Signature

Date

Print Supervisor's Name

**2009-2010
PRIMARY CARE
FACULTY DEVELOPMENT FELLOWSHIP PROGRAM
MICHIGAN STATE UNIVERSITY**

Needs Assessment Questionnaire

1. In the **first column**, please estimate the amount of time you currently spend in the areas listed below. In the **second column**, if you had complete freedom to maximize your personal and professional satisfaction, how would you prefer to spend your time (preferred effort)? Finally, the **last column** asks for your impression of the effort that would achieve maximum recognition from your program or department; that is, rewarded effort.

	<u>Current Effort</u>	<u>Preferred Effort</u>	<u>Rewarded Effort</u>
Clinical Teaching	%	%	%
Curriculum development	%	%	%
Research (including dissemination of results)	%	%	%
Patient Care without students (on-call duties, scheduled and unscheduled patient time, patient/case management duties)	%	%	%
Voluntary Community Service (e.g. Hospice, Rotary)	%	%	%
Activity in Professional Organizations	%	%	%
Administrative/Management (Includes committee time)	%	%	%
Other (please specify):	%	%	%
TOTAL (must sum to 100%)	100%	100%	100%

2. How many **years have you** completed as a...

_____ fellow

_____ full-time non-faculty clinician

_____ part-time faculty member

_____ full-time faculty member

_____ program director/chairperson

_____ assistant/associate dean

_____ other: please describe: _____

3. What type of learners do you teach? (check all that apply)

- None
- medical students
- residents
- other: please describe: _____

4. What types of teaching do you do? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> none | <input type="checkbox"/> distance learning |
| <input type="checkbox"/> ambulatory setting | <input type="checkbox"/> lecture format/classroom |
| <input type="checkbox"/> inpatient | <input type="checkbox"/> workshop/interactive format |
| <input type="checkbox"/> grand rounds | <input type="checkbox"/> PBL/small group |
| <input type="checkbox"/> bedside | |

5. List your memberships in professional academic organizations below:

6. List below the academic professional meetings do you usually attend?

7. Do you currently have a mentor or mentors? Yes No

If "yes", what type of assistance do/does your mentor(s) provide:

8. How many of the following scholarly activities have you completed? (List number)

	1 st author	2 nd /other author
Peer-reviewed Publications	_____	_____
Invited publications	_____	_____
Peer-reviewed Posters	_____	_____
Peer-reviewed Seminars/workshops	_____	_____
Peer-reviewed abstracts	_____	_____
Peer-reviewed grants/contracts	_____	_____

9. What academic administrative responsibilities **do you currently** have?

No administrative responsibilities

Titles: _____

10. What academic administrative responsibilities **have you held** in the past?

No administrative responsibilities

Titles: _____

11. How many local, state, regional, and national awards have you received in the following categories? (List number)

	Local	State	Regional	National
Teaching	_____	_____	_____	_____
Research	_____	_____	_____	_____
Administrative	_____	_____	_____	_____
Clinical	_____	_____	_____	_____
Other: (please specify)	_____			

12. Who is the most appropriate person in your program or department to explain how the ACGME Core Competency of "Professionalism" is taught and assessed? (List name & contact information)

13. How often do you use a computer? (check one)

- At least once a day.
- At least 2-3 times per week.
- At least once every 2 weeks-1 month.
- Never/practically never.

14. To what extent do you use the following types of software:

	Do Not Use	Novice	Intermediate	Expert	Name of product you use.
Word processing					
PowerPoint					
Statistical analysis (e.g. SPSS, Excel)					
E-mail					
MEDLINE Search					
Bibliographic management (e.g., EndNote)					
World Wide Web browser (e.g., Internet Explorer, Firefox)					
Course Management System (e.g., Blackboard, ANGEL)					
Web-Based Videoconferencing					
Web-Based Instruction (as a learner or developer)					
Distance Learning (e.g., Blackboard, ANGEL)					
Developed websites (HTML)					
Other (Please specify)					

**2009-2010
PRIMARY CARE
FACULTY DEVELOPMENT FELLOWSHIP PROGRAM
MICHIGAN STATE UNIVERSITY**

Interest and Abilities Survey

Directions: Listed below are different skills used by academic physicians. Using the scales provided, please indicate your response by circling the appropriate response regarding:

- a. your **Interest** in further development in the area
- b. whether you **Have Done** this skill
- c. your **Ability** in the area

	TOPIC	INTEREST					HAVE DONE		ABILITY				
		low				high	Yes	No	low				high
TEACHING													
1.	Designing instructional/ curriculum programs	1	2	3	4	5	Y	N	1	2	3	4	5
2.	Designing and delivering lecture presentations	1	2	3	4	5	Y	N	1	2	3	4	5
3.	Teaching small groups/PBL	1	2	3	4	5	Y	N	1	2	3	4	5
4.	Teaching procedural skills	1	2	3	4	5	Y	N	1	2	3	4	5
5.	Teaching at the bedside	1	2	3	4	5	Y	N	1	2	3	4	5
6.	Teaching in an ambulatory setting	1	2	3	4	5	Y	N	1	2	3	4	5
7.	Teaching rounds	1	2	3	4	5	Y	N	1	2	3	4	5
8.	Teaching during morning report	1	2	3	4	5	Y	N	1	2	3	4	5
9.	Teaching in classrooms	1	2	3	4	5	Y	N	1	2	3	4	5
10.	Evaluating clinical performance	1	2	3	4	5	Y	N	1	2	3	4	5
12.	Providing constructive feedback to learners	1	2	3	4	5	Y	N	1	2	3	4	5
13.	Evaluating instruction/curriculum programs	1	2	3	4	5	Y	N	1	2	3	4	5
14.	Managing problem trainees	1	2	3	4	5	Y	N	1	2	3	4	5
15.	Teaching clinical skills and abilities	1	2	3	4	5	Y	N	1	2	3	4	5
16.	Teaching "Healthy People 2010" objectives	1	2	3	4	5	Y	N	1	2	3	4	5
17.	Teaching cultural competency	1	2	3	4	5	Y	N	1	2	3	4	5
18.	Teaching evidence-based medicine	1	2	3	4	5	Y	N	1	2	3	4	5
19.	Overall interest and ability in teaching	1	2	3	4	5	Y	N	1	2	3	4	5

TOPIC	INTEREST					HAVE DONE		ABILITY				
	low			high		Yes	No	low			high	
<u>RESEARCH</u>												
20. Developing research questions	1	2	3	4	5	Y	N	1	2	3	4	5
21. Designing research projects	1	2	3	4	5	Y	N	1	2	3	4	5
22. Determining the feasibility of conducting a research project	1	2	3	4	5	Y	N	1	2	3	4	5
23. addressing ethical issues in research on human subjects	1	2	3	4	5	Y	N	1	2	3	4	5
24. Implementing research projects	1	2	3	4	5	Y	N	1	2	3	4	5
25. Searching the medical literature	1	2	3	4	5	Y	N	1	2	3	4	5
26. Using the medical literature for research projects	1	2	3	4	5	Y	N	1	2	3	4	5
27. Designing research instruments	1	2	3	4	5	Y	N	1	2	3	4	5
28. Designing questionnaires, surveys, and interviews	1	2	3	4	5	Y	N	1	2	3	4	5
29. Managing and analyzing data	1	2	3	4	5	Y	N	1	2	3	4	5
30. Interpreting research findings	1	2	3	4	5	Y	N	1	2	3	4	5
31. Presenting research results	1	2	3	4	5	Y	N	1	2	3	4	5
32. Overall interest and ability in research	1	2	3	4	5	Y	N	1	2	3	4	5
<u>SCHOLARLY COMMUNICATION</u>												
33. Writing research abstracts	1	2	3	4	5	Y	N	1	2	3	4	5
34. Writing grant proposals	1	2	3	4	5	Y	N	1	2	3	4	5
35. Writing a manuscript for publication	1	2	3	4	5	Y	N	1	2	3	4	5
36. Designing web-based instruction	1	2	3	4	5	Y	N	1	2	3	4	5
37. Using distance learning technology (PictureTel, etc.)	1	2	3	4	5	Y	N	1	2	3	4	5
38. Designing & delivering scientific posters	1	2	3	4	5	Y	N	1	2	3	4	5
39. Designing & delivering scientific papers	1	2	3	4	5	Y	N	1	2	3	4	5
40. Overall interest and ability in scholarly communication	1	2	3	4	5	Y	N	1	2	3	4	5

TOPIC	INTEREST					HAVE DONE		ABILITY				
	low		high			Yes	No	low		high		
<u>ADMINISTRATION</u>												
41. Motivating people to work	1	2	3	4	5	Y	N	1	2	3	4	5
42. Managing my time	1	2	3	4	5	Y	N	1	2	3	4	5
43. Applying leadership skills	1	2	3	4	5	Y	N	1	2	3	4	5
44. Managing committees	1	2	3	4	5	Y	N	1	2	3	4	5

TOPIC	INTEREST					HAVE DONE		ABILITY				
	low		high			Yes	No	low		high		
<u>PROFESSIONAL DEVELOPMENT</u>												
45.	Diagnosing organizational effectiveness											
	1	2	3	4	5	Y	N	1	2	3	4	5
46.	Managing organizational change processes											
	1	2	3	4	5	Y	N	1	2	3	4	5
47.	Managing ethnic and gender issues											
	1	2	3	4	5	Y	N	1	2	3	4	5
48.	Managing budgets											
	1	2	3	4	5	Y	N	1	2	3	4	5
49.	Project planning											
	1	2	3	4	5	Y	N	1	2	3	4	5
50.	Overall interest and ability in administration											
	1	2	3	4	5	Y	N	1	2	3	4	5
51.	Developing a career plan											
	1	2	3	4	5	Y	N	1	2	3	4	5
52.	Developing academic portfolios											
	1	2	3	4	5	Y	N	1	2	3	4	5
53.	Creating professional colleague networks											
	1	2	3	4	5	Y	N	1	2	3	4	5
54.	Working with a mentor											
	1	2	3	4	5	Y	N	1	2	3	4	5
55.	Getting involved in professional academic organizations											
	1	2	3	4	5	Y	N	1	2	3	4	5
56.	Overall interest and ability in professional development											
	1	2	3	4	5	Y	N	1	2	3	4	5