



James J. Peters VA Medical Center VISN 3 GRECC Interprofessional Palliative Care Fellowship Program

A national network of six interprofessional palliative care fellowship programs was funded in 2002 by the Department of Veterans Affairs to provide the best possible care for the nation's veterans by transforming the care of the seriously ill. The James J. Peters VA Medical Center VISN 3 GRECC Program hosts one of these fellowship programs.

Eligible Criteria for Interprofessional Fellows

- Board Certified or Board Eligible Physicians who have completed a 3 year U.S. residency program in internal medicine, family medicine, psychiatry, or sub-specialty training in oncology, geriatrics or anesthesia; **active U.S. license required prior to start date**
- Master's Prepared Nurses; **ANCC certification required prior to start date**
- Master's Prepared Social Workers from a CSWE accredited program
- Post-residency Doctoral Prepared Pharmacists
- Post-doctoral Clinical Psychologists from an APA approved program (must have successfully defended dissertation before start of Fellowship)

The medical training component of the fellowship program was accredited by the Palliative Medicine Review Committee of the American Academy of Hospice and Palliative Medicine in 2006.

Mandatory Requirement

All non-physician candidates must be United States citizens. Physicians can be a U.S. citizen, permanent resident or current J-1 or H1-b Visa holder with an active U.S. medical license.

Candidate Preference

Given to those applicants who:

- 1) Demonstrate motivation and ability to assume leadership roles in the promotion of palliative and end of life care within their field of specialization;
- 2) Are committed to an interdisciplinary team approach to care; and
- 3) Express interest in future employment within the VHA system.

Structure of the Fellowship

- One-year fellowship program from July 1, 2009 to June 30, 2010. Applications meeting requirements and containing ALL required documents are reviewed on a case-by-case basis.
- Clinical traineeships include 10 months within the VHA system, including East Orange NJ VAMC, and two months of external rotations, (Mount Sinai Medical Center, Lilian and Benjamin Hertzberg Palliative Care Institute and a community based home hospice program).
- An elective rotation at another VA facility with an exemplary palliative or end-of-life care program may be arranged.
- This is a full-time position (2,080 hours/year). Fellows are expected to commit to a 40-hour work week during normal business hours.
- Fellows receive a stipend and are eligible to participate in a health benefit plan.

Program Leadership

Judith L. Howe, PhD (Program Director)
Robyn Anderson, APRN-BC, MS (Co-Director)
Elizabeth M. Clark, MD, FACP (Medical Director)
Kenneth Boockvar, MD, MS (Faculty)
Victor Chang, MD (Faculty)
Paulina Kim, MD (Faculty)
Joan Penrod, PhD (Faculty)
Valerie Menocal, BS (Fellowship Coordinator)

Goals of the GRECC Fellowship Program

- Develop experts who demonstrate the clinical knowledge, skills, and attitudes to establish palliative care as the standard of care for veterans suffering from chronic, progressive, life-threatening illness.
- Provide fellows with the skills, insight, and experience to distinguish themselves as national leaders, clinicians, researchers and educators in the field of palliative care.
- To meet these goals, fellows will engage in a longitudinal multi-site and interdisciplinary program, which include:
 - Individual learning plans to accommodate a broad spectrum of professional goals and individual interests in palliative care. This will include the development of a plan of individualized electives and customized areas of study by each fellow in consultation with the fellowship faculty.
 - A palliative care research program, including a didactic research seminar series and a mentored research experience with participation in an existing study.
 - Participation in an education dissemination project with fellowship colleagues, the e-newsletter, *The Cloak*.
 - A leadership component which includes enhancement of teaching and presentation skills, “making the case” for a palliative care program, and writing for publication.

Training Sites

- James J. Peters VA Medical Center, Bronx, New York
- East Orange/Lyons Campuses of the VA New Jersey Healthcare System
- Mount Sinai Medical Center, Lilian and Benjamin Hertzberg Palliative Care Institute
- A community based home hospice program
- Other VA sites as appropriate

Curriculum Outline

The fellowship curriculum includes an academic Thursday with a two hour fellowship seminar and a 1-hour noon conference. In addition, Fellows participate in a joint weekly Journal Club with Mount Sinai Medical Center Geriatrics Fellows, Grand Rounds, medical resident conferences, VISN 3 Quarterly Palliative Care Education meetings and other education and training activities.

Topics include

- Introduction to the VHA System
- Palliative Medicine
- Pain and Non-pain Symptoms
- Neuropsychologic and Psychological Symptoms
- Ethics and the Law
- Clinical Communication Skills

Teaching Methods

- Direct discipline-specific clinical mentoring and apprenticeships at each training site;
- Classroom: lectures, case-based learning seminars and workshops, Grand Rounds, noon case conferences;
- Clinical training: team teaching, home visits, morning reports, attending rounds, team meetings, clinical case conferences, psychosocial rounds, and ethics conferences;
- Interactive/Participatory Educational Activities: mentoring/apprenticeship/supervision, case analyses, planning and participating in a variety of teaching venues, journal and book clubs and use of film.

**Applications are accepted and reviewed on a rolling admissions policy.
The deadline for applications for all healthcare professionals
is March 31, 2009.**

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.

Additional information

Please contact:

Valerie Menocal

Fellowship Coordinator
VISN 3 GRECC Program
James J. Peters VA Medical Center
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Bronx, NY 10468

E-mail: valerie.menocal@va.gov
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Judith L. Howe, PhD

Director, Interdisciplinary Palliative Care
Fellowship Program
VISN 3 GRECC Program
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**James J. Peters VA Medical Center
VISN 3 GRECC
Interprofessional Palliative Care Fellowship Program**

How to Apply

We welcome applications from all qualified candidates who are Board Certified or Board Eligible Physicians, master's prepared Nurses, master's prepared Social Workers, post-residency doctoral prepared Pharmacists and post-doctoral clinical Psychologists.

All non-physician candidates must be United States Citizens. Physician candidates must be a U.S. citizen, permanent resident, or a current J-1 or H1-b visa holder with an active US medical license.

For any questions, please contact Valerie Menocal, Fellowship Coordinator, VISN 3 GRECC Program, James J. Peters VA Medical Center, 130 West Kingsbridge Road, Bronx, New York 10468, by phone at 718-584-9000 x3809 or 3800, or via e-mail at valerie.menocal@va.gov.

We look forward to receiving your completed application and wish you the best in your endeavors. Please note that we are unable to review incomplete applications.

Your Completed Application Must Include the Following:

1. Completed and signed application
2. Copy of U.S. Social Security Card
3. Proof of U.S. Citizenship (e.g., copy of passport or birth certificate) or permanent resident status for physician candidates (copy of J-1 or H1-b Visa and ECFMG certificate)
4. A copy of your most recent curriculum vitae
5. A copy of your discipline's license. Physicians **MUST** have an active U.S. medical license.
6. A personal statement, which describes your career goals and interests in palliative care, not to exceed 750 typed words.
7. One copy of your official school transcripts. This would include undergraduate and post graduate schools attended. If you are accepted into the program, you will need to submit one set of original transcripts. We must receive them in sealed envelopes.
8. Three letters of recommendation are required (**must have 3 clinical reference letters from current supervisors or Program Directors**). Please have all recommendations sent to you in a sealed envelope to be forwarded, unopened, to our office with your completed application for submission.

Make sure you have ALL of the following enclosed with the application:

- | | |
|--|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Copy of Active License |
| <input type="checkbox"/> U.S. Social Security Number | <input type="checkbox"/> Personal Statement |
| <input type="checkbox"/> Proof of Citizenship | <input type="checkbox"/> School Transcripts
Undergraduate and post-graduate |
| <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> 3 Clinical Reference Letters |

If applicable:

- | | |
|---|--|
| <input type="checkbox"/> Copy of J-1 or H1-b Visa | <input type="checkbox"/> ECFMG Certificate |
|---|--|

Application Deadlines:

- It is the responsibility of the applicant to ensure that all documents are in the James J. Peters Veterans Affairs Medical Center VISN 3 GRECC office by traceable mail (e.g., registered, certified or FedEx) not later than **March 31, 2009 for all healthcare professionals**. Applications are accepted and reviewed on a case-by-case basis.
- All deadlines listed are “in office” deadlines, not postmark deadlines. The GRECC Fellowship Program reserves the right to return any application that arrives after the deadline.



**Application for the
James J. Peters VA Medical Center VISN 3 GRECC
Interprofessional Palliative Care Fellowship Program
130 West Kingsbridge Road
Bronx, NY 10468**

For which discipline are you applying?

- Medicine Nursing Social Work Pharmacy Psychology

Name of Applicant: _____ Mr. Ms. Dr.
(Last) (First) (M.I.)

List other names that may appear on credentials: _____

1. Check your degree status within your discipline. Complete appropriate section below according to your discipline:

- MA MSN MPH MS MSW Advanced Certificate
 DPT EdD PhD PsyD Special (Non -degree)
 MD DO MBBS PharmD Other _____

Physicians

- License State: _____ Expiration Date: _____
 J-1 or H1-b Visa (**Attach copy**) Expiration Date: _____
 ECFMG Certificate (**Attach copy**)
 Board Certified Specialty: _____ Date: _____
 Board Eligible Specialty: _____
 NYS Medical Expiration Date: _____

Advanced Practice Nurses

- Nurse Practitioner Specialty: _____ ANCC Certification: Yes No
 Clinical Nurse Specialist Specialty: _____
 Nurse Anesthetist

NAME: _____

DATE: _____

Psychology / Social Work

Degree Date Received / Expected: _____

Dissertation Defense Date: _____

License Number _____

2. Present Mailing Address

Street Address / PO Box Apt / PH

City State Zip Code

Phone: _____
Home Mobile

Fax E-mail

Permanent Mailing Address Check if same as present mailing address.

Street Address / PO Box Apt / PH

City State Zip Code

Phone: _____
Home Mobile

Fax E-mail

3. Proof of Citizenship/Permanent Status (Attach copy): Birth Certificate U.S. Passport Green Card

4. Is English your native language: Yes No If no, what is your native language? _____

5. How would you describe yourself? (Optional)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Korean | <input type="checkbox"/> White (non-Hispanic) | _____ |
| <input type="checkbox"/> Chicano | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Biracial/Multiracial | _____ |

6. Previous Education Experience: Please note you must complete this section.

Please list your baccalaureate institution on line 1 with all corresponding dates and degrees. List all other post-secondary institutions attended on lines 2-4. Please provide one copy of each institution's transcript. See application instructions on page 5 for details.

Name of Institution	City, State	Attended Dates	Degree/Major
1. _____			
2. _____			
3. _____			

NAME: _____

DATE: _____

7. List any honors or scholarships received; books or articles published:

8. List any certificate or license you now hold, where it was obtained, and the profession or field to which it pertains:

Type of Certificate or License	Issued By	Field

9. List your recent professional experience. (Please attach your current cv.):

Position	Employer	From-To Month and Year

REMINDER: Please attach a typewritten, double-spaced personal statement, not to exceed 750 typed words, describing your career goals and interest in palliative and end of life care.

I understand that the James J. Peters Veterans Affairs Medical Center cannot assume responsibility for applications or documents received after the appropriate deadline and for the loss or delay of applications or credentials and will not process applications for admissions until official transcripts and test scores for all previous graduate and undergraduate study have been received. The James J. Peters Veterans Affairs Medical Center reserves the right to refuse admission to any applicant who, in the Medical Center's judgment, is not qualified. Similarly, The Medical Center reserves the right to require withdrawal of any student at any time for any reason deemed sufficient under the rules and traditional practices of the Medical Center. I certify that the above information is correct. I am aware that this application is valid for one year only from the date of submission.

Date

Applicant's Signature

**Applications are accepted and reviewed on a rolling admissions policy.
The deadline for applications for all healthcare professionals
is March 31, 2009.**

Incomplete applications will not be reviewed.

NAME: _____

DATE: _____