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CALL FOR 2017 FELLOWS

Deadline for receipt of all application documents: December 31, 2016

**Please submit to the fellowship program director - Dr. Teresa Gomez-Isla - at
tgomezisla@partners.org**

**MASSACHUSETTS GENERAL HOSPITAL (MGH) CLINICAL FELLOWSHIP IN
DEMENTIA**

Alzheimer's disease (AD) and the related dementias are complex neurological disorders that are expected to shift the socio-demographic trends in the U.S. and beyond, with drastic public health consequences for the global community. There is an urgent need for training the next generation of clinician-scientists who are well-versed to work with patients with such diseases and to find effective treatments for them.

A. PROGRAM DEMOGRAPHICS

Name of Host Institution: Massachusetts General Hospital

Specialty/Subspecialty: Dementias and related neurodegenerative disorders

Address (mailing): Building 114, Suite 2011, Massachusetts General Hospital, 16th Street,
Charlestown, MA 02129

Address (physical location): Department of Neurology, Massachusetts General Hospital,
55 Fruit Street, Boston, MA 02114

Telephone Number: 617-726-3987

Facsimile Number: 617-724-1480

Program Website: www.madrc.org

Program Email: NA

Program Director: M. Teresa Gomez-Isla, MD, PhD (tgomezisla@partners.org)

Alternate Program Contact: Silviya H. M. Eaton, MBA, MA (seaton@partners.org),

Administrative and Education Programs Manager, Harvard/Partners Neurology Program

B. INTRODUCTION

1. History

The fellowship was established in 1982, and approximately 30 fellows have completed the training program since its inception.

2. Duration

Two years.

3. Prerequisite Training, Selection Criteria & Requirements

The Fellowship is open to U.S. citizens, lawful permanent residents or foreign nationals.

Candidates must possess at least an MD or a foreign-equivalent basic medical degree (e.g., MBBS) and have successfully completed a recognized residency training program in neurology or a related field. They must be eligible to apply for a limited license in the State of Massachusetts and have documentation of the USMLE Step 1, Step 2 CK, and Step 2 CS.

International medical graduates may apply and submit ECFMG certification as well, and are expected to be fluent in English. Individuals who will add diversity to the medical sciences and with foreign language skills are considered a plus.

Applicants are required to submit the following documents to the program director for consideration:

Cover Letter: The cover letter should clearly state the applicant's commitment to a clinical career in the dementias and/or a related neurodegenerative disease, include his/her goals for the fellowship and plans after the program, identify faculty mentors or specific laboratories that they may be interested to work with, and include information on his/her visa status (if applicable).

Research Statement (optional; 2 page maximum): If an applicant has already identified a proposed independent research project to carry out during the fellowship, the following information should also be included: (i) the nature and scope of the research, (ii) how institutional resources would be utilized, and (iii) how the research will help advance knowledge on dementias and/or related disorders.

Curriculum Vitae (CV): The CV should also include a list of current or pending funding, if available.

Three Letters of Recommendation: These should be from past or current faculty members or mentors who are familiar with the applicant's potential and aptitude for pursuing an academic, industry or a related scientific field.

The fellowship is awarded through a competitive-review process led by an *ad-hoc* fellowship selection committee. Application materials are due approximately 4 months prior to the start of the program.

A limited Massachusetts Physician Medical License is required for accepted fellows. They must be in full residence during the entire duration of the 2-year training program and should document successful completion of USMLE Step III by the end of the program. However, the fellowship program director may grant individual Step III exceptions for 1 year at a time with the approval from the Vice President for Graduate Medical Education at Partners HealthCare. Permanent exemptions may be granted to international medical graduates who plan to return to their home country after the completion of their training.

Note: Canadian physicians and Doctors of Osteopathy who are eligible for licensure may substitute documentation of successful completion of LMCC/MCCQE and COMLEX examinations (respectively), in lieu of USMLE examinations.

4. Goals and Objectives

The objective of this non-degree program is to introduce exceptionally-qualified individuals to the challenges and rewards of a clinical career in the dementias and related neurodegenerative diseases, and is intended to provide an unparalleled foundation for potential leadership roles in academic medicine, industry or related fields.

The main goal of this clinical fellowship is to gain advanced clinical skills to diagnose and treat patients with dementing disorders such as Alzheimer's disease, frontotemporal disorders, vascular dementia, dementia with Lewy bodies, and other related disorders. This includes clinical training in the clinical exam, diagnosis, treatment and management of dementia; educating families and caregivers on these diseases, as well as didactic and experiential training in research methods and the ethical conduct of clinical research. Fellows will not be involved in teaching or supervising residents in the program.

Recipients of the fellowship are also expected to develop advanced knowledge in clinical (including clinical trials & drug development) basic and/or translation research, enhance their clinical proficiencies in managing complex neurologic cases typically seen in tertiary settings, and demonstrate effective competencies in teaching and communication skills to medical professionals and the lay public.

5. Program Certification

The fellowship program is considered a component of the Harvard/Partners Neurology Residency Program (www2.massgeneral.org/neurologyresidents), which is accredited by the Accreditation Council for Graduate Medical Education (ACGME program number: 1802431050).

C. RESOURCES

1. Faculty Members

Bradford C. Dickerson, MD, MMSc
Director, MGH Frontotemporal Disorders Unit

Bradley T. Hyman, MD, PhD
Co-Director, MGH Memory Disorders Unit
Director, Massachusetts Alzheimer's Disease Research Center

M. Teresa Gomez-Isla, MD, PhD
Co-Director, MGH Memory Disorders Unit
Co-Director, Clinical Core, Massachusetts Alzheimer's Disease Research Center

John H. Growdon, MD
Director, MGH Movement Disorders Unit

2. Training Sites of all Rotations

Massachusetts General Hospital (Boston and Charlestown campuses)

D. EDUCATIONAL PROGRAM (BASIC CURRICULUM)

The fellowship curriculum is based on the six competencies required by the Accreditation Council for Graduate Medical Affairs (ACGME):

1. Medical Knowledge
2. Patient Care
3. Practice-Based Learning and Improvement
4. Systems-Based Practice
5. Communications and Interpersonal Skills
6. Professionalism

Formal Teaching Component: Clinical

The clinical aspects of the program will include comprehensive training in all practical and theoretical aspects of diagnosis, evaluation and clinical management of patients with dementias (e.g., Alzheimer's disease, frontotemporal disorders, dementia with Lewy bodies, vascular dementia, cerebral amyloid angiopathy). The fellow will deliver care to patients of the MGH's Memory Disorders Unit (MDU) and/or Frontotemporal Disorders Unit on one half-day per week supervised by an assigned clinical mentor. He/she is expected to see a mix of new patients and follow-up patients; participate and present cases at the weekly MDU conference, attend weekly departmental Grand Rounds, and meet with his/her assigned clinical mentor once a week to review cases. Fellows will not have admitting/billing privileges nor will they be providing any coverage responsibility for attending physicians throughout the program.

Goals

Year 1: The main goal of the program is to train clinicians in the diagnosis, evaluation and management of patients with dementing disorders such as Alzheimer's disease, frontotemporal disorders, vascular dementia, dementia with Lewy bodies, and other related disorders. Clinical

mentors will train fellows to gain expertise in clinical/neurological examinations, and the use of laboratory, imaging, biomarker, genetic and neuropsychological test results to: (i) better understand the underlying causes, clinical progression and pathology of a wide range of complex neurologic disorders, and (ii) the use of safe and efficacious drugs to treat clinical syndromes. During year 1, each fellow will be expected to directly see approximately 90 - 100 new patients and approximately 50 follow-up patients under the supervision of a clinical mentor.

Year 2: The focus of the 2nd year is to enhance and solidify clinical goals identified above in Year 1 of the program. During year 2, each fellow will be expected to directly see approximately 50 new patients and approximately 120 follow-up patients under the supervision of a clinical mentor.

Objectives

By the end of the program, the fellow is expected to attain the following competencies in clinical care:

Medical Knowledge: The fellow will demonstrate an advanced fund of knowledge and skills in clinical settings, and use best practices in the clinical examination, diagnosis and treatment of complex-care patients typically seen in tertiary clinics.

Patient Care: The fellow will demonstrate effective techniques in interviews, physical, neurologic, psychiatric examinations and technical/procedural skills. He/she will develop comprehensive differential diagnosis and multidisciplinary plan of care for patients.

Practice-Based Learning and Improvement: The fellow will actively seek and respond to formative feedback, educate diverse patients/families and other healthcare professionals, and motivate self to improve skills through review of scientific literature, self-reflection, participation and presentations at conferences (e.g., M & M).

Systems-Based Practice: The fellow will deliver compassionate, cost-effective care (or transition of care) in multi-disciplinary settings, functions as a team player, and provide effective suggestions to improve patient safety and care. He/she will be poised to navigate complexities associated with changing health-care laws.

Communications and Interpersonal Skills: The fellow will communicate effectively with diverse patients, family members, colleagues, media and the public. They will gain skills in providing educational guidance on patient care to families and caregivers.

Professionalism: The fellow will demonstrate compassion and integrity in clinical settings. He/she will evident sensitivity to patients' and colleagues' diverse backgrounds and adhere to regulations on privacy and confidentiality. He/she will reliably accept, prioritizes and accomplishes professional responsibilities and serves as a positive role model.

Formal Teaching Component: Research

The Fellowship will also include a research component that will complement the advanced clinical training aspect of the program. The research aspects of the fellowship will include in-

depth training in state-of-the-art inquiries in clinical, translational and/or basic science research, including the following: Biomarker/genetic research; novel drug/vaccine/biologics/medical devices development; interventional trials; observational studies; neuroimaging studies; animal models research. Each fellow will be required to develop and conduct an independent research project or clinical trial under the weekly supervision of an identified mentor. Under the guidance of the mentor, the fellow will be expected to present his research at local, national and/or international conferences approximately 1- 4 times per year, and publish findings in leading journals.

Other Didactics (Informal Teaching)

Other didactics (informal teaching) that fellows may attend include (local, national, international) courses, conferences, symposiums, journal clubs and workshops on patient care quality and safety; pain management; interpersonal and communication skills; professionalism and cultural competency; biostatistics; cost-effective health care management; risk management; pharmacology; biotechnology; health disparities; clinical trials; grant-writing; fund-raising; human subjects protection; ethical animal research; ethics; study recruitment; academic-industry partnerships; leadership development; regulatory compliance; IRB/FDA regulations; Intellectual Property; media relations, etc.. Many of these offerings are routinely sponsored by the Harvard Clinical and Translational Science Center (Harvard CATALYST), the Partners Graduate Medical Education Office, the Partners Office of Continuing Professional Development and other entities.

The fellowship program does not impose a specific schedule or length for these didactics as they contribute to the ongoing professional development of fellows. Fellows are encouraged to attend these didactics to complement their clinical and research requirements.

Electives

With the approval of the fellowship program director, fellows may receive supervised clinical training at affiliated Partners HealthCare System, Harvard Medical School and Massachusetts Institute of Technology (MIT) divisions, including but not limited to the following:

MGH Movement Disorders Unit; MGH Spanish/Latino Memory Disorders Unit; MGH Neurology Lumbar Puncture Clinic; MGH Neurology Inpatient Services; BWH Division of Cognitive and Behavioral Neurology; BWH Center for Alzheimer Research and Treatment (CART); MGH/HST/MIT Martinos Center for Biomedical Imaging; MGH Geriatric Medicine Unit; MGH Department of Psychiatry (e.g., Gerontology Research Unit; Psychology Assessment Center); BIDMC Gerontology Division; MGH Center for Human Genetic Research; MGH Neuropathology Services; Harvard Program in Therapeutic Science; Harvard Program in Neuroscience; MIT/Harvard Broad Institute; Harvard NeuroDiscovery Center; Harvard T. H. Chan School of Public Health; Hebrew SeniorLife; MGH Center for Community Health Improvement (& affiliated neighborhood clinics in Charlestown, Chelsea, Revere).

Fellows will be encouraged to participate in educational outreach to diverse communities, network with key organizations such as the Alzheimer's Association and the Association for Frontotemporal Degeneration, and thereby develop skills in study recruitment and community engagement.

Schedule

Mondays (required): 12pm - 1pm (MDU conference), plus ½ day patient care at MDU and/or Frontotemporal Disorders Unit

Tuesdays - Fridays: Protected time to be used for didactics, electives and meetings with clinical mentor (1 hr per week) and research mentor (1 hr per week)

Fellows may take up to 1 month of vacation per year during the program.

E. SUPERVISION AND EVALUATION

Supervision

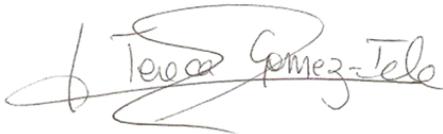
Each fellow will be assigned a clinical and a research mentor at the start of the program. He/she will be supervised and/or accompanied by a senior clinician of the MGH Memory Disorders Unit and/or Frontotemporal Disorders Unit whenever these clinics are in session. Weekly meetings between each fellow and his/her research and clinical mentors will be scheduled. In addition, each fellow will also meet with the fellowship program director (at least) twice a year.

Evaluation

Faculty members and the fellowship program director will complete electronic evaluations of fellows using the 'New Innovations' web-based system twice a year. Verbal evaluations between faculty members and fellows are welcomed and will be provided to trainees on an as-needed basis.

Fellows will complete electronic evaluations of faculty members using the 'New Innovations' system twice a year, and will also complete evaluations of the fellowship program and program director in 'New Innovations' once a year.

Faculty members will complete evaluations of the fellowship program in 'New Innovations' annually.

A handwritten signature in black ink, appearing to read "Teresa Gomez-Isla". The signature is fluid and cursive, with a large loop at the beginning and a long horizontal stroke at the end.

Program Director

M. Teresa Gomez-Isla, MD, PhD

Date: February 1, 2016