



## **James J. Peters VA Medical Center - VISN 2 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 2 GRECC Program hosts one of these fellowship programs and has graduated over 50 fellows from social work, psychology, medicine, pharmacy and nursing.

### **Eligible Criteria for Interprofessional Fellows**

- Board Certified or Board Eligible Physicians who have completed a 3 year U.S. residency program in internal or family medicine, psychiatry and neurology, radiology, surgery, anesthesiology, emergency medicine or sub-specialty training in oncology, geriatrics or anesthesia; **an active U.S. medical license is 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 Doctorally Prepared Pharmacists

The medical training component of the fellowship program has been accredited by the Accreditation Council for Graduate Medical Education since July 1, 2009.

### **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 interprofessional team approach to care; and
- 3) Express interest in future employment within the VHA system.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Structure of the Fellowship**

- One-year fellowship program commencing on July 1. Applications meeting requirements and containing ALL required documents are reviewed on a case-by-case basis.
- Mandatory clinical traineeships for the year include non-VA rotations at Mount Sinai Hospital's palliative care service, Visiting Nurse Service of NY, Hospice and Palliative Care, and Elizabeth Seton Pediatric Center.
- An elective rotation may be fulfilled at another NY VA facility with an exemplary palliative or end-of-life care program may be arranged at the fellow's own expense.
- 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, are eligible to participate in a health benefit plan, and receive sick and vacation time. Physicians are paid based on their last completed training (PGY) level.

## **Program Leadership**

Judith L. Howe, PhD, MPA (Program Administrative Director)

Ellen Olson, MD (ACGME Fellowship Director and Interprofessional Fellowship Co-Director)

Valerie Menocal, BS (Fellowship Coordinator)

### Site Directors

Elizabeth Lindenberger, MD, Mount Sinai Hospital

Ritchell Dignam, MD, Visiting Nurse Service of NY, Hospice & Palliative Care

R. Gordon Hutcheon, MD, Elizabeth Seton Pediatric Center

### Academic Faculty / Preceptors

Allen Andrade, MD

Carmela Aponte, LCSW

Kenneth Boockvar, MD, MS

Ab Brody, PhD

Daniel Degyansky, M. Div, BCC

Melissa Garrido, PhD

Laura Gelfman, MD

Nathan Goldstein, MD

John Knapp, NP

Elizabeth Lindenberger, MD

Bindu Raju, MD

Albert Siu, MD

Rosina Stamati, RPh, MPA, CGP, BCPS

Wendy Wisniewski, PhD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Goals of the GRECC Fellowship Program**

- Develop experts who demonstrate the clinical knowledge, skills, and attitudes to establish palliative and end-of-life care as the standard of care for veterans suffering from chronic, progressive, life-threatening illness across various venues of care (e.g., inpatient, outpatient, and long-term care).
- 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 includes:
  - Individual learning plans to accommodate a broad spectrum of professional goals and individual interests in palliative care. This includes the development of a plan of individualized electives and customized areas of study by each fellow in consultation with the fellowship faculty.
  - Research through a mentored research experience with an option for participation in an existing study.
  - Clinical training in a range of VA and non-VA settings.
  - Weekly didactic seminars, journal clubs and grand rounds.
  - A leadership component which includes enhancement of teaching and presentation skills through selected case and seminar presentations, “making the case” for a palliative care program, interprofessional team leadership sessions, a quality improvement project and writing for publication.

## **Training Sites**

- James J. Peters VA Medical Center, Bronx, New York
- Mount Sinai Hospital – Brookdale Department of Geriatrics and Palliative Medicine, New York, NY
- Visiting Nurse Service of NY, Hospice & Palliative Care, New York, NY
- Elizabeth Seton Pediatric Center, Yonkers, NY
- Elective rotations are available at VA facilities

## **Curriculum Outline**

The fellowship curriculum integrates interprofessional and disciplinary competencies including the six core ACGME clinical competencies. The ACGME competencies are patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Mandatory weekly interactive seminars are led on Thursdays by core and guest faculty. Joint afternoon didactic sessions with Mount Sinai Brookdale Department of Geriatrics and Palliative Medicine and joint GRECC / Mount Sinai Palliative Care and Geriatric Grand Rounds are also offered in addition to many other learning opportunities. Fellows are also supported to attend the Icahn School of Medicine at Mount Sinai Intensive Update with Board Review in Geriatric and Palliative Medicine and Education in Palliative and End-of-Life Care (EPEC) courses.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **Seminar Topics include**

- Introduction to Palliative Medicine
- Pain and Non-pain Symptom Management
- Ethics
- Clinical Communication Skills
- Prognostication
- Leadership Development
- Cultural and Spiritual Aspects of End of Life Care
- Interprofessional Teamwork
- Pediatrics in Palliative Care
- Dementia, Depression and Delirium
- Advance Care Planning
- Nutrition

## **Teaching Methods**

- Direct discipline-specific clinical mentoring and apprenticeships at each training site in addition to learning in an interdisciplinary context.
- 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, book and movie club, and reflective journaling.

**Applications are accepted and reviewed on a rolling admissions basis.**

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.**

**For additional information, please contact:**

**Valerie Menocal, BS**

Fellowship Coordinator

GRECC Program

James J. Peters VA Medical Center

130 West Kingsbridge Road

Bronx, NY 10468

**E-mail:** [valerie.menocal@va.gov](mailto:valerie.menocal@va.gov)

Phone: 718-584-9000, x 3809 or 3800

Fax: 718-741-4211

**WEBSITE:**

[www.bronx.va.gov/services/grecc.asp](http://www.bronx.va.gov/services/grecc.asp)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



## James J. Peters VA Medical Center - VISN 2 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, and post-residency doctorally prepared Pharmacists.

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 U.S. medical license.

For any questions, please contact Valerie Menocal, Fellowship Coordinator, 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](mailto: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. 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)
3. A copy of your most recent curriculum vitae
4. A copy of your discipline's license as appropriate. **Physicians MUST have an active U.S. medical license before the start date. (If J-1 visa, a limited permit is required.)**
5. A personal statement, which describes your career goals and interests in palliative care, not to exceed 750 typed words.
6. 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.
7. Three letters of recommendation are required (**must have 3 clinical reference letters from current supervisors or Program Directors within the past six months**). Physician fellow recommendation letters should be addressed to Ellen Olson, MD. Psychosocial fellow recommendation letters should be addressed to Judith L. Howe, PhD. The original letters should be received in a sealed envelope to be forwarded, unopened, to our office with your completed application for submission.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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

- Application
- Proof of Citizenship
- Curriculum Vitae
- Copy of Active License or Limited Permit
- Personal Statement
- 3 Current Clinical Reference Letters
- School Transcripts  
Undergraduate and post-graduate

**If applicable:**

- Copy of J-1 or H1-b Visa
- ECFMG Certificate

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**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 2 GRECC office by traceable mail in a timely fashion (e.g., registered, certified or FedEx). Applications are accepted and reviewed on a case-by-case basis.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**2. Present Mailing Address**

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Street Address / PO Box Apt / PH

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City State Zip Code

**Phone:** \_\_\_\_\_

Home Mobile

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Fax E-mail

**Permanent Mailing Address**  Check if same as present mailing address.

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Street Address / PO Box Apt / PH

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City State Zip Code

**Phone:** \_\_\_\_\_

Home Mobile

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Fax E-mail

**3. Proof of Citizenship/Permanent Status (Attach copy):**  Birth Certificate  U.S. Passport  Permanent Resident 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         | _____   |

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**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. _____			

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

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**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
_____		
_____		

**8. 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 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.  
Incomplete applications will not be reviewed.**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_