

Population Health Leadership Fellowship

Program Goals:

Following completion of the Mass General Brigham Population Health Leadership Fellowship, the Fellow will be able to:

- Understand the socioeconomic and political context for population health management
- Describe the structure and resources needed for the administration of a successful population health program
- Take on an administrative role in Population Health/Accountable Care
- Describe financial and operational considerations for an ACO
- Describe appropriate population health strategies depending on patient populations and needs
- Analyze outcomes of population health strategies, and make recommendations regarding program scale and scope based on those outcomes

In addition, the Fellow will be expected to enhance his/her presentation, facilitation and leadership skills by successfully completing the following:

- Poster presentation at the Population Health Research Symposium
- Lead a regularly scheduled journal club discussion, identifying the article, providing a synopsis and facilitating discussion
- Implementation of strategies in own clinical practice

Application Packet Requirements:

- 1. Completed application form
- 2. CV (Harvard or non-Harvard format CV acceptable; be sure to include honors, awards and publications and research and volunteer work)
- 3. Two letters of recommendation (one from Residency Director or Chairman)

Important dates

October 1: Applications Due

November 1: Notification of Acceptance

July 2022: Fellowship Begins

Please submit all items to:

phmfellowship@partners.org

Applicant Information

| Full Name | | | | | Date |
|---------------|--------------------------------------|-------|----------------|-------|-----------------------------|
| | Last | First | | M.I. | |
| Address | | | | | |
| | Street Address | | | | Apartment/Unit # |
| City | | | State | ZIP (| Code |
| Phone | | | Email | | |
| Undergra | aduate_ | | | | |
| Institution | Name | | | | |
| Address | | | | | |
| City | | | State | | ZIP Code |
| From: | T | o: | Degree: | | Field of Study: |
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| Address | | | Ctata | | 7ID Codo |
| City From: | T | 0: | State Degree: | | ZIP Code Field of Study: |
| Internshi | i p, Residency, Fello Name | wship | | | |
| Address | | | | | |
| City | | | State | | ZIP Code |
| From: | T | 0: | Degree: | | Field of Study: |
| Institution | Name: | | | | |
| Address | | | | | |
| City | | | State | | ZIP Code |
| From: | T | 0: | Degree: | | Field of Study: |



| Institution Name | | | | | | | |
|----------------------|------------------|---------|-----------------|--|--|--|--|
| Address | | | | | | | |
| City | | State | ZIP Code | | | | |
| From: | То: | Degree: | Field of Study: | | | | |
| Other Graduate | <u>Education</u> | | | | | | |
| Institution Name | | | | | | | |
| Address | | | | | | | |
| City | | State | ZIP Code | | | | |
| From: | То: | Degree: | Field of Study: | | | | |
| Medical Licenses | <u>.</u> | | | | | | |
| Title | | | Date Earned | | | | |
| Title | | | Date Earned | | | | |
| Title | | | Date Earned | | | | |
| | | | | | | | |
| Specialty | | | | | | | |
| Which specialty have | you trained in? | | | | | | |
| | | | | | | | |
| Title | | | Date Earned | | | | |
| Title | | | Date Earned | | | | |
| Title | | | Date Earned | | | | |



| Residency |
|--|
| Will you have completed a residency and be board certified in your specialty by July of next year? If no, please explain why. |
| Yes, I have completed a residency and am board certified/I will sit for board exams within the next 12 months. |
| No, I have not completed a residency and/or will not be board certified. (Please offer additional detail below) |
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| |
| Response Question |
| Outline your reasons for applying for the Population Health Leadership Fellowship. Include a statement of interest that outlines your career objectives and how you see the fellowship helping you to further those objectives. (maximum 2 pages) |
| <u>Disclaimer and Signature</u> |

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my

Date:



release.

Signature: