**Instructions:** Complete responses to all questions and attach additional documentation requested throughout the application, as applicable.

**Sponsoring Department** (if applicable)**:** Click or tap here to enter text.

**Type of Program:** [ ]  **Residency** [ ]  **Fellowship** [ ]  **Degree Granting**

**Name of Education Program:** Click or tap here to enter text.

**Education Program Director:** Click or tap here to enter text.Click or tap here to enter text. Name E-mail

[ ]  Attach a copy of the Program Director’s CV.

**Education Program Coordinator:** Click or tap here to enter text.Click or tap here to enter text. Name E-mail

 **Anticipated Start Date:**  Click or tap here to enter text.

**Length of Program:** Click or tap here to enter text. **# Total number of learners each year:** Click or tap here to enter text.

 **Background:**

Describe the rationale for the creation of this program. What need does this program fill?

Click or tap here to enter text.

The program must ensure the availability of adequate resources for learner education.

A clinical education program usually occurs in the context of many learners and other care providers and limited clinical resources. Please address how the program is structured to optimize education for all learners present.

 Click or tap here to enter text.

[ ] Attach a letter of support from the Department Chairperson

**Primary Clinical Experience Location:** Click or tap here to enter text.

**Other Clinical Experience Locations:**

A Program Letter of Agreement (PLA) is required for each location and must be attached to the appendix of this application. The PLA template is posted on GCE website). (note – PLA not required for rotations between Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center.)

|  |  |
| --- | --- |
| Location(s) | PLA Attached N/A |
| Click or tap here to enter text. |  [ ]  [ ]  |
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| Click or tap here to enter text. |  [ ]  [ ]  |

|  |  |
| --- | --- |
| Name, Degree | Specialty Board Certification (if applicable) |
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**Program Personnel:** Allied Health Professionals are a foundational element of graduate clinical education – These professionals teach learners how to care for patients; they provide an important bridge allowing learners to grow and become practice ready, ensuring that patients receive the highest quality of care; they ensure that patients receive the level of care expected from a specialist in the field; they provide appropriate levels of supervision to promote patient safety; and they create an effective learning environment by acting in a professional manner and attending to the well-being of the learners and themselves. Please list below the people who will serve as your core faculty.

**Eligibility Criteria:** Describe the prerequisite education required to be eligible for acceptance into this program.

 Click or tap here to enter text.

**Educational Program:** The educational program is expected to define its specific program aims consistent with the overall mission of the Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of the Allied Health Professionals it intends to graduate. The curriculum must contain the following educational components:

1. A set of program aims consistent with the Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates. Please list your program’s aims here.

Click or tap here to enter text.

1. **Competency-based goals & objectives**

Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their specialty.

**Overall Program Goals & Objectives - Below is the recommended format; attach/insert as an additional sheet(s).**

|  |  |  |
| --- | --- | --- |
| **Competency-based objective**(provide specific goals for each general heading below) | **Method(s) for accomplishing the objective** | **Evaluation method(s) for assessing competence** |
| **Values/Ethics** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Roles/Responsibilities** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Team/Teamwork** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Medical Knowledge** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Patient Care** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Practiced-Based Learning and Improvement** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Interpersonal and Communication Skills** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Professionalism** | Click or tap here to enter text. | Click or tap here to enter text. |
| **System-based Practice** | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Describe the (1) delineation of learner responsibilities for patient care, and (2) how you will allow for progressive responsibility for patient management in the specialty.**

Click or tap here to enter text.

1. **Evaluations**Formative evaluation is monitoring learners’ progress and providing on-going feedback that can be used by learners to improve their knowledge and skills in the context of provision of patient care or other educational opportunities. Describe the process you will use for formative evaluation of your learners.

Click or tap here to enter text.

Summative Evaluation is evaluating a learner’s achievements by comparing the learner against the goals and objectives of the rotation and the program. Summative evaluation is utilized to make decisions about promotion to the next level of education or program completion. Describe the process you will use for summative evaluation.

List the members of your leadership team that provides summative evaluation in order to determine clinical competency of your learners:

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Please describe how the learner(s) will evaluate the faculty and the program at least annually

Click or tap here to enter text.

1. List the members of your leadership team that evaluates the program annually:

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1. **Learning and Working Environment:**

Describe how this program will teach patient safety and quality improvement.

Click or tap here to enter text.

Describe how your program will provide opportunities for personal well-being for the learners.

Click or tap here to enter text.

**Statement of Diversity and Inclusion**

Johns Hopkins University and Johns Hopkins Medicine is a community committed to sharing values of diversity and inclusion in order to achieve and sustain excellence. We believe excellence is best promoted by being a diverse group of learners, faculty, and staff who are committed to creating a climate of mutual respect that is supportive of one another’s success.

Describe how your program will meet the mission of Johns Hopkins University and Johns Hopkins Medicine.

Click or tap here to enter text.

**Teacher Learner Conduct Policy and Reporting Mistreatment**

The Johns Hopkins University and Johns Hopkins Medicine is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors which could undermine the important missions of our institution. An atmosphere of mutual respect, collegiality, fairness, and trust is essential.

How will your program communicate options for reporting inappropriate behaviors and conduct?

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Program Director Date

**\*\*\*\*Please combine all documents into one PDF file and return to** **GCEOffice@jhmi.edu** **\*\*\*\***