Harvard Medical School

Research Fellowship Program

in Integrative Medicine

Participating Institutions:
- Beth Israel Deaconess Medical Center
- Brigham and Women's Hospital
- Harvard Medical School
- Harvard School of Public Health
- Massachusetts General Hospital
- Cambridge Health Alliance
- Dana-Farber Cancer Institute
- Spaulding Rehabilitation Network
The Research Fellowship Program in Integrative Medicine at Harvard Medical School accepts MD, PhD, and other post-doctoral applicants for three-year academic fellowships in Integrative Medicine. Areas of special interest within Integrative Medicine include mind-body therapies and placebo studies. Other areas of focus and faculty expertise include chronic disease management, cardiopulmonary health, health behavior change, pain, musculoskeletal health, patient-provider relationship, neurocognition, and healthy aging. The Program offers each Fellow an appointment at Harvard Medical School and one or more of its affiliated hospitals. All fellows participate in the intensive summer program in Clinical Effectiveness at the Harvard School of Public Health. Appropriate fellows qualifying for acceptance to the Harvard T.H. Chan School of Public Health pursue a rigorous curriculum that could lead to a Master of Public Health degree. The Program also includes structured experiences to improve teaching skills and supervised clinical activities under the direction of experienced faculty in general internal medicine and integrative medical therapies. Each Fellow is expected to design, conduct, present, and publish at least two original investigative projects. This research fellowship in Integrative Medicine was first funded in 1999 by the National Institutes of Health, National Center for Complementary and Alternative Medicine, and was the first of its kind in the United States. The Program is based at Beth Israel Deaconess Medical Center within the Division of General Medicine, with several affiliate sites across Harvard.

THE ACADEMIC CURRICULUM:

The program begins each July with a seven-week summer core curriculum taught by Program faculty in collaboration with faculty at the Harvard T.H. Chan School of Public Health (Clinical Effectiveness Program). The 15-credit core curriculum includes required courses in biostatistics, epidemiology, and elective courses in health policy, health services research, decision sciences, quality improvement, public health ethics, and clinical trials. The intensive summer experience includes about six hours per day of classroom time and about four hours per night of assignments, including two required class presentations.

After completion of the summer core curriculum, some fellows continue to take advanced courses at the Harvard T.H. Chan School of Public Health and, upon earning 45 academic credits, can obtain a Master of Public Health degree. Although the degree itself may be optional, fellows are strongly encouraged to take specific advanced course work that will help develop the investigative skills required for their original research projects.

FELLOWSHIP SEMINARS:

Fellows also attend weekly seminars or research conferences addressing research design and methodology, evidence-based medicine, and integrative medicine approaches. These sessions reinforce the skills learned in the classroom. Weekly seminars also provide a forum to present and discuss ongoing research, and a journal club component provides opportunities to review recently published research in complementary and integrative medical therapies.

CLINICAL OPPORTUNITIES:

Beginning at the end of the summer core curriculum of the first fellowship year, each clinical fellow, appropriate to his/her clinical training, will have the opportunity to provide care for patients at an affiliated site. Fellows will also learn from complementary medicine providers in integrative care clinics. Non-clinical fellows will have opportunities to shadow and observe in clinical practice.

We have multiple clinical affiliates, including the Cheng-Tsu Center (CTC) for Integrated Care at Beth Israel Deaconess Medical Center and the Osher Clinical Center (OCC) at Brigham and Women’s Hospital. The CTC is part of an integrative pain center that offers acupuncture, tai chi, as well as integrative care consultations. The OCC serves patients with a variety of chronic and pain related conditions. Both clinics are integrated within the hospital systems. All visit and consultation notes are entered on the hospital-wide electronic medical record for maximum collaboration and communication with a patient’s other health care providers.

Additional clinical opportunities, both conventional medicine and integrative medicine, may be available at other affiliated sites, or through individual study through extracurricular training.
THE RESEARCH PROGRAM:

Each fellow works in close collaboration with a faculty mentor and initiates a research project during the first year of the fellowship. The project will focus on integrative medical approaches and may include a variety of methodologies and topics such as: clinical epidemiology, clinical trials, decision analysis, patient outcomes, health services research, health policy, practice variation, technology assessment, access and equity in health care, education, quality improvement, disease prevention, health promotion, ethics, informatics, basic science, and translational research. Fellows present their plans and research in progress at seminars within the program. They are encouraged and expected to present their findings at appropriate regional and national meetings of organizations such as the Academic Consortium for Integrative Medicine & Health, Society of General Internal Medicine, Society of Behavioral Medicine, American Public Health Association, or health specialty organizations such as the American College of Cardiology or Obesity Society.

STRUCTURE OF THE PROGRAM:

The Program is administered by the Harvard Medical School through the Division of General Medicine at Beth Israel Deaconess Medical Center which maintains formal connections with the participating clinical sites. The Program has close ties with the Harvard Medical School Osher Center for Integrative Medicine jointly based at Harvard Medical School and Brigham and Women's Hospital. The clinical sites serve as a natural laboratory for the clinical investigation and/or educational projects of the Fellow. Fellows based at participating sites will have primary faculty mentorship at this site. However, the full resources of the entire program are available to all fellows at all clinical sites.

FACULTY:

Faculty members in the Program are recognized leaders in academic general internal medicine and complementary and integrative medical therapies. Members of the core faculty include: Dr. Roger Davis (Senior Biostatistician, BIDMC), Professor Ted Kaptchuk (Director of Placebo Studies, BIDMC), Dr. Peter Wayne (Interim Director, Osher Center for Integrative Medicine, HMS and BWH) and Dr. Gloria Yeh (Director of Mind-Body Research, BIDMC). Dr. Yeh is Director of the fellowship program. Dr. Davis, Wayne, and Prof. Kaptchuk serve as Associate Directors.

ELIGIBILITY AND APPLICATION:

M.D. applicants who are board-eligible or board-certified in internal medicine at the start of their first fellowship year are given priority, but physicians who are board eligible or certified in other specialties are considered as well. We also encourage and welcome applications from PhD or other doctoral degree applicants with interests in clinical, basic or translational research that are aligned with the priorities of the fellowship program. Applicants are screened on the basis of their career goals and on the recommendations of faculty from their medical schools, residency programs, and/or doctoral programs.

Each applicant must complete an application form, provide an updated CV/Resume and have three letters of recommendation submitted by faculty who are familiar with the applicant's qualifications. If the applicant is an M.D., one of these letters must be from the Director of the current or most recent
clinical training program.

The fellowship year begins on July 1. Personal interviews for those selected from the pool of applicants are generally held between October and November. Notification of acceptance usually occurs by end of November of that year.

Candidates who apply to the Program have the opportunity to learn about program components during the interview process. As part of the selection process, accepted applicants may be matched to a participating clinical institution. The primary institution typically serves as the site for the fellow's research activities, clinical practice and teaching activities.

Fellows who are accepted into the Program are then required to complete a formal application to the Harvard T.H. Chan School of Public Health prior to beginning the fellowship. In addition to the fellowship stipend, the Program pays full tuition for the summer core curriculum and, for some fellows, all the courses that are required (45 credits) for a Master's level degree. The first deadline for application to the Harvard School of Public Health is **December 1** prior to beginning the program in July.

**MINORITY APPLICANTS:**

The program is particularly interested in applications from individuals from under-represented minority groups. Many research projects conducted by the faculty focus on the care of minority and other underserved populations. Harvard Medical School and each of the participating sites are equal opportunity employers.

**Applications, CVs, and Letters of Recommendation should be sent to:**

Beth Israel Deaconess Medical Center (BIDMC)
Research Fellowship Program in Integrative Medicine
1309 Beacon Street 2nd Floor
Brookline, MA 02446
Tel (617)-754-1448
Fax (617)-754-1440
Attn: Integrative Medicine Fellowship Coordinator
e-mail: GIMfellowship@bidmc.harvard.edu
HARVARD MEDICAL SCHOOL
Research Fellowship Program in
Integrative Medicine
For Fellowship Beginning July 1, 2020

APPLICATION FORM

Type or fill out by hand
(Please DO NOT USE blue ink)

I. Personal Data

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<td>Name of spouse:</td>
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<td>In case of emergency, notify:</td>
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<td><strong>7.</strong></td>
<td>Last 4 of Social Security Number:</td>
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<td><strong>8.</strong></td>
<td>Date of birth:</td>
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<td>You must check one of the three options below to be eligible for the program:</td>
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<td>☐ I am a citizen of the United States</td>
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<td>☐ I am a non-citizen U.S. national</td>
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<td>☐ I am a permanent resident (I-551 or I-151)</td>
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<td><strong>10.</strong></td>
<td>If you are graduate of a foreign medical school (except Canada), you are REQUIRED to be certified by the Educational Council for Foreign Medical Graduates. Please provide certificate number and date:</td>
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<td>Date of Certification:</td>
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<td><strong>11.</strong></td>
<td>Do you have any disabilities or limitations that would prevent you from performing the responsibilities of this fellowship?</td>
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<td>Yes ( ) No ( )</td>
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## II. EDUCATION, LICENSURE, AND EXPERIENCE

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| 1. | **High School**  
Name and location:  
Graduation date: |
| 2. | **College**  
Name and location:  
Graduation date: |
| 3. | **Postgraduate**  
Name and location:  
Graduation date: |
| 4. | **Medical School**  
Name and location:  
Graduation date:  
Honors? |
| 5. | Residency and Internship Training (most recent first)  
A. Hospital:  
Type:  
Location:  
Date: |
|     | B. Hospital:  
Type:  
Location:  
Date: |
|     | C. Hospital:  
Type:  
Location:  
Date: |
|     | D. Hospital:  
Type:  
Location:  
Date: |
| 6. | Fellowships (most recent first)  
A.  
B.  
Subspecialty Board Certification: |
|     |  
6. If you had a previous POST-DOCTORAL Fellowship, was it funded by a National Research Service Award (NRSA)? (If you are unsure, please contact the program officers and ask.) You will not be eligible for this fellowship if you have already had more than one year of postdoctoral NRSA funding.  
Yes ( ) Years funded:  
No ( ) |
7. Have your privileges at any hospital or other facility even been denied, limited, suspended, revoked or not renewed? And/or have you ever been denied membership or a renewal thereof or been subjected to disciplinary proceedings in any hospital or medical association?

Yes ( ) Please provide full details separately   No ( )

8. Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked?

Yes ( ) Please provide full details separately   No ( )

9. Have you ever voluntarily relinquished your license?

Yes ( ) Please provide full details separately   No ( )

10. Please provide details of national and state board examinations:

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III. RESEARCH AND CAREER PLANS (You may use a separate page if additional space is needed)

1. Do you plan to take a subspecialty fellowship in the future?

Yes ( ) No ( )

2. Do you plan to earn any further degrees in the future?

Yes ( ) No ( )

Please specify:

3. Why are you interested in the Research Fellowship Program in Integrative Medicine?


4. Describe your research interests in integrative medicine:


5. a) Describe your clinical interests in integrative medicine:

b) Describe your ideas for potential fellowship projects:
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<td>Describe the position you envision upon completion of this fellowship program:</td>
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<td>Describe your long-term goals:</td>
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<td>The usual time period for a Fellow to be associated with this program is three years. If you will require more or less time than that, please explain why:</td>
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<td>9.</td>
<td>If you wish to provide any additional information that may be helpful to the selection committee, please add it here:</td>
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10. If you have published (articles, books, and/or monographs), please list your publications below. Indicate which publication represents your best work. You may attach a separate list if one is available. Abstracts should be listed under a separate category.

11. How did you hear about this fellowship program?
   - [ ] Advertisement in medical journal. Name:
   - [ ] Friend/Associate:
   - [ ] Other:

IV. REFERENCES

Please arrange to have three letters of reference submitted. One must be from the Director of your current or most recent clinical training program. List the three referring faculty members below:

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Fellows will start July 1 of each calendar year.

I attest that this information is accurate to the best of my knowledge:

________________________________________  ____________
Candidate signature                           Date
RESEARCH FELLOWSHIP PROGRAM IN INTEGRATIVE MEDICINE

SELF-IDENTIFICATION FORM

Harvard University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Harvard invites its trainees to voluntarily self-identify their ethnicity and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Self-Identification of Ethnicity and Race

Do you consider yourself to be Hispanic/Latino?

☐ Yes (A person of Cuban, Chicano, Mexican, Mexican American, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ No

In addition, please select one or more of the following racial categories to describe yourself, if applicable:

☐ American Indian or Alaskan Native (A person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment.

☐ Asian, not underrepresented (A person having origins in any of the any of the Asian subpopulations not considered underrepresented in the health professions include Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)

☐ Asian, underrepresented: A person having origins in any of the Asian subpopulations considered underrepresented in the health professions include any Asian OTHER THAN Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. (i.e., Cambodian, Vietnamese, Malaysian)

☐ Black or African-American (A person having origins in any of the black racial groups of Africa)

☐ Native Hawaiian or Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
Self-Identification for Veteran Status

As an affirmative action employer, Harvard is subject to certain federal recordkeeping and reporting requirements. In order to assist the University in complying with these requirements, we offer you the opportunity to complete this self-identification form. Submission of this information is voluntary and disclosing or declining to provide it will not subject you to adverse treatment. The information will be used in a manner consistent with federal and state laws.

Please indicate if you are a:

☑ Disabled Veteran: Veteran of the U.S. military who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of service-connected disability

☑ Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military

☑ Armed Forces Service Medal Vet: Veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

☑ Other Protected Veteran: Veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense

☐ Not a Veteran: None of the above apply

☐ I choose not to self-identify at this time

Self-Identification for Persons with Disabilities

In accordance with Sections 503 and 504 of the Rehabilitation Act of 1973, the provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee for employment.

DEFINITION: DISABILITY STATUS

The following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities, mental or emotional illnesses, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities. Please indicate if you are:

☑ Disabled ☐ Not disabled
Self-Identification for Persons from Disadvantaged Backgrounds

We are required to report the number of individuals applying to, admitted to, and graduated from our program who meet federal definitions for coming from “disadvantaged backgrounds” or “medically underserved communities.” The provision of this information is voluntary and will not be included in the personnel file of any employee for employment.

The definition of “Disadvantaged” is that which is currently in use for health professions programs (42 CFR 57.1804 (c)) and includes both economic and educational factors that are barriers to an individual’s participation in a health professions program. This means an individual who:

(a) is from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or

(b) is from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index, and by the Secretary for use in health professions programs.

“Medically Underserved community” means an urban or rural population without adequate health care services. If you are unsure about whether your community qualifies, we can use the following geographic information to make that determination:

State: ______

County: ______

City / Town: ______

(Optional)

Please indicate if you believe you are from a:

Disadvantaged Background: ☐ Yes ☐ No ☐ Unsure

or Medically Underserved Community: ☐ Yes ☐ No ☐ Unsure