Mini-Fellowship

The Mayo Clinic Center for Tuberculosis offers mini-fellowship training to provide first-hand knowledge and experience in carrying out various aspects of TB prevention and control. The goal is to share TB expertise and knowledge with health care providers in a variety of settings, which can then be translated into clinical and public health practice. Our Center works to meet the individual needs of those who attend by assessing areas of practice and communities served, and matching identified objectives with appropriate activities.

Mini-fellowships will provide an opportunity for one-to-four days of an individualized learning experience. Depending on the identified experience and needs of the learner, the proposed mini fellowship will provide a more personal and intensive experience in a variety of settings, including opportunities to:

- Meet with and observe a tuberculosis (TB) clinician
- Present a clinical case
- Discuss cases with TB experts
- Visit laboratory facilities for the diagnosis of TB
- Observe TB control activities in public health offices

Applicants must be from one of the 11 project areas (Ohio, Michigan, Indiana, Iowa, Illinois, Minnesota, Wisconsin, North Dakota, South Dakota, Wyoming, or Montana) and work with TB patients in either a clinical or public health setting (e.g., physicians, nurses, outreach workers, disease investigators). Fellowships are held in Rochester, MN. For additional information on how you can take advantage of this unique opportunity, please contact Jennifer Curran by email at curran.jennifer@mayo.edu or by phone at (507) 266-0580.

Procedures:

1. Complete the application and submit to Mayo Clinic Center for Tuberculosis for review via fax number: 507-266-6098 or email to TBCENTER@mayo.edu
2. Provide background information on your career experience.
3. Provide several possible dates (month/year) when available to attend.

Administrative details:

1. Applicants will be responsible for making and paying for their own travel arrangements.
2. Upon completion of the training (and preferably within 2 weeks of return to work), the applicant will provide written feedback to the Mayo Clinic Center for Tuberculosis as to the pros and cons of the training received.
3. Upon acceptance as a MCCTB fellow, a letter of support from your institution/organization director is required.
Application Form

PLEASE CHECK ONE:  □ Dr.  □ Mr.  □ Mrs.  □ Ms.

DATE:__________________________________________________________

FIRST NAME: LAST NAME:________________________________________

DEGREE(s):____________________________________________________

TITLE:_________________________________________________________

DEPARTMENT:___________________________________________________

ORGANIZATION:________________________________________________

ADDRESS:_____________________________________________________

CITY/STATE/ZIP:_______________________________________________

COUNTRY:_______________________________________________________

TELEPHONE: EXTENSION: FAX:____________________________________

CELL PHONE: OTHER:____________________________________________

EMAIL ADDRESS:________________________________________________

Questions and application materials may be submitted to:
Mayo Clinic Center of Tuberculosis
PHONE: 855-360-1466
Email: TBCENTER@mayo.edu
FAX: 507-538-0001
Mail: Mayo Clinic Center for Tuberculosis,
   ATTN: Jennifer Curran
   200 1st ST. SW
   Rochester, MN 55905
Please briefly describe your work/role with TB (including how long you have had that role)

__________________________________________________________________________

__________________________________________________________________________

What specific goals do you hope to achieve from this training? (For instance, describe a specific clinical or programmatic training need that this fellowship may help you resolve, describe a problem that’s facing your current program and how you want this fellowship to address it, what knowledge and/or skills you hope to gain, etc.)

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How will this mini-fellowship experience enhance your ability to work more effectively in the TB field?

__________________________________________________________________________

__________________________________________________________________________

What percentage of your time is devoted to these areas?

• Clinical work (diagnosing and treating patients with TB infection and disease)? _____ %
• TB Field Services ____________________ %
• TB Program ________________________ %

Select the topics for an area of focus for the mini-fellowship

• Adverse Effects Corrections Latent TB Infection Programmatic Issues (budget, staffing, protocols, training, and etc.)
• Behavioral Medicine Diagnosis Legal Issues Radiology
• Case Management Drug Resistance Nutrition Risk Management
• Co-Morbidities (HIV, hepatitis) Infection Control Pediatrics TB Skin Testing
• Contact Investigation Overview Laboratory Pharmacology Treatment
• Other Topics of Interest (please list)

__________________________________________________________________________

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Available dates for attendance: (indicate days of the week or select specific time frames)

Choice 1: ________________________________
Choice 2: ________________________________
Choice 3: ________________________________