



## Wetzel Fellowship Program Annual Requirements

Fellow Candidate Name: \_\_\_\_\_

Advisor: \_\_\_\_\_

PGY: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

On a scale of 1 (least likely) to 10 (positively sure), rate your current likelihood to practice in Missouri upon completion of residency:

1      2      3      4      5      6      7      8      9      10

### **Member Profile:**

Review and update your MAOPS online member profile as needed, but at least annually by February 15th.

Date(s) of login(s) to review and update profile: \_\_\_\_\_

### **Professional:**

Serve as an exemplary role model for all students, residents, and young leaders. Fellows must ensure that they model appropriate professional behaviors throughout the program. This includes attending and participating in all required events, enthusiastically assuming leadership positions, maintaining professionalism, and appropriate communication with members, colleagues, staff, and advisors.

### **Advisor Relationship:**

Active and frequent communication with assigned Advisors. While Advisors are encouraged to reach out to Fellows, it is the Fellow's responsibility to communicate with the Advisor on a **monthly** basis in a manner agreed upon with the Advisors. Fellows should run all ideas, questions, and issues through the Advisor before approaching MAOPS staff. Document all contact below, including type.

Date and Method of Communication, Year 1-Month 1:	_____	_____
Date and Method of Communication, Year 1-Month 2:	_____	_____
Date and Method of Communication, Year 1-Month 3:	_____	_____
Date and Method of Communication, Year 1-Month 4:	_____	_____
Date and Method of Communication, Year 1-Month 5:	_____	_____
Date and Method of Communication, Year 1-Month 6:	_____	_____
Date and Method of Communication, Year 1-Month 7:	_____	_____
Date and Method of Communication, Year 1-Month 8:	_____	_____
Date and Method of Communication, Year 1-Month 9:	_____	_____
Date and Method of Communication, Year 1-Month 10:	_____	_____
Date and Method of Communication, Year 1-Month 11:	_____	_____



**Committee Participation:**

Actively participate on the MAOPS Legislative Committee and the Young Physicians Committee by preparing for and attending all meetings, reviewing and approving minutes, and completing tasks assigned by the chair. Document dates attended and any other activities involved in participation the committee (email correspondence/comments, subcommittee work, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Political Action:**

Sustain membership in the Missouri Osteopathic Political Action Committee with required annual postgraduate donation \$15 by December 1 annually. Verify date and amounts of donations below:

Date Donation Made: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Donation Made: \_\_\_\_\_ Amount: \_\_\_\_\_

**Each of the following requirements must be completed within two years (but no less than 18 months and two convention cycles) of beginning the Wetzel Fellowship program.**

***Organization Service (State/National) – Must complete both***

**State:** Apply for the MAOPS Postgraduate Board of Trustees position (if PG) or MAOPS at-large Trustee position and serve as expected if elected.

Document date application is submitted: \_\_\_\_\_

**National:** Attendance at an AOA House of Delegates meeting and participation in all associated required events. An article regarding the experience must be prepared and submitted for the Prognosis or other MAOPS communication within 30 days of the event. (Must participate at least once during fellowship program.)

Date of attendance: \_\_\_\_\_ Date article for Prognosis was submitted: \_\_\_\_\_

**Leadership Development:**

Attend a conference or similar approved leadership development event. The Fellow must attend with their Advisor, Executive Director, and/or other approved MAOPS members. The Fellow will prepare an article about the experience for publication in the Prognosis or other MAOPS publications and present a summary of the experience to the MAOPS Board of Trustees.

Name of the event: \_\_\_\_\_

Dates of the event: From: \_\_\_\_\_ To: \_\_\_\_\_

Person attended with: \_\_\_\_\_

Date article submitted: \_\_\_\_\_ Date of Board Presentation: \_\_\_\_\_

**Education – Must Complete One**

**Option 1:**

Actively serve as a member of the MAOPS Education and Convention Committee, including attending the summer planning retreat, serving on subcommittees as directed by the chair, and involvement as directed at the annual convention and/or other educational events.

Dates of committee meetings attended: \_\_\_\_\_

Subcommittees served on:

Description of how you were involved with committee activities at the annual convention:

**Option 2:**

Research, prepare, and present a webinar or prepare a video for students, postgraduates, and/or practicing physicians on a topic of interest and need. The topic must be preapproved by your Advisor and the Executive Director.

Title of the Presentation: \_\_\_\_\_

Form of Presentation: \_\_\_\_\_

Date Presentation was Completed: \_\_\_\_\_

**Option 3:**

Develop and implement a specially approved project focused on educating the public, peers, or profession, including a budget. Approval must be received by your Advisor and the Executive Director prior to beginning the project. A summary of the project, its implementation, and outcomes must be submitted to your Advisor and the Executive Director upon completion.

Title of the Project: \_\_\_\_\_

Description of the project, including budget:

Date of completion of the project: \_\_\_\_\_

Summary of the project outcome(s):

**Promotion of the Profession/Organization – Must Complete One**

**Option 1:**

Coordinate and host a MAOPS student and/or postgraduate social event. This must be done in coordination with the Fellow’s Advisor and the Executive Director. The Fellow will prepare and present to the audience on a topic to be agreed upon by the Executive Director and Advisor. The Fellow will be responsible for setting up the meeting and coordinating promotion. Expenses will be covered once approved by the Executive Director. Ideas include a student/resident dinner, a campus chapter social, mentor speed-dating event, etc.

Title of the Event: \_\_\_\_\_

Description of the event including budget and promotional efforts:

Number of attendees at the event: \_\_\_\_\_ Date of completion of the event: \_\_\_\_\_

Date the roster of attendees was submitted to the Executive Director: \_\_\_\_\_

Summary of the event outcome(s):

**Option 2:**

Prepare and present an advocacy report to a MAOPS affiliate organization. The Fellow will be responsible for contacting affiliate leadership to confirm a date. The presentation will be developed with input from your Advisor and the Executive Director and must be submitted to your Advisor and /or Executive Director for review and approval 14 days prior to the event.

Title of the Event: \_\_\_\_\_

Description of the event including budget and promotional efforts:

Number of attendees at the event: \_\_\_\_\_ Date of completion of the event: \_\_\_\_\_

Date the roster of attendees was submitted to the Executive Director: \_\_\_\_\_

Summary of the event outcome(s):

**Option 3:**

Prepare and present an instructional activity to a MAOPS Student Chapter. It must be on a topic approved by your Advisor and the Executive Director, on a date mutually agreed upon by the Chapter, Advisor, and Executive Director.

Title of the Event: \_\_\_\_\_

Description of the event including budget and promotional efforts:

Number of attendees at the event: \_\_\_\_\_ Date of completion of the event: \_\_\_\_\_

Date the roster of attendees was submitted to the Executive Director: \_\_\_\_\_

Summary of the event outcome(s):

**Option 4:**

Develop and implement a specially approved project to promote the organization or profession, including a budget. Approval must be received by your Advisor and the Executive Director prior to beginning the project. A summary of the project, its implementation, and outcomes must be submitted to your Advisor and the Executive Director upon completion.

Title of the Project: \_\_\_\_\_

Description of the project including budget:

The date the project was completed: \_\_\_\_\_

Summary of the event outcome(s):

**Grassroots Advocacy – Must Complete One**

**Option 1:**

Participate in the Missouri Physician Advocacy Day or the MAOPS D.O.C-a-Day Program. Participation should be with your Advisor when possible. If not possible, arrangements should be made with the Executive Director to ensure a valuable experience. A summary of the experience must be prepared for MAOPS publication and a report on the experiences given to the Board of Trustees.

Date of participation: \_\_\_\_\_

Members participated with:



Date summary of experience submitted: \_\_\_\_\_ Date of report to the Board of Trustees: \_\_\_\_\_

**Option 2:**

Meet with your legislator, in-district, out-of-session. This should be done with your Advisor or a member in the legislator's district and be a planned event (as opposed to a spontaneous encounter). The Fellow must set-up the meeting, attend a briefing prior to the meeting, and write a summary of the experience for a MAOPS publication. A report of the experience must be given to the Board of Trustees.

Date of meeting: \_\_\_\_\_

Name of Legislator(s): \_\_\_\_\_

Members participated with:

Date summary of experience submitted: \_\_\_\_\_ Date of report to the Board of Trustees: \_\_\_\_\_

**Policy Analysis and Development – Must Complete One**

**Option 1:**

Develop a position paper or resolution on a topic of interest/need, to be considered for approval by the MAOPS Board of Trustees. This should be done in a partnership with your Advisor and the Executive Director.

Title of Paper or Resolution: \_\_\_\_\_

Summary of issue:

Dates of meetings/correspondence with the Advisor and the Executive Director:

\_\_\_\_\_

Date of presentation to the Board of Trustees: \_\_\_\_\_

Was the position paper/resolution approved? If not, why?

**Option 2:**

Review current MAOPS policy(ies) regarding other national organizations' policies on the same issue and present a position paper with recommendations to the Board of Trustees.

Title of Paper or Resolution: \_\_\_\_\_

Summary of issue:

Dates of meetings/correspondence with the Advisor and the Executive Director:

\_\_\_\_\_

Date of presentation to the Board of Trustees: \_\_\_\_\_

Was the position paper/resolution approved? If not, why?

**Option 3:**

Analyze Missouri statutes and/or rules regarding a healthcare issue of interest and prepare an informational presentation for the Board of Trustees (at a time to be determined). The presentation should include historical background on the issue, a summary of statutes and rules and regulations pertaining to the issue, and recommendations for the organization to consider.

Title of Paper or Resolution: \_\_\_\_\_

Summary of issue/statute/regulation:

Dates of meetings/correspondence with the Advisor and the Executive Director:

\_\_\_\_\_

Date of presentation to the Board of Trustees: \_\_\_\_\_

Was the position paper/resolution/recommendation(s) approved? If not, why?

**Option 4:**

Develop and implement a specially approved policy-related project, including a budget. Approval must be received by your Advisor and the Executive Director prior to beginning the project. A summary of the project, its implementation and outcomes must be submitted to your Advisor and the Executive Director upon completion;

Title of project: \_\_\_\_\_

Description of the project including budget:

Date of completion of project: \_\_\_\_\_

Summary of the project outcome(s):

Candidate must complete an exit interview as prescribed by the Leadership Development Committee upon completion of the above criteria. This must occur before the dissemination of any scholarship funds.

Date of Exit interview: \_\_\_\_\_

**Employment Status:**

Candidate must submit the following statement of employment status prior to receiving any funds. The statement must verify the type of practice, location of practice, and duration of the contract (if applicable).

Type of practice:      Employed      Private

Location of practice      In-Missouri      Out-of-State

Duration of Employment Contract (if applicable): \_\_\_\_\_

I attest that the above statements are true as of \_\_\_\_\_.

Signature: \_\_\_\_\_