

*The Infectious Diseases Society of America (IDSA),
the Society for Healthcare Epidemiology Association (SHEA),
and the Pediatric Infectious Diseases Society (PIDS) are pleased to announce the
Leadership in Epidemiology, Antimicrobial Stewardship and Public Health (LEAP)
Fellowship Award*

2018 Request for Applications

Four grants of \$100,000 will be awarded to Infectious Disease Fellows or early career clinical ID physicians (MD, MD/PhD or foreign equivalent degree) that will help to foster a bridge and collaborative endeavors between academic institutions and local public health departments.

KEY DATES

- On-line Application Process Opens: Expected: January 26, 2018
- Application Deadline: March 5, 2018 – Midnight Pacific; no exceptions permitted.
- Notice of Award: April 9, 2018
- Award Start Date: July 1, 2018
- Award Completion Date: June 30, 2019

PROGRAM DESCRIPTION

Modern public health faces immense challenges. The specters of antimicrobial resistance and emerging infectious diseases require increasingly close coordination between health departments and healthcare facilities. Infectious Diseases (ID) physicians are often called upon to be the critical link in these relationships; however, they often have not had specialized training or experience in public health. To address this need, the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and the Pediatric Infectious Diseases Society (PIDS), have joined together to create the Leaders in Epidemiology, Antimicrobial stewardship, and Public health (LEAP) fellowship. Sponsored by the Centers for Disease Control and Prevention, this fellowship aims to foster the next generation of Infectious Diseases leaders with interdisciplinary expertise in the integration of healthcare epidemiology, antimicrobial stewardship, and public health through hands-on experience with experts in these areas including health departments.

AWARD INFORMATION

The 2018 LEAP Fellowship award consists of a flat \$100,000 award per fellow for a one-year period, provided to the awardees' training program to fund the salary (both direct and indirect) of the awarded trainee. Each awardee will also be reimbursed for the cost of attending one national ID conference during the fellowship year up to a maximum of \$1,750.

Do not include Facility and Administrative (F&A) costs in the project proposal budget. F&A costs are expected to be a contribution to the program of the affiliated organization or institution. Any exceptions will be identified in the notice of award.

The award period is July 1, 2018 - June 30, 2019. This inaugural award period expects to fund up to four applications in 2018. The priority of the LEAP Fellowship award is to fund outstanding individuals and build long-lasting collaborations between healthcare institutions and public health departments. Late or incomplete applications, including those that do not conform to application instructions, will not be considered.

ELIGIBILITY CRITERIA

Institutions and candidates must meet the criteria below to qualify for consideration.

Applicants must:

- Have received an MD, DO, or foreign equivalent degree from an accredited institution.
- Have a valid, active US medical license at the time of application.
- Have previously completed their 1st year of an ACGME-accredited ID Training Fellowship, or currently be on track to complete that 1st year by 7/1/2018.
- Be no greater than 2 years post-graduate from an ACGME-accredited ID Training Fellowship.
- If not presently in training, be an ABIM board-certified ID physician, or an ABP board-certified or board eligible Pediatric ID physician.
- Be affiliated with an ID training program that meets the eligibility criterion defined in this document. Acceptable affiliations include being a trainee enrolled in the training program, or a full-time faculty member in the ID division encompassing the training program.
- Guarantee a minimum dedicated time commitment for LEAP Fellowship activities during the 2018-2019 academic year of 75% of full-time professional effort, in the event an award is made.

The applicant's institution must:

- Have 501(c)(3) tax status
- Have an ACGME-accredited ID Training Fellowship.
- Have an ID physician-led Antimicrobial Stewardship Program (ASP) fulfilling all of the [CDC core elements of hospital antibiotic stewardship](https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html) (<https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements.html>). ASP leadership must be supportive of the applicant's education and participation in antimicrobial stewardship activities.
- Have an ID physician-led Hospital Epidemiology/Infection Control Program (HE/ICP) whose leadership must be supportive of the applicant's education and participation in epidemiology and infection control efforts.
- Have a working relationship with a local health department (city, county, or state). The health department must be supportive of the applicant's education and participation in health department activities.

Other requirements:

- A research or quality improvement project must be proposed at the time of application. This project should have relevance to the areas of public health, epidemiology or infection control, or antimicrobial stewardship, and be completable within the 2018-2019 academic year.
- A mentor from within the ID training program must be designated, and the role of the mentor described. Mentors are expected to play an active role during the course of the LEAP Fellowship in fostering the applicant's career development as a clinician-leader. Mentors are expected to act as advocates for the applicant at the departmental, institutional, and professional levels, provide guidance on the proposed project and act as the liaison for the candidate with the department of health. Mentors will also need to work alongside the LEAP Fellowship advisory group (leaders in ID fields of interest that will also help develop the applicant's career and monitor progress, identified by the awarding program after the award is made).
- Institutional Review Boards (IRB) approvals, if required for the project proposed, are not necessary at the time of application. However, it is strongly recommended that approvals be in place by the start of the fellowship on 7/1/2018, and must be in place prior to initiation of the project.

If you have any questions about these eligibility criteria email mwagner@idsociety.org.

501(c)(3) STATUS OF THE APPLICANT'S INSTITUTION

The societies can award grants only to institutions that have letters from the US Internal Revenue Service documenting exemption from federal income taxation as an organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), and that they are not a private foundation or a Type III supporting organization as defined in Section 509(a) of the Code. Please note that this requirement does not exclude participation from applicants at state universities. State universities may not have a 501(c)(3) status and are encouraged to apply through their grant-receiving arms (e.g. applicants from the University of Texas may apply through the University of Texas Foundation).

REVIEW AND SELECTION CRITERIA

- **Applicant:** Applicants should demonstrate:
 - Evidence of interest in ID clinical leadership, epidemiology and/or stewardship, and public health in their personal statement, and CV and/or biosketch.
 - Leadership abilities and evidence that individual development aims that are likely to assist in the applicant's career advancement. For example, if the applicant is aiming for a career in hospital epidemiology, an individual development plan emphasizing involvement in cluster workup, exposure tracing, and perhaps coursework in epidemiology are examples of relevant individual development aims.
- The award is for applicants still transitioning from training to independent practice, and developing a career in clinical leadership.

- It is not intended for those aiming for an independent research career such as those planning to pursue an NIH R01 or other major research grant as a career goal.
- **Institution:** Institutions should demonstrate a departmental and institutional commitment to the applicant and their career development. Evidence of institutional capability for providing access to key resources such as leadership training, quality improvement technique training, relevant academic coursework, or experiential training with hospital leadership, should be documented in the Program Director & Division Head's Letter of Support.
 - **Hospital Epidemiology/Infection Control Program:** In the combined Hospital Epidemiology/Stewardship Letter of Support, commitment of the HE/ICP to exposing and involving the applicant in HE/ICP activities should be demonstrated. In addition, breadth of potential HE/ICP education and experiences available to the applicant, as represented by the types of activities performed by the program such as cluster investigation, surgical site infection monitoring and reduction efforts, outbreak/emerging infectious disease response, and other relevant HE/ICP leadership and quality improvement activities should be outlined.
 - **Antimicrobial Stewardship Program:** In the combined Hospital/Epidemiology/Stewardship Letter of Support, commitment of the ASP to exposing and involving the applicant in ASP activities should be demonstrated. In addition, breadth of potential ASP education and experiences available to the applicant, as represented by the types of activities performed by the program such as antimicrobial use monitoring and intervention, drug use reviews, focused antimicrobial use improvement efforts, outpatient and long-term care stewardship, multi-hospital stewardship efforts, sepsis management interventions, and other relevant ASP leadership and quality improvement activities should be outlined.
- **Health Department:** In the Health Department Letter of Support, commitment of the health department to exposing and involving applicant in health department activities and efforts should be demonstrated. Breadth of potential health department experiences available to the applicant, as represented by the types of activities performed by the department, such as outbreak investigations, multi-drug-resistant organism (MDRO) reduction efforts, healthcare-associated infection mitigation, antimicrobial stewardship efforts, influenza response efforts, and other relevant public health activities should also be outlined.
- **Mentor:** In their letter of support, the mentor should demonstrate their potential to facilitate support, and enable career advancement of the applicant.
- **Project:** The relevance of the project to public health, epidemiology, or antimicrobial stewardship. The degree of potential impact from the project on the defined clinical or public health concern. The feasibility of accomplishing the project aims or activities within the single-year timeframe of the LEAP Fellowship. Finally, how concrete the work product is and whether there are clear measurable outcomes related to the intervention (if any was performed). While all project ideas are welcome, projects that involve collaboration with a public health program will be given preferential consideration.

Check List and On-Line application portal.

Access the on-line application site from the IDSA website at:

http://www.idsociety.org/Leap_Fellowship_page.aspx.

1. Download the templates for the NIH biosketch, Individual Development Plan and Project Proposal from the IDSA Website (from Link above) or from inside the application portal.

Application checklist

A complete application consists of contact information for the following list below. Contact information includes: Name, Degrees, Title, Institution, City, State, email, and phone.

- a. Applicant
- b. Mentor (can be the same as one of the following)
- c. Program Director
- d. Division Chair (they will be providing confirmation of institutional support)
- e. Hospital Epidemiology/Infection Control Program leader
- f. Antimicrobial Stewardship Program leader
- g. Health Department representative

(2) Application Uploads

- a. NIH format biosketch w/ personal statement (maximum 3 pages, eRA commons username not required)
- b. Curriculum Vitae (maximum 2 pages)
- c. Brief Individual Development Plan (maximum 2 page)
- d. *Project proposal and timeline for completion (maximum 2 pages. Example projects provided at the end of this document).

(3) Four Support Letters:

- a. Mentor
- b. Joint: Program Director and Division Chair
- c. Joint: Hospital Epidemiology/Antimicrobial Stewardship leadership
- d. Health Department representative

*Project Examples: Below are examples of types of fellow projects that involve public health departments.

- Stewardship: If the fellow's facility is currently reporting Antibiotic Use (AU) or Antibiotic Resistance (AR) to NHSN, the trainee could do a project to determine how the NHSN data can best compliment the work of the ASP program. How is the NHSN AU/AR data useful to the hospital ASP? Is the ASP using the NHSN data? Why or why not? How do we make it actionable to prescribers at the bedside (hospitalists, surgeons, house staff)? The findings could be used to create a "How to make NHSN's AUR Module Part of your Hospital's Stewardship Program" report at the end of the fellowship year.

- Device Associated Infections and/or CDI: Help Health Dept. determine effective ways to partner with hospitals to make the TAP Reports actionable data. Could incorporate QI tools into the work. <https://www.cdc.gov/hai/prevent/tap.html>
- Inter-Facility Transfer Notification: Fellow could work with health dept. to strengthen the state's system to ensure that facilities are notified of patients' MDRO (hospitals, LTFC, SNFs, etc). Start with a needs assessment -- how frequently are notifications happening at baseline? If they are happening, are the right HCW aware (e.g. IPC, bedside RNs, admitting MD)?
- Fellow could work with their hospital and the HD to determine how expertise and lessons learned from their stewardship program might be applicable in smaller hospitals and/or non-acute care settings.
- Fellow could work with the HD to help determine ways to identify facilities that are at high risk for MDROs, e.g. what types of general facility demographics might be useful here, like ventilator facilities.
- Fellow could work with hospital/HD to develop rapid ways to do infection control assessments.
- Fellow could work with hospital/HD to develop ways to assess environmental cleaning.

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