

## ADVANCED FELLOWSHIP PROGRAM IN HEALTH SERVICES RESEARCH AND DEVELOPMENT

### 1. PURPOSE

#### **a. Program Announcement**

The purpose of this program announcement is to provide information, policies, and application procedures to Department of Veterans Affairs (VA) facilities with Health Services Research and Development (HSR&D) Centers of Innovation (COINs) that wish to submit applications to the Office of Academic Affiliations (OAA) for approval as a funded site for the HSR&D Advanced Fellowship Program. This fellowship program seeks to apply the content expertise, mentoring, and educational infrastructure at selected COIN sites to provide advanced interprofessional training opportunities for physicians and associated health professionals in innovative health services research, implementation science, and healthcare system improvement. As the field of Health Services Research (HSR) continues to mature as a discipline, it is expected that the Advanced Fellowship in Health Services Research will contribute to increasing the relevance of HSR to healthcare system stakeholders and accelerating healthcare system improvements. It is expected that approved sites will offer training in establishing effective collaborations across multidisciplinary research teams, engaging stakeholders, including executives in VHA clinical and operational services, and building expertise in implementation research that seeks to better define health care improvement practices. Approved fellowship sites will provide post-residency training for outstanding physicians and post-doctoral associated health professionals. Graduates of this program are expected to assume post-fellowship opportunities within VHA and other healthcare institutions that seek to improve care for Veterans and the Nation.

**Sites currently participating in the Advanced Fellowship Program in Health Services Research and Development who wish to continue participation in the program must respond to this RFP.** HSR&D COIN sites that are not currently approved for the Advanced Fellowship Program in Health Services Research are also encouraged to apply.

For newly applying sites, please see instructions in Attachment A. Sites currently participating in the Advanced Fellowship in Health Services Research and Development who wish to continue participation in the program should follow instructions listed in Attachment B.

### 2. BACKGROUND

OAA, in collaboration with the Office of Research and Development (ORD), Health Services Research and Development Service, has a long history of supporting training in health services research. OAA, in collaboration with ORD HSR&D Service, initiated the Physician Post Residency Fellowship Program in 1991 at two sites and the Associated Health Professions Postdoctoral Fellowship Program in 1992 at eight sites. The Associated Health Professions HSR&D Program was expanded to 13 sites in 2002. In 2009 the programs were merged.

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Notably, all OAA Advanced Fellows in Health Services Research and Development have been located at VA HSR&D Centers of Excellence (CoE).

In 2013, VA HSR&D superseded the HSR&D CoE program with 19 new Centers of Innovation (COINs) to advance research through innovations and partnerships with key stakeholders in the VHA healthcare system. The launch of the COINs represents a significant transformation in the mission and objectives of the HSR&D Centers program. A unique feature of the COINs is that they include one or more focused areas of research that address questions of significance to VHA by engaging VHA clinical and operational partners, often executive decision makers, in the research activities of the COINs. COIN productivity will be measured not only by the numbers of funded projects and publications, but through improvements in the VHA healthcare system and the health outcomes of Veterans. The re-invention and re-focus of these HSR&D Centers will offer unique opportunities, as well as new challenges, for OAA Advanced Fellows. It is anticipated that experiences with stakeholder engagement, innovation, and system impact will better position fellows to contribute to areas of vital importance to VHA in the emerging healthcare environment. For these reasons, it is important that the Advanced Fellowship in Health Services Research and Development be realigned through re-competition to remain current.

### 3. PROGRAM EXPECTATIONS

a. **Program Structure** Sites approved for the HSR&D Advanced Fellowship program shall have a robust curriculum, an appropriate infrastructure, and qualified leadership.

(1) Curriculum. The two-year curriculum at each site shall include an orientation to VA, general research methodology, and enhanced written and oral communication skills. Training sites shall provide at least a basic overview in the following areas with an opportunity to pursue more intensive training in areas such as: biostatistics, clinical epidemiology, clinical trial design, medical decision making, healthcare organizations and delivery, financing of health care, ethical issues related to research, health policy, implementation science, health professions education, medical informatics, health economics, meta-analytic techniques, qualitative research methods, survey design, grant preparation, and project administration. In addition, the curriculum should include such content areas as quality improvement methods, leadership skills, patient safety investigations, healthcare analytics, VHA databases, and other areas of significant interest to VHA. Each of the HSR&D COIN sites is unique and possesses its own areas of expertise. The proposed curriculum must be included in the application for the fellowship program. Additional curriculum support will be provided by an HSR&D Advanced Fellowship Coordinating Center, which is planned under the direction of VA HSR&D and OAA. It is expected that the curriculum for physicians and associated health fellows share some common elements and encourage interprofessional activity. Notably, given the re-focus of the HSR&D COINs on partnership-oriented practices and implementation-focused research, sites must indicate how these skills will be developed during the fellowship program.

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(2) Infrastructure. The application must include discussion of how research, education, and clinical infrastructure at the site shall foster a high quality learning environment and fellowship experience.

(3) Recruitment. Each HSR&D fellowship site may actively begin recruitment of fellows, once approval is gained. Existing sites that are re-approved will experience no gaps in fellow recruitment. New sites may begin recruitment for AY15-16 but will not be expected to fill positions in AY15-16, given the short turnaround time between award notification and the start of the academic year. Currently approved sites that are not funded during this re-competition will be discontinued following their last training of fellows recruited to begin in AY 15-16.

(4) Program Co-Directors. Program Co-Directors must have demonstrated expertise in Health Services Research, be experienced in administration of an academic program, and have demonstrated ability to effectively teach and mentor. It is anticipated that sites possess co-directors – one physician and one associated health professional (e.g., social worker, psychologist, nurse, epidemiologist, health services researcher, etc.). It is expected that the Program Co-Directors will lead efforts to ensure the program is interprofessional in nature and that the co-directors will serve as examples of successful interprofessional health services faculty. Program Co-Directors will be responsible for all facets of the training program, including assignment and coordination of mentoring teams, evaluation of fellows and the site-level program, curriculum, and all administrative issues (including recruitment, fellow appointment, coordination with national HSR educational programming, etc.).

(5) Site Collaboration. Program Co-Directors shall foster collaboration among the fellowship sites and will be expected to work with the national VA HSR&D program office and OAA. Collaboration shall include such issues as curriculum development, implementation, and improvement; program evaluation; recruitment strategies and advertisements for fellows; fellowship program publicity; and other communication with all of the training sites, VA HSR&D program office, and OAA.

**b. Program Implementation** Program implementation expectations include the following:

(1) Fellows. Physician and clinician associated health fellows shall spend approximately 75 percent of their time in research, healthcare improvement, and education activities and 25 percent in clinical care. Fellows may spend less than 25 percent in clinical activities, but such decisions must take into account each fellows career plans including requirements for licensure (where applicable).

(2) Primary Mentors. Primary mentors (also known as preceptors) are responsible for developing individualized learning plans for fellows and are generally responsible for the overall coordination of an individual fellow's training plan. Primary mentors (if different from the Program Co-Directors) will work with the Program Co-Directors to deliver a high quality fellowship training experience. In many cases, primary mentors will lead a larger mentoring team that consists of secondary and/or content mentors (see additional mentors below) that serve

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to meet each individual fellow's overall training/career goals. Primary mentors (alone or in combination with a mentoring team) will provide assistance with research methodology and content related to the fellow's project(s), as well as guidance in personal and professional development. Primary mentors are expected to meet regularly (e.g. weekly) with fellows to assess their progress, serve as role models, and provide constructive feedback and assistance in meeting each fellow's goals. Primary mentors, in collaboration with the Program Co-Directors, are expected to participate in formative and summative evaluation of fellows and the fellowship program.

(3) Additional Mentors / Mentoring Teams. Given the complexity of education planning for fellows, several mentors are often needed. Like primary mentors, additional mentors are often included as part of a larger mentoring team to address specific fellow training needs. These additional mentors may provide assistance with research methodology and content related to each fellow's project(s) or guidance in personal and professional development. Additional mentors differ from primary mentors in that they are not responsible for the overall coordination of the fellowship. These individuals are expected to meet regularly (e.g., weekly, biweekly, or monthly) with the fellows to assess their progress, serve as role models, and provide constructive feedback and assistance in meeting each fellow's goals. Mentors are expected to participate in formative and summative evaluation of fellows and the fellowship program under the direction of the primary mentor and/or Co-Director. Where specific expertise is needed, mentorship may come from mentors at other VA institutions, including COINs, researchers at other VAMCs, faculty from academic affiliates, or individuals from VA program offices. Fellowship sites should be willing to participate in such collaborative cross-institution mentorship where feasible.

(4) Recruitment. Each selected HSR&D COIN will be authorized to recruit one physician and one associated health fellow each, to begin a two-year fellowship in AY 15-16. The fellowship is generally for 2 years, however programs may request approval for a third year of funding for second-year fellows with exceptional accomplishments in order to complete research projects that make substantial contributions to VA.

(5) Project. All fellows will participate in at least one substantial research or healthcare improvement project to which they make a substantive, independent, and identifiable contribution. The topic of the project should be of direct relevance to Veteran health, although VA medical facilities do not necessarily have to be the sole sites of the research.

**c. Fellowship evaluation and tracking impact of fellows post-fellowship.** All approved sites will monitor processes and outcomes of the program, including fellow and faculty satisfaction with specific and overall fellowship experiences. Such evaluations should be used to modify and improve the fellowship program. In addition, sites will be required to track fellow outcomes during the training program as well as post-training. Outcomes should include tracking of post-fellowship employment (retention in VA), success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in the field of health services research and healthcare improvement. Tracking and outcome data will be used to evaluate site-level fellowship programs and will be considered in the evaluation of participating sites at the time of

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future program re-competition. In addition, it is expected that coordination and sharing of site-level evaluations will occur with OAA, VA's national HSR&D program office, and the HSR&D Advanced Fellowship Coordinating Center.

#### 4. POLICIES

a. **Governance.** The Office of Academic Affiliations (OAA) maintains overall responsibility for the administration of VA's HSR&D Advanced Fellowship Programs. This announcement is a collaborative effort by OAA and the Office of Research and Development, HSR&D Service (124).

(1) **Physician Fellows.** The fellowship program for post-residency physicians is governed by M-8, Part II, Chapter 4, "Fellowship Programs for Physicians and Dentists" or subsequent handbooks that may supersede that section.

(2) **Associated Health Fellows.** The fellowship program for associated health postdoctoral fellows is governed by M-8, Part II, Chapter 2, "Associated Health Professions" or subsequent handbooks that may supersede that section.

b. **Program approval.** The fellowship sites will be approved until re-competition is announced by the Office of Academic Affiliations. OAA and HSR&D will monitor program implementation. Approval may be withdrawn from sites that have not recruited new fellows in two successive academic years. Approval will be withdrawn from sites that lose COIN designation or are identified to no longer possess the capacity to provide a high quality fellowship program (to be determined by OAA), although fellows enrolled at the time of withdrawal will be allowed to complete the fellowship.

#### c. **Fellow Selection Criteria**

##### (1) **Physician Fellows.**

Prior to participation in this program, prospective physician fellows shall:

- (a) Have completed a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Bureau of Professional Education (BPE) of the American Osteopathic Association. All recognized specialties are eligible to participate. Candidates selected should demonstrate the ability and commitment to become leaders in the area of health services research and healthcare improvement.
- (b) Not be enrolled simultaneously in any accredited physician residency or fellowship program.
- (c) Have an active, unrestricted license to practice in the U.S.

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(d) Be appropriately board certified or eligible, with demonstration of active pursuit of board certification.

(e) Be credentialed and privileged as a licensed independent practitioner at the local VA facility.

(f) Be a U.S. citizen.

(g) If a graduate of a foreign medical school, must have evidence of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

(h) Appointment Authority. Appointments will be made under the authority of 38 U.S.C 7406 for two years. Non-U.S. citizen appointments are under the authority of Title 38 U.S.C 7407. The PAID code will be provided in the memoranda notifying facilities of their selection as a training site. Fellows appointed for more than one year are eligible for health and life insurance benefits.

(i) Stipend Rate. The stipend rate will be based on years of previously completed ACGME accredited residency training and equivalent experiences as determined by OAA and index rates approved at the affiliated university and the respective VA facility. OAA reserves the right to use a different mechanism to establish fellow pay rates in the future. Fellows shall be paid directly by the VA facility unless OAA provides written approval for another payment mechanism.

(j) Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program.

(k) Demonstrate interest in pursuing a VA career with health services research and healthcare improvement as significant foci.

**(2) Associated Health Fellows.** Associated health fellows must meet the following criteria:

(a) Be a U.S. citizen.

(b) Demonstrate interest in pursuing a VA career with health services research and healthcare improvement as significant foci.

(c) Not be simultaneously enrolled in an accredited clinical training program.

(d) Unless otherwise listed below, fellows must possess an advanced degree (doctoral degree) from an accredited program that would make them eligible for VA hire.

(e) Meet all profession-focused criteria as listed below.

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### **Nurse Fellows**

Prior to beginning the fellowship, must meet the following criteria to enter the program:

- Completion of a baccalaureate nursing degree,
- Possession of an unrestricted valid nursing license in any US state or territory. Such license must be maintained in order to maintain eligibility for participation,
- Have graduated (or completed all requirements for award of degree) from a doctoral program at a recognized academic institution. This can be a doctoral program in a clinical discipline such as nursing (either Ph.D. or D.N.P.), or in a non-clinical field relevant to Health Care Quality (e.g., education, industrial psychology, anthropology, medical informatics, etc.).

### **Clinical and Counseling Psychology Fellows**

Any application for a clinical or counseling psychologist who has not completed all training and licensure requirements to qualify for appointment as an independent practitioner must be accompanied by a support letter from either the lead psychologist at the facility or from the Psychology Director of Training. Such a support letter must address the types and amount of clinical experience that the fellow will engage in and the types and amount of clinical supervision that will be provided. At least 4 hours of supervision must be provided weekly, of which 2 hours must be individual, face-to-face supervision by a licensed and privileged psychologist.

Prior to participation in this program, prospective fellows in clinical or counseling psychology shall:

- 1) Possess a doctoral degree (or demonstrate that all requirements for such a degree have been completed and award of the diploma is pending) from an American Psychological Association (APA) accredited program that would make them eligible for VA hire.
- 2) Have completed an APA accredited internship (or a new OAA funded, VA-based internship that is not yet accredited). If the candidate has not yet completed the doctorate, there must be convincing evidence from the Director of Clinical Training at the university and from the Director of Training at the internship that completion is on track and expected before the proposed start date of the fellowship.

### **Other Associated Health Fellows**

Prior to beginning the fellowship, an associated health fellow (other than nurses and clinical or counseling psychology fellows as described above) must have:

- 1) Completed all requirements to become a fully credentialed independent practitioner (or the equivalent for that profession) at a VA facility
- 2) Must have an active, unrestricted license to practice in the U.S., if such licenses are required for VA employment in the candidate's profession.

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Non-clinicians may also apply. In lieu of clinical experiences, non-clinician fellows are expected to spend significant time in healthcare improvement activities and projects, in addition to activities related to scholarship (e.g., manuscripts, presentations, grants). Non-clinicians must possess the following:

- 1) At least a doctoral degree (or demonstrate that all requirements for such a degree have been completed) from an accredited educational institution.
- 2) Meet all eligibility criteria for hire within a VA facility.
- 3) Have a stated pursuit of principal scholarly product in the fields of health services research and healthcare improvement.

#### **d. Appointment and Compensation**

##### **(1) Physician Fellows.**

(a) Appointment Authority. Appointments will be made under 38 U.S.C. 7406. The PAID codes will be provided in the memoranda notifying facilities of their selection as a fellowship site. Fellows will be appointed for a period of two years. Fellows appointed for more than one year are eligible for health and life insurance benefits.

(b) Stipend determination. The stipend will be based on years of previously completed ACGME accredited physician residency training and on VA stipend rates based on the local indexed hospital.

(c) Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program.

##### **(2) Associated Health Fellows.**

(a) Appointment authority. Appointments will be made under 38 U.S.C. 7405 (a) (1) (D) for two years. The fellows are eligible for VA group health and life insurance benefits.

PAID Codes. The PAID codes will be provided in the memoranda notifying facilities of their selection as a fellowship site. Fellows will be appointed for a period not to exceed three years. Appointments will be terminated at the end of the specified training period. Fellows appointed for more than one year are eligible for health and life insurance benefits.

(b) Stipend. Stipend rates will be determined by OAA, depending on the discipline and previous education of the trainee. Rates are reviewed biennially against national norms for the discipline. Current rates are listed on the OAA intranet web site at <http://vaww.va.gov/oaa> (then “OAA Support Center”, then “Facility Locality Based Per Annum Stipend Rates”). OAA reserves the right to use a different mechanism to

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determine fellow pay. For more information about health disciplines not listed in the table, contact OAA.

(c) Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program.

**e. VACO Support.**

- (1) OAA support. OAA will provide funds to VA facilities for fellows' stipends and fringe benefits.
- (2) ORD support. The Health Services R&D Service will provide \$7,000 per year per HSR&D fellow in research support to each Center of Innovation, in support of each fellow's research activities. ORD support will be administrated through VACO HSR&D and/or the HSR&D Advanced Fellowship Coordinating Center.

**f. Educational Detail.** Fellows may be detailed to other educational institutions without loss of pay, but under no circumstances may the total time spent in non-VA institutions exceed one-sixth of the total hours a fellow is in a pay and training status with VA. Should a program wish to have fellows conduct activities at non-VA sites, an appropriate affiliation agreement must be completed and prior written approval from Office of Academic Affiliations must be obtained.

**g. Liability.** Fellows will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d). Should a program wish to have fellows conduct activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained.

**h. Expenses.** Except as specified above, expenses connected to the fellows' recruitment, educational activities, or research are not funded under this program. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected fellows.

**i. Service Obligation.** There is no service obligation after completion of the fellowship program. However, fellows are encouraged to seek VA employment. The Center of Excellence where the fellowship program is conducted is expected to assist the fellow in obtaining VA employment.

**j. Identification of Fellowship Status.**

- (1) Fellows shall notify VHA's Office of Research Development (ORD) as required prior to any publication or presentation using procedures for electronic notification **through the ORD PubTracker Website: <http://vaww.pubtracker.research.va.gov>.**
- (2) Fellows shall also identify their VA support in all reports and presentations during the fellowship program and after the fellowship program if the report or presentation is related to

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activities conducted during the fellowship program. Failure to do so while in the fellowship program may result in termination of the fellowship.

**k. Clinical Privileges/Scope of Practice**

**(1) Physicians**

Physician Advanced Fellows must have completed their primary specialty training in order to qualify for initial board certification. Subject to the policies and procedures of the appointing institution's medical staff bylaws, Advanced Fellows are to be privileged as licensed independent practitioners (LIPs) in the primary medical specialty in which they completed approved training. Exceptions to this requirement for LIP privileging are rare, and require written OAA approval. The assigned privileges as an independent practitioner shall be within the scope of practice for which the Advanced Fellow has been previously trained. A physician Advanced Fellow may NOT provide independent clinical services for clinical skills that are part of the fellow's learning plan. Such physicians are considered to be under supervision (or dependent practitioners) for those skills.

**(2) Associated Health Professionals**

Associated Health professionals in clinical fields shall either be privileged as licensed independent practitioners or boarded with a scope of practice consistent with their licensure and prior training. Associated Health practitioners participating in courses of study that provide clinical training pertinent to the Advanced Fellowship shall be considered dependent practitioners, subject to appropriate graduated supervision for such clinical care. Clinical and Counseling Psychologists who are not yet licensed privileged independent practitioners for staff appointment in their field shall be considered trainees for purposes of clinical supervision.

**l. Program Directors**

The Program Co-Directors must have a track record of expertise, leadership, scholarship, and mentoring in issues related to health services research and healthcare improvement. Co-directors are also expected to possess expertise in the practice of interprofessional health services research and education. If the Program Co-Directors do not possess all of these traits, the program must demonstrate that the fellow will be exposed to a mentoring team that addresses the multifaceted training needs for this fellowship experience.

**m. Fellowship Plan**

Each Advanced Fellow shall, in conjunction with the Co-Directors and mentoring teams, develop a learning plan as soon as practical on entering the program. The plan shall address the fellow's long-term goals and identify the local resources to be used. This plan shall be revisited periodically in order to serve as a meaningful dynamic document assisting in the fellow's development.

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**n. Site Commitment to National Program**

Each site must be willing to participate in and substantially contribute to regular, nationally coordinated administrative meetings and conference calls. Each site must also be willing to participate in a substantial and ongoing way to the development and deployment of nationally coordinated fellowship educational activities to include regular audio- and/or teleconferences. Such coordination of the fellowship program is expected to be conducted by a host facility to be selected by HSR&D in conjunction with OAA.

**5. FACILITY ELIGIBILITY CRITERIA**

- a. The sponsoring VA facility must be affiliated with an academic institution having an ACGME or AOA accredited residency program. Fellowship sites are encouraged to have affiliations with appropriate programs for associated health disciplines recruited as fellows. If new affiliations are made to develop this relationship, a formal affiliation agreement must be executed. (Contact the Office of Academic Affiliations (10A2D) for assistance). The academic and VA-sponsored training programs must be accredited by the nationally recognized accrediting body for the profession.
- b. The Director, Chief of Staff, Associate Chief of Staff for Research, and Designated Education Officer must support the application.
- c. The sponsoring VA facility must designate well-qualified Fellowship Program Co-Directors to oversee fellow mentoring, research, educational, and, if present, clinical training.
- d. The sponsoring facility must assure that goals for each fellow are defined in the fellowship plan and supported by appropriate curricula, mentorship, scholarly opportunities, and other resources.
- e. The sponsoring VA facility must have a process to assure that documents required for the appointment of Advanced Fellows have been verified and are in order.

**6. SELECTION CRITERIA**

**a. Site Characteristics** The facility must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in health services research, healthcare improvement, education, clinical care, and administration. Sites must demonstrate their ability to support both physician and associated health fellows as part of their overall application. Sites must demonstrate the following:

- (1) VISN and facility commitment to build and sustain an outstanding learning environment.
- (2) Evidence of a strong partnership between the VA facility and its academic affiliate.

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- (3) Strong leadership by the Fellowship Program Co-Directors and associated faculty – specifically with regards to health services research and healthcare improvement.
- (4) Outstanding health services research, interprofessional educational opportunities, and advanced clinical learning opportunities at the site.
- (5) Past experience providing high quality mentoring for health services trainees (e.g., fellows).
- (6) Commitment to develop individualized learning programs with fellows.
- (7) Evidence of a strong administrative infrastructure to support a fellowship program.
- (8) Commitment to be an active participant with OAA and VA HSR&D (VACO) in building a strong, cohesive nationwide fellowship program.
- (9) Evidence of sound evaluation strategies for programmatic and individual evaluation.

**b. FOR NEW FACILITIES** (not currently approved for HSR&D Advanced Fellows): The facility must submit the information requested in Attachment A of this RFP.

**c. FOR EXISTING HSR&D ADVANCED FELLOWSHIP SITES:** Sites must submit the information requested in Attachment B of this RFP.

**7. REVIEW PROCESS**

a. **Review committee** An ad hoc, interprofessional review committee designated by the Chief Academic Affiliations Officer, will assess the merits of the applications.

b. **Scoring of Applications**

Applications will be scored according to the following criteria and weights:

<p><u>Leadership</u> to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure, including VISN, facility, and Program Director capabilities and commitments.</p>	<p>15 points</p>
<p><u>Curriculum</u> that describes program level learning objectives and instructional strategies for accomplishing those objectives. Description of formal instruction and workplace learning activities proposed to accomplish the program mission including facets related to the central mission of the HSR&amp;D COIN program. Evidence of innovative approaches to collaborative learning in a healthcare environment. Opportunities to</p>	<p>25 points</p>

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contribute expertise and/or educational programming for the coordinated national HSR&D Advanced Fellowship program.	
<u>Learning Environment</u> that has capacity to fulfill the proposed curriculum, including faculty mentorship, teaching ability, interprofessional collaboration, and other features necessary to facilitate significant inquiry in healthcare improvement activities, implementation research, and partnership/stakeholder focused HSR programming.	25 points
<u>Practice Environment</u> that allows the fellows to be immersed in a robust VA HSR environment engaging in research, clinical and education initiatives, policy, program evaluation, and implementation of health care improvement projects and activities. Demonstration that the trainees will be surrounded by faculty and staff role models demonstrating partnership/stakeholder focused HSR.	25 points
<u>Evaluation Plans</u> for formative and summative evaluations for the program’s overall mission and the individual fellows’ accomplishments of their learning objectives.	10 points
<b>TOTAL</b>	<b>100 points</b>

**8. SCHEDULE**

**Schedule for COINs who wish to be considered as an Advanced Fellowship site:**

- October 9, 2014                      OAA sends request for applications to HSR&D COINs and appropriate Central Office officials.
  
- October 30, 2014                      Facilities upload to OAA database a non-binding letter of intent (LOI) to submit a full proposal including contact person and station:  
[http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)
  
- December 18, 2014                      Site applications due to OAA (upload to OAA database:  
[http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)
  
- January 2015                              Review committee reviews applications and makes recommendations for approval of fellowship sites to the Chief (or

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Acting Chief) Academic Affiliations Officer.

February 2015

OAA notifies facilities about the approval/disapproval of their applications.

## 9. OAA CONTACT PERSONS

For information or questions related to this fellowship program, please contact Ms. Deborah Ludke by email at [deborah.ludke@va.gov](mailto:deborah.ludke@va.gov) or by phone at (562) 826-5492 or Dr. Stuart Gilman at [stuart.gilman@va.gov](mailto:stuart.gilman@va.gov) or by phone at (562) 826-5323 or Dr. Jeffrey Cully at [jeffrey.cully@va.gov](mailto:jeffrey.cully@va.gov) or by phone at (713) 794-8526.

## 10. FELLOW NOMINATION INSTRUCTIONS

Please see OAA website for instructions on how to submit fellow nominations once approved as a site: <http://www4.va.gov/OAA/specialfellows/default.asp> (under Fellowship Program Director Resources)

## 11. APPLICATION INSTRUCTIONS

Applications shall be uploaded to the OAA Support Center at:  
[http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)

Please click on the “Register” button to enter your information. Upon registering, you will be able to log in and start to upload the required documents. There are seven (7) documents required to be uploaded for a complete application for new sites and eight (8) documents required for existing sites. You can upload one document at a time. Please use the following naming conventions when saving/uploading files:

Attachment A: Facility Director’s Transmittal Letter

Attachment B: Letter of Commitment from VISN Director

Attachment C: Letter of Commitment from Proposed Advanced Fellowship in Health Services Research and Development Program Co-Directors

Attachment D: Letters of Support

Attachment E: Core Narrative

Attachment F: Faculty Biosketches

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Attachment G: Contact List (OAA form located on the OAA Support Center Portal)

Attachment H: Progress Report of Fellowship Program (**Existing Sites Only**)

**Note: Documents must be labeled as described above**

After all files have been uploaded, please select “Submit for Approval.” You will be taken to a screen that lists all documents that have been uploaded for your application. Please select “Submit Final Application to OAA” in order to submit your application. You will be able to make modifications to the uploaded documents until December 18, 2014. Please remember, we will only be able to accept one application per site, so please coordinate with others from your site prior to submission.

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**ATTACHMENT A**  
**APPLICATION INSTRUCTIONS FOR NEW SITES**

**1. DUE DATES**

- a. **Non-binding letter of intent (LOI)** to submit a proposal is due by October 30, 2014. Upload document to OAA website: ([http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)).
- b. **Complete application** is due not later than close of business December 18, 2014. Upload documents to OAA website. ([http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)) Please see instructions on pages 14-15 of this RFP. Documents must be labeled as described on pages 14-15.

**2. APPLICATION PACKET**

**a. Format:**

- (1) Font size must be 11-point or larger.
- (2) Margins must be at least one inch all around.
- (3) Page limit. Total number of pages should not exceed 50. The core document, excluding faculty biosketches, must not exceed 20 pages. The additional materials, including faculty biosketches and letters of support, must not exceed 30 pages. Note: Any pages over 50 will NOT be considered.

**b. Facility Director's transmittal letter**

- (1) Commitment to health care improvement and HSR activities at the site.
- (2) Contributions. Unique contributions the facility and program co-directors can make to the fellowship program both locally and nationally.
- (3) Resources. Facility commitment to provide resources for the program including release time for the HSR&D Fellowship Program Director and HSR&D staff who supervise fellows.
- (4) Travel and registration. Commitment to assist, if needed, in the funding of annual travel and registration for the Fellowship Program Directors and fellows to attend at least one national meeting per year.
- (5) Other support. Additional support that the facility will provide the Fellowship Program Director and fellows to ensure program success.
- (6) Teamwork. Commitment to be part of a national Advanced Fellowship in Health Services Research Program, to collaborate with other sites, and to respond promptly to all requests for data about program activity.
- (7) Contact information. Identification of the facility contact person: name, title, business address, telephone and fax numbers, and e-mail address.

**c. Letter of Commitment from VISN Director**

- (1) Commitment to health care improvement and HSR activities within the VISN.
- (2) Contributions. Unique contributions the VISN and HSR&D COIN can make to the Fellowship Program.
- (3) Other support that the Network will provide the Fellowship Program Director and fellows to ensure program success.

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**d. Letter of Commitment from Proposed Advanced Fellowship in Health Services Research Program Co-Directors.** A letter from the proposed Advanced Fellowship in Health Services Research and Development Program Co-Directors describing their individual commitments to direct the program including a summary of their expertise and experience in HSR broadly as well as specific information about teaching and mentoring. Please also include how the fellowship director role will fit into the director's existing responsibilities.

**e. Letters of Support**

Letters of support should be included where possible. Examples of such support might include some or all of the following:

- (1) Health Services Research Leadership. Letters indicating fellowship support from facility and affiliate leaders in Health Services Research and/or healthcare improvement.
- (2) Clinical leaders. Letters indicating fellowship support from facility clinical leaders.
- (3) Affiliates. Letters from program directors at the affiliates indicating support of the fellowship program and the resources the affiliate will provide to support the program, such as tuition waivers for courses, equipment, library use, and space.
- (4) Research, Education and Clinical Centers, Other Special Fellowships. Letters indicating the particular support and collaboration intended, if any with other VA institutions and/or fellowship programs. For example, commitment to share resources such as curriculum, incorporate Advanced Fellowship in Health Services Research in conference participation, research and grant mentorship, and anticipated research collaboration when appropriate (e.g., VA Advanced Fellowships such as Quality Scholars, Patient Safety, Medical Informatics, etc. See <http://www.va.gov/oaa/specialfellows/default.asp>)

**f. Core narrative (20-page maximum, excluding the faculty biosketches).**

- (1) Direction and framework. Proposed goals and conceptual framework for the fellowship program and broader educational initiatives (e.g., as detailed in the site's approved COIN application).
- (2) Leadership. Information about the proposed Advanced Fellowship in Health Services Research and Development Program Co-Directors. (Contact information. Name, title, business address, routing symbol, telephone and fax numbers, and e-mail address.)
- (3) Proposed faculty. Summary of information about proposed faculty including research (specify which faculty have current or recent VA research funding), education, clinical expertise, and publications and their potential contributions to the program.
- (4) Curriculum. Description of how the program objectives will be achieved over the course of a typical two-year fellowship. This should include description of didactic, seminar, lab or practicum experiences. If the proposed curriculum includes resources from other programs, such as joint sessions with other programs or participation in scheduled classes at an affiliate, letters of support from those educational partners must be included in the application. Please

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indicate the percentage effort fellows are anticipated to participate in research, clinical practice, educational activities, and administration.

(5) Scholarship resources

(a) Scholarship and/or research opportunities. Describe opportunities for fellows to demonstrate competence in developing leadership in scholarship in issues of importance to healthcare improvement.

(b) Scholarly activities. List facility-specific health services research activities. These activities may include federal grant projects, VA funded clinical or program evaluation projects, or unfunded implementation or quality improvement efforts. For each project, include name of project; name of investigator; and, source, date, and amount of funding (where possible).

(6) Educational resources

(a) Acquisition of knowledge. Describe educational resources that will provide opportunities for fellows to gain advanced knowledge in health services research and healthcare improvement activities, research and research methodology, quality improvement methodology, and interprofessional training.

(b) Teaching competence. Describe educational resources that will provide opportunities for fellows to develop and demonstrate advanced teaching competence in theory and practice. Experiences should encompass provision of feedback to the fellows.

(7) Clinical resources

Clinical activities. Describe VA clinical opportunities and settings that will advance fellows' learning.

(8) Evaluation Strategy.

Describe the proposed formative and summative evaluation plans for the program and the individual fellows.

(a) Formative evaluation plans. Description should include such issues as timeline for implementation during the first (recruitment) year, criteria for individual curricula, and plans for evaluation of faculty by fellows.

(b) Summative evaluation plans. Description should include such issues as methods for judging interim progress of the fellows during the program (covering clinical, research, administrative and research domains), means for assessing tracking and assessing integration of Advanced Fellowship in Health Services Research and Development with

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other post-graduate training programs specified as part of the curriculum, means for determining the efficacy of different program elements within the program as well as their integration, and means for tracking graduates' activities and productivity post-fellowship.

**g. Faculty biosketches.** Biosketches are not counted in the 20 page core narrative page limit, but are included in the 50 page total application.

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**ATTACHMENT B**  
**APPLICATION INSTRUCTIONS FOR EXISTING HSR&D**  
**ADVANCED FELLOWSHIP SITES**

**1. DUE DATES**

- a. **Nonbinding letter of intent (LOI)** to submit a proposal is due by October 30, 2014. Upload LOI to OAA website. ([http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22))
- b. **Complete application** is due not later than close of business December 18, 2014. Upload documents to OAA website. ([http://vaww.oaa.med.va.gov/rfp\\_general/default.aspx?PID=22](http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=22)) Please see instructions on pages 14-15 of this RFP. Documents must be labeled as described on pages 14-15.

**2. APPLICATION PACKET**

**a. Format:**

- (1) Font size must be 11-point or larger.
- (2) Margins must be at least one inch all around.
- (3) Page limit. Total number of pages should not exceed 55. The core document, excluding faculty biosketches, must not exceed 25 pages. Please note that 5 additional pages are provided for existing sites to provide information on the current status of their Advanced Fellowship in HSR. The additional materials, including faculty biosketches and letters of support, must not exceed 30 pages. Note: Any pages over 55 will NOT be considered.

**b. Facility Director's transmittal letter**

- (1) Commitment to health care improvement and HSR activities at the site.
- (2) Contributions. Unique contributions the facility and program co-directors can make to the fellowship program both locally and nationally.
- (3) Resources. Facility commitment to provide resources for the program including release time for the HSR&D Fellowship Program Director and HSR&D staff who supervise fellows.
- (4) Travel and registration. Commitment to assist, if needed, in the funding of annual travel and registration for the Fellowship Program Directors and fellows to attend at least one national meeting per year.
- (5) Other support. Additional support that the facility will provide the Fellowship Program Director and fellows to ensure program success.
- (6) Teamwork. Commitment to be part of a national Advanced Fellowship in Health Services Research Program, to collaborate with other sites, and to respond promptly to all requests for data about program activity.
- (7) Contact information. Identification of the facility contact person: Name, title, business address, telephone and fax numbers, and e-mail address.

**c. Letter of Commitment from VISN Director**

- (1) Commitment to health care improvement and HSR activities within the VISN.

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(2) Contributions. Unique contributions the VISN and HSR&D COIN can make to the Fellowship Program.

(3) Other support that the Network will provide the Fellowship Program Co-Director and fellows to ensure program success.

**d. Letter of Commitment from Proposed Advanced Fellowship in Health Services Research Program Co-Directors.** A letter from the proposed Advanced Fellowship in Health Services Research and Development Program Co-Directors describing their individual commitments to direct the program including a summary of their expertise and experience in HSR broadly as well as specific information about teaching and mentoring. Please also include how the fellowship director role will fit into the director's existing responsibilities.

**e. Letters of Support**

Letters of support should be included where possible. Examples of such support might include some or all of the following:

(1) Health Services Research Leadership. Letters indicating fellowship support from facility and affiliate leaders in Research and Development, Health Services Research and/or healthcare improvement.

(2) Clinical leaders. Letters indicating fellowship support from facility clinical leaders.

(3) Affiliates. Letters from program directors at the affiliates indicating support of the fellowship program and the resources the affiliate will provide to support the program, such as tuition waivers for courses, equipment, library use, and space.

(4) Research, Education and Clinical Centers, Other Special Fellowships. Letters indicating the particular support and collaboration intended, if any with other VA institutions and/or fellowship programs. For example, commitment to share resources such as curriculum, incorporate Advanced Fellowship in Health Services Research in conference participation, research and grant mentorship, and anticipated research collaboration when appropriate (e.g., VA Advanced Fellowships such as Quality Scholars, Patient Safety, Medical Informatics, etc. See <http://www.va.gov/oa/specialfellows/default.asp>)

**f. Core narrative** (25-page maximum, excluding the faculty biosketches).

(1) Progress Report of Fellowship Program to date (approximately 5 pages):

a) Concise narrative description of the history of the program, including success and/or difficulties with recruitment of fellows and how goals and performance of program have changed over time. Also include assessment of strengths and weaknesses of the program and plans to strengthen the program if major weaknesses are identified. Please describe other outcomes of note such as particular fellow alumni achievement, other benefits to VA, academic affiliates, and community that relate to the program. If possible, please include a list of publications, presentations, or other achievements of your site's fellows.

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- b) List all fellow participants by a) name, b) specialty, c) start date, d) end date, e) position immediately after fellowship (including VA status), f) current position if known (including VA status). OAA can provide a list of the participants known to us, but we ask that you correct any errant information and add any missing information (the current database only knows participant name, start date, end date).
- (2) Direction and framework. Proposed goals and conceptual framework for the fellowship program and broader educational initiatives (e.g., as detailed in the site's approved COIN application).
- (3) Leadership. Information about the proposed Advanced Fellowship in Health Services Research and Development Program Co-Directors. (Contact information. Name, title, business address, routing symbol, telephone and fax numbers, and e-mail address.)
- (4) Proposed faculty. Summary of information about proposed faculty including research (specify which faculty have current or recent VA research funding), education, clinical expertise, and publications and their potential contributions to the program.
- (5) Curriculum. Description of how the program objectives will be achieved over the course of a typical two-year fellowship. This should include description of didactic, seminar, lab or practicum experiences. If the proposed curriculum includes resources from other programs, such as joint sessions with other programs or participation in scheduled classes at an affiliate, letters of support from those educational partners must be included in the application. Please indicate the percentage effort fellows are anticipated to participate in research, clinical practice, educational activities, and administration.
- (6) Scholarship resources
- (a) Scholarship and/or research opportunities. Describe opportunities for fellows to demonstrate competence in developing leadership in scholarship in issues of importance to healthcare improvement.
- (b) Scholarly activities. List facility-specific health services research activities. These activities may include federal grant projects, VA funded clinical or program evaluation projects, or unfunded implementation or quality improvement efforts. For each project, include name of project; name of investigator; and, source, date, and amount of funding (where possible).
- (7) Educational resources
- (a) Acquisition of knowledge. Describe educational resources that will provide opportunities for fellows to gain advanced knowledge in health services research and healthcare improvement activities, research and research methodology, quality improvement methodology, and interprofessional training.

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(b) Teaching competence. Describe educational resources that will provide opportunities for fellows to develop and demonstrate advanced teaching competence in theory and practice. Experiences should encompass provision of feedback to the fellows.

(8) Clinical resources

Clinical activities. Describe VA clinical opportunities and settings that will advance fellows' learning.

(9) Evaluation Strategy.

Describe the proposed formative and summative evaluation plans for the program and the individual fellows.

(a) Formative evaluation plans. Description should include such issues as timeline for implementation during the first (recruitment) year, criteria for individual curricula, and plans for evaluation of faculty by fellows.

(b) Summative evaluation plans. Description should include such issues as methods for judging interim progress of the fellows during the program (covering clinical, research, administrative and research domains), means for assessing tracking and assessing integration of Advanced Fellowship in Health Services Research with other post-graduate training programs specified as part of the curriculum, means for determining the efficacy of different program elements within the program as well as their integration, and means for tracking graduates' activities and productivity post-fellowship.

**h. Faculty biosketches.** Biosketches are not counted in the 25 page core narrative page limit, but are included in the 55 page total application size.