

**Program Announcement
VA Interprofessional Advanced Fellowship
in Psychosocial Rehabilitation (PSR) and Recovery Oriented Services**

I. PROGRAM ANNOUNCEMENT

This program announcement provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities and systems regarding expansion of the Interprofessional Advanced Fellowship in Psychosocial Rehabilitation (PSR) and Recovery Oriented Services for Veterans living with a serious mental illness (SMI). This expansion will be supported by VA's Office of Academic Affiliations (OAA). OAA currently funds six interprofessional sites. VA facilities or systems that have a commitment toward interprofessional clinical care and training in PSR may apply for this fellowship program. The goal of this announcement is to enhance PSR services and delivery of interprofessional, recovery-oriented care by increasing the number of funded sites nationally from six to nine. This expansion will serve the VA workforce needs for this high-priority and underserved population. Approved sites will be authorized to recruit up to four interprofessional fellows each year for this one-year, full-time clinical training experience. Existing PSR sites will continue the program without interruption and do not need to reapply for funding.

A. Targeted Facilities/General Eligibility

All VHA facilities

B. Fellowship Program Overview

PSR is a comprehensive approach to restoring an individual's full potential following the onset of SMI. A comprehensive PSR approach involves assisting the individual in all aspects of recovery to attain the highest level of functioning in the community. PSR describes the preferred approach to treatment for those with all forms of SMI. It includes such components as:

- Recovery-oriented pharmacotherapy;
- Patient and family education;
- Enhancement of residential, social, and work skills;
- Social Skills Training (SST),
- Cognitive Behavioral Therapy (CBT) and other evidence-based therapies and treatments;
- Motivational Interviewing (MI);
- Integrated Dual Diagnosis Treatment;
- Whole Health approaches;
- Provision of intensive case management when needed.

The VA PSR Program is an interprofessional fellowship experience to develop leaders with vision, knowledge, skills, and commitment to lead mental health care for Veterans and the Nation in the 21st century. The PSR Advanced Fellowship's interprofessional training is built on a recovery-oriented model, which integrates a variety of medical, behavioral, vocational, social, and spiritual interventions to restore functionality and community reintegration. In this one-year clinical training program, fellows provide care for the Veteran in a range of clinical learning environments as part of an integrated treatment team (e.g., psychiatric inpatient units, Psychosocial Rehabilitation and Recovery Centers [PRRCs], Mental Health Intensive Case Management [MHICM] programs, outpatient clinics).

In an interprofessional team approach, representatives of multiple professions collaborate to plan, implement, and evaluate the outcomes of health care. Their work is characterized by a high degree of cooperation and mutual respect. Team members can learn from each other and share care tasks within the boundaries of their professional scopes of practice.

At each site, fellows will develop and implement a required Education Dissemination Project (EDP), as either an individual or group project. The purpose of the EDP is to enhance the education of health professionals and the quality of care beyond the fellowship site. The EDPs may be focused on developing continuing education or research conference presentations for health professionals, curricula for health professions training programs, patient education materials, or clinical demonstration projects. The EDPs may be implemented within an identified geographic region. Activities not restricted by geography are also encouraged. Mentorship of the project is designed to support and guide the fellows in development and implementation of a project that is that is feasible, innovative, has potential to positively impact recovery-oriented care, and can be spread nationally to support building a community of practice in the area of PSR/SMI.

II. BACKGROUND

VA announced its commitment to interprofessional clinical care and training in PSR and recovery for Veterans with SMI in 2002. Through collaboration between the Office of Mental Health & Suicide Prevention (OMHSP) and OAA, three VA healthcare sites were selected and funded to begin the VA Interprofessional Fellowship Program in PSR. To expand recovery-oriented training and clinical service delivery, the VA announced the expansion of the PSR fellowship program to four additional sites in 2006 (one of these discontinued in 2012). The Administrative Coordinating Hub Site at the VISN 5 Mental Illness Research Education Clinical Center (MIRECC) at the Baltimore VAMC was established in the summer of 2007 to help coordinate cross site education, training and recruitment efforts across the PSR fellowship sites and serves as official liaison between sites and OMHSP and OAA.

The purpose of the Interprofessional PSR Fellowship Program is to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. Six VA healthcare sites currently participate in the PSR Fellowship program:

- Central Arkansas Veterans Healthcare System at Little Rock, Arkansas
- VA Palo Alto Healthcare System at Palo Alto, California
- VA San Diego Healthcare System at San Diego, California
- VA Connecticut Healthcare System at West Haven, Connecticut
- Edith Nourse Rogers Memorial Veterans Hospital at Bedford, Massachusetts
- Durham VA Medical Center at Durham, North Carolina

III. PROGRAM DESCRIPTION AND IMPLEMENTATION

A. Program Structure

Sites approved for the PSR program shall have a robust curriculum and infrastructure, qualified clinician leadership (Program Directors) and focused didactic instruction. Fellows will also participate in the monthly cross-site seminar series provided by the Administrative Coordinating Hub site.

Didactic instruction will be interprofessional and learning will be customized for each fellow's training plan. Each program will also be expected to contribute to a library of educational resources available for national dissemination.

(1) Infrastructure

Site applications should demonstrate the track record of the facility and partners in PSR. The application must include discussion of how education, and clinical infrastructure at the site will foster a high quality interprofessional learning environment and fellowship experience. **Applicants shall provide a detailed list of resources and other support, including protected time for the PSR Program Directors, fellows' space and necessary equipment, and site-initiated travel provided by the facility in support of the program.** All travel commitments are contingent upon VA travel policies and regulations. Consider use of VERA educational support supplement (VESS) funds to fund educational travel expenses. Other commitments expected of the sites include a clear statement of funding and/or protected time for Program Directors as well as other resources and support (i.e., workspace, computers, administrative support) provided by the facility.

(2) Program Directors

At each approved site, there shall be a Program Director or Co-Program Directors with overall responsibility for that program. Associate Program Directors serve as lead faculty for each participating trainee profession. The Program Director may also serve as the Associate Program Director for their respective profession. Program and Associate Directors should have a VA paid appointment. Programs are encouraged to involve additional faculty members to support local mentoring, education, and training of fellows in PSR.

All proposed Program Directors and Associate Program Directors must have:

- demonstrated expertise in PSR;
- experience in program management and application in clinical, research, or educational settings;
- a demonstrated ability to effectively teach and mentor;
- and a demonstrated relationship to any current academic programs associated with the academic affiliate(s).

Program Directors are expected to oversee the local fellowship program and participate in monthly calls hosted by Administrative Coordinating Hub Site.

Program Directors will be responsible for reporting of fellowship activities and outcomes to local (VHA facility) leadership as well as to the Administrative Coordinating Hub Site. Each site is required to present annual updates on fellowship progress to local VHA leaders (e.g., Facility Director, Chief of Staff, Designated Education Officer).

Program Directors are responsible for ensuring that all commitments within this program description are implemented. Sites that do not implement the PSR program according to the program description are subject to remediation and potentially to the loss of funding at the site.

(3) Collaboration with Administrative Coordinating Hub Site

All approved sites will be required to work in collaboration with the national Administrative Coordinating Hub Site to seek guidance as needed regarding local programming. As noted above, sites are also required to participate in a monthly cross site call, hosted by the Administrative Coordinating Hub site.

B. Program Implementation

Program implementation policies and procedures are described in VHA Handbook 1400.07 - Education of Advanced Fellows. The Advanced Fellowship Handbook can be found on OAA's Advanced Fellowship webpage <https://www.va.gov/oa/handbooks.asp>.

(1) Location/Program Start/Initial Fellow Recruitment

Each approved new site shall recruit four fellows, across a minimum of 3 professions, which should include:

- Position 1= psychologist (not to exceed one position)
- Position 2=social worker (a minimum of one position)
- Position 3 =occupational therapist, chaplain, psychiatrist, nurse, or vocational rehabilitation therapist
- Position 4=local program choice of professions except for psychology

Although interprofessional recruitment is required, the exact makeup of fellows

recruited each year can vary by year, except for having a maximum of one psychology fellow annually (e.g., number of physicians, nurses, and associated health professionals can vary). This standard is consistent with expectations for new approved and current sites to develop infrastructure and actively recruit for three or more trainee professions.

(2) Approved new sites are expected to use Academic Year (AY) 2021-2022 for planning and program development

New sites are expected to recruit participants and begin training activities in AY 2022-2023, though they may recruit participants and begin training activities in AY 2021-2022, if prepared. Existing PSR sites will continue the program without interruption and do not need to reapply.

(3) Programs that address rural populations

Programs that address rural populations shall receive preference as will programs that address the unmet needs of underserved racial and ethnic minority populations.

(4) Administrative Coordinating Hub Site Role

The Administrative Coordinating Hub Site shall deliver supplementary national instruction to all participating sites and will foster collaboration among the fellowship sites by facilitating program goals, curriculum development, program implementation and assessment, national recruitment strategies, and program administrative issues between program sites and OAA. The Administrative Coordinating Hub Site (Baltimore VAMC at time of this writing) will also be responsible for completing an annual report summarizing across sites a range of metrics and details including recruitment, fellowship completion rates, initial placements post training, education dissemination projects, and cross-site educational seminars.

Demonstration of clinical and operation impact of the PSR program are requirements of the program. The Administrative Coordinating Hub site, in collaboration with individual sites, will provide all partners (e.g., facility, VISN, and OAA) with annual status reports about the PSR program, including recruitment and retention rates and impact of the program on VHA.

(5) Collaboration among sites

Once selected, sites will work collaboratively with the existing sites and Administrative Coordinating Hub Site to coordinate cross-site curriculum development and implementation, program evaluation, and fellowship publicity. All sites will be expected to contribute to developing educational resources that are disseminated widely to improve a community of practice in PSR and SMI.

(6) Local Site Responsibilities and Program Implementation

(i) Clinical Settings

Sites should prioritize providing clinical training within their home VA facilities. To complement this training, sites may also offer appropriate and limited opportunities outside of the VA. Should a site wish to have fellows conduct a portion of clinical activities at non-VA sites, the program must follow the procedures regarding Educational Details described in VHA Handbook 1400.07. Across the entire fellowship experience, fellows are expected to carry out most of their project and educational activities at a VA facility.

(ii) Mentors and supervisors

Mentorship and supervision are essential components of an outstanding Advanced Fellowship experience. Mentorship and supervision should be provided by content experts with a documented history of successful mentoring of trainees and other professionals. For supervision of Associated Health and Nursing trainees please refer to VHA Handbook 1400.04 http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3180 and for physicians please refer to VHA Directive 1400.01 http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3239.

(iii) Recruitment

All fellowship sites will work collaboratively to develop and implement a strategy for active recruitment of fellows.

(iv) Individualized Learning Plan

Each Advanced Fellow shall, in conjunction with the Program Director and mentoring teams, develop an individualized 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 to serve as a meaningful, dynamic document assisting in the fellow's development.

(v) Education Dissemination Project

Each training site will develop and implement a dissemination project as described in section I.B. (page 2) of this announcement. This project will be an opportunity to develop educational materials to build a community of practice and share resources nationally.

(vi) Fellow Evaluation and Tracking

The fellowship sites will develop a fellowship evaluation plan that includes formative and summative measures. The proposed evaluation process shall include defined competencies for each profession.

All approved sites will monitor processes and outcomes of the program, including fellow achievement (e.g., goals and competencies) and programmatic evaluation including processes, outcomes, and faculty

satisfaction. Assessments and evaluations should be used to modify and improve the local fellowship program. In addition, sites will be required to track fellows during the training program (e.g., educational experiences and projects) as well as post-training outcomes. Outcomes should include tracking of post-fellowship employment (retention in VA) and continued work in the field of PSR. Tracking and outcome data will be used to evaluate site-level fellowship programs and will be considered in the evaluation of participating sites.

The Administrative Coordinating Hub Site will also collect related data from sites to create and disseminate an annual report.

(vii) Program Changes and Requirements for Continued Participation

OAA and the Administrative Coordinating Hub Site must be notified of significant changes to fellowship program, including issues such as change in leadership, insufficient funding, or any other reason why the approved proposal is not being properly fulfilled. Sites that do not implement the program as described in this announcement are subject to remediation and potentially to loss of site approval/funding.

(viii) Conference Attendance

Advanced fellows are expected to attend one national conference or meeting with significant content on PSR. When available, funding to support the registration and travel shall be provided by the Administrative Coordinating Hub Site. Fellow presentations at such conferences should be a priority for each site.

(ix) Program Accreditation

Accreditation is considered the standard by which the quality of clinical training is assured. Programs that qualify for accreditation are generally expected to possess or pursue it. Questions about this should be directed to the PSR Administrative Hub Site or OAA.

IV. POLICIES

A. Governance

OAA maintains overall responsibility for the administration of the VA Interprofessional Fellowship Program in PSR and Recovery Oriented Services. This program is subject to Handbook 1400.07, Education of Advanced Fellows (http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3179) and supplemental documents from OAA.

B. Program Approval

Approved new fellowship sites are authorized to recruit up to 4 fellows (only one of which can be a psychology fellow) per year beginning in AY 2021-2022 (if prepared) or AY 2022-2023 (if AY 2021-2022 is used as a preparation year) and continuing each academic year until formal notice from OAA. Approval may be withdrawn from sites that insufficiently

recruit participants or otherwise no longer possess the capacity to provide a high-quality fellowship program (as determined by OAA).

C. Recruitment & Fellow Credentials

All trainees must be eligible for VA hire and must demonstrate an interest in pursuing careers in PSR as a significant focus.

(1) Physician Fellows

It is expected that most physician fellows will have completed a residency in psychiatry. However, physician fellows with other specialization can be considered with justification. Post-residency physician fellows must meet the following criteria:

- (i) Have completed a residency program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME).
- (ii) Not be enrolled simultaneously in any other accredited physician residency/fellowship program.
- (iii) Have an active, unrestricted licenses to practice in the U.S.
- (iv) Be either board certified or eligible with demonstration of active pursuit of board certification.
- (v) Be appropriately credentialed and privileged for clinical practice at the local VA facility.
- (vi) Be a U.S. citizen or possess a current visa suitable for participation in this paid educational activity. U.S. citizens shall be given priority in selection.

(2) Nurse Fellows

Prior to beginning the fellowship, nurse fellows must meet the following criteria:

- (i) Unless otherwise listed below, fellows must possess an advanced degree from an accredited program.
- (ii) Be a U.S. Citizen.

(3) Postdoctoral Psychology Fellows

Prior to beginning the fellowship, postdoctoral psychology fellows must meet the following criteria:

- (i) Possess an advanced degree from an accredited doctoral program that would make them eligible for VA hire. Fellows can begin if the degree is not yet conferred if they have met all requirements (including dissertation defense) and it is in writing from the school. Doctoral programs must be American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited. The applicant's degree must be in a specific specialty area recognized by one of these accreditation bodies and meet VA hiring eligibility requirements. Note: an applicant with a degree from a program accredited for a school psychology specialty is not eligible for the fellowship because this specialty is

ineligible for VA hire.

- (ii) Be a U.S. Citizen.
- (iii) Have completed all requirements to become a staff psychologist at a VA facility, either as a licensed independent practitioner or as a graduate psychologist subject to supervision.
 - a. Graduate psychologists subject to supervision must meet the following additional requirements:
 - 1. Completed an APA or CPA accredited internship (or a new OAA funded, VA-based internship that is not yet accredited).
 - 2. If the candidate is enrolled but has not yet completed internship, the Director of Clinical Training at the candidate's university and the Director of Training at the internship must submit a statement indicating that completion of all degree requirements is expected before the proposed start date of the fellowship.
 - 3. The local PSR program must develop a written supervision plan, starting on the first day of training. This plan must include at least 4 hours of supervision weekly, of which 2 hours must be individual, face-to-face supervision by a licensed and privileged psychologist. In addition, the written supervision agreement should meet jurisdictional requirements for licensure in any state.

(4) All Other Associated Health Fellows

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

- (i) Possess an advanced degree from an accredited masters or doctoral program in their respective profession and meet the qualification standards that would make them eligible for VA hire.
- (ii) Have completed all requirements to become a fully credentialed independent practitioner (or the equivalent for that profession) at a VA facility.
- (iii) Have an active, unrestricted license to practice in the U.S., if such licenses are required for entry-level VA employment in the candidate's profession.
- (iv) Be a U.S. Citizen.
- (v) Not be simultaneously enrolled in any other accredited clinical training program.
- (vi) Chaplaincy Fellows must possess 4 units of accredited clinical pastoral education in addition to the above requirements.

D. Fellow Appointment and Compensation

(1) Fellow Appointment

Advanced Fellow trainees may be appointed under the following authorities: 38 U.S.C., 38 U.S.C. 7405(a)(1), or 38 U.S.C. 7406(a).

(2) Fellow Nomination Materials

OAA posts instructions for nominating fellowship candidates to OAA for approval at https://www.va.gov/OAA/Advanced_Fellowships/Resources.asp.

(3) Physician Fellow Appointment and Stipends

Appointments will be made under 38 U.S.C. 7406 for one year.

- (i)** Physician fellows must have completed their primary specialty training to qualify for initial board certification. Subject to the policies and procedures of the appointing institution's medical staff bylaws, 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 fellow has been previously trained. A physician fellow may NOT provide independent clinical services for clinical skills that are part of the fellow's learning plan. Physicians are under supervision (or dependent practitioners) for those skills.
- (ii)** Physician stipend rates 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, not to exceed PGY-8. 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 payment through disbursement.

(4) Nursing and Associated Health Fellow Appointments and Stipends

- (i)** Appointments will be made under 38 U.S.C. 7405 (a)(1)(D). Fellows will be appointed for a period of one year and one day. Appointments should 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.
- (ii)** Licensed nurses and other Associated Health professionals shall either be privileged as licensed independent practitioners or boarded with a scope of practice consistent with their licensure and prior training.
- (iii)** Nurses and other Associated Health trainees are subject to graduated supervision for PSR-related clinical care.
- (iv)** Stipend rates will be determined by OAA, depending on the profession, previous education of the trainee, and any stipend rate pay requirements at the academic affiliate. Rates are reviewed biennially against national norms for the profession. Current rates are listed on the OAA intranet web site at <http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx>. OAA reserves the right to use a different mechanism to determine fellow pay. For more information about health professions not listed in the table, contact OAA.

(5) Pay Limitations

Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program. VA paid trainees and employees can receive non-VA income for off-duty time if there are no technical or ethical conflicts.

Questions about non-VA, pay, dual compensation, potential conflict of interest, can be definitively addressed by local Regional Counsel or General Counsel.

E. Educational Details to Non-VA Sites

Fellows paid directly by VA 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.

F. Liability Protection

VA fellows are covered by the protections of 28 U.S.C. 1346(b) and 2671 through 2680 and 38 U.S.C. 7316 while in the exercise of their duties in or for VA. In the rare instances when a VA-sponsored fellow goes to non-VA medical facilities or agencies for required training, VA may provide liability protection if the non-VA facility declines to cover the VA fellow and an agreement is signed to that effect. NOTE: If there is any doubt as to malpractice coverage during the time that fellows are in a VA Fellowship Program, the local Regional Counsel shall be consulted to resolve such doubts prior to the clinical activity.

G. VHA Acknowledgements and Notifications

(1) Acknowledgement of OAA Support

All publications and presentations resulting from participation in an Advanced Fellowship, including but not limited to research results, publications, or presentations must contain the following (or equivalent) acknowledgement: “This material is based upon work supported by the Office of Academic Affiliations (OAA), Department of Veterans Affairs.”

(2) Acknowledgement of ORD Support

If, in addition to OAA support, VA’s Office of Research and Development provided support, the following acknowledgement (or equivalent) must be used: “This material is based upon work supported (or supported in part) by the Office of Academic Affiliations (OAA) and the Office of Research and Development (ORD) (add, as applicable, Medical Research Service, Rehabilitation R&D Service, Health Services R&D (HSR&D) Service, or Cooperative Studies Program), Department of Veterans Affairs.” (See VHA Handbook 1200.19, Presentation of Research Results).

(3) Acknowledgement of VA Resources

If VA did not provide direct research support but the effort or project involved the use of other VA resources such as facilities or patients, then publications or presentations must contain the following (or equivalent) acknowledgement: “This material is based on support from the Office of Academic Affiliations (OAA) and with resources and the use of facilities at (name and location of VA medical center)”

(See VHA Handbook 1200.19, Presentation of Research Results).

(4) Notification

Fellowship Program Directors, or designees, must ensure that local facility Public Affairs Officers and ORD are notified when research results are accepted for presentation or publication. Notification to ORD and to HSR&D, if related to HSR&D support shall be completed through the appropriate channels as determined by ORD and/or HSR&D.

H. VACO Support

OAA will provide funds to VA facilities for fellows’ stipends and benefits. OMHSP will provide funds to support the Administrative Coordinating Hub Site.

V. REVIEW PROCESS

A. An interprofessional ad hoc review committee designated by the Chief Academic Affiliations Officer will assess the merits of the applications. The reviewers will have demonstrated expertise and leadership in their respective professions, PSR, or clinical education. The decision to approve sites rests with the Chief Academic Affiliations Officer.

B. Training site applications will be scored according to the following criteria and weights:

VISN and facility commitment to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure to support fellows from psychology, social work and at least one additional profession; and commitment to support stated percentage of time for Program Director effort.	15 points
Fellowship Program Director and interprofessional faculty with strong records in PSR, education, and leadership; demonstrated ability to teach across professions and to promote an interprofessional approach to both education and clinical care.	20 points
An established clinical care program in PSR that can provide trainees with learning opportunities in in-patient, outpatient, and community settings. Description of current quality of care, and how this advanced fellowship is expected to impact the clinical environment.	25 points
Quality of educational curriculum and resources including a strong, constructive partnership with the affiliate; excellent learning opportunities in PSR; commitment to develop individualized learning programs with fellows; excellent mentoring of trainees; sound educational infrastructure plans; and interprofessional educational opportunities.	15 points
Education Dissemination Project Strategy. The application should outline the site’s strategy or plan for supporting and mentoring fellows in the development and dissemination of a fellowship project that is feasible, innovative, has potential to	15 points

positively impact recovery-oriented care, and can be spread nationally to support building a community of practice in the area of PSR/SMI.	
Plan for Evaluation that will include evaluation of the individual fellows and all aspects of the fellowship program, including the Educational Dissemination Project.	10 points
TOTAL	100 POINTS

VI. SCHEDULE

August 19, 2020	OAA sends program announcement to VISNs, facilities, and appropriate headquarters officials.
September 9, 2020 2-3:00PM EST	OAA hosts information call for facilities considering this application. Zoom Videoconference: https://www.zoomgov.com/j/1614406109?pwd=eTNMUXZpMTh1eVFveHY1cjlpb1NPZz09 Meeting ID: 161 440 6109 Passcode: 564228 One tap mobile 1-669-254-5252, access code: 1614406109#
September 30, 2020	Letter of Intent documents must be uploaded to the OAA portal by close of business (5pm PST) September 30, 2020. The web address is https://vaww.oaa.med.va.gov/rfp/default.aspx?PID=83 . 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 document. The Letter of Intent must include contact information for the application's Program Co-Directors and any administrative contacts at the site. This non-binding intent to submit a full proposal must include all information as requested in section VIII of this RFP.
November 10, 2020	Full applications due to OAA
December 2020	Panel review of site applications
December 2020/January 2021	OAA notifies facilities of selection or non-selection as a training site.
December	Already approved existing sites continue without interruption.

2020/January 2021	Newly approved sites begin developmental period.
September 2021 or September 2022	Enrollment of first fellows (depending on rate of program preparation)

VII. OAA CONTACT PERSON

For information or questions related to this fellowship program, contact Ms. Deborah Ludke, at deborah.ludke@va.gov or Dr. Joel Schmidt at joel.schmidt@va.gov.

VIII. APPLICATION INSTRUCTIONS

Applications shall be uploaded to the OAA Support Center
<https://vaww.oaa.med.va.gov/rfp/default.aspx?PID=83>

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 four (4) documents required to be uploaded for a complete application. You can upload one document at a time. Please use the following naming conventions when saving/uploading files:

- Attachment A: Facility Director and DEO Transmittal Letter
- Attachment B: Core Narrative
- Attachment C: Program Director(s) Bio sketches and Core Faculty Table
- Attachment D: Appendices

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 November 10, 2020. Please remember, we will only be able to accept one application per site, so please coordinate with others from your site prior to submission.

FELLOWSHIP APPLICATION

I. GENERAL INSTRUCTIONS

A. Font size and margins

Font size must be 11-point or larger. Margins must be one inch all around.

B. Page limit

The core narrative must not exceed 10 pages. Shorter applications are encouraged. Supplemental materials are not counted in the core narrative page limit. Appendices including letters of support must not exceed 30 pages.

II. APPLICATION PACKAGE INSTRUCTIONS

A. Transmittal Letter

The transmittal letter from the facility Director and Designated Education Officer must:

- (1) document support for the program by:
 - (i) stating commitment to support stated percentage of time for Program Director effort, and statement supporting time for faculty, and preceptors.
 - (ii) providing interactive videoconferencing equipment and staff assistance related to effective use of the equipment.
 - (iii) aiding in the implementation of the required Education Dissemination Project regarding PSR beyond the training site.
- (2) describe the unique contributions the facility can make to the training program.
- (3) identify the name, title, telephone, and e-mail address of the fellowship Program Director.
- (4) identify the name, title, telephone, and e-mail address of the facility contact person, if different from the fellowship Program Director.

B. Core Narrative

The application core narrative must not exceed 10 single-spaced pages. **Applications exceeding the page limitations will not be reviewed.** Concise, well-written proposals will be regarded favorably. The pages must have at least 1-inch margins all around and the font size must be no smaller than 11 point. Times Roman, Arial/Helvetica or Courier font should be used. The core document should include:

(1) Background and Core Program Information:

Describe the existing PSR services, and education provided at the facility, (e.g., in-patient, outpatient, community care), the number of patients treated, average length of time in the program/stay, the primary diagnoses, and the staff involved. Describe the current assessment of and strategies for ongoing improvement of the quality of clinical care. Describe the nature of the interprofessional team offering care in these settings – who are the core team members; how often does the team meet; and how does the team function to integrate assessment information, develop, implement, and evaluate integrated treatment plans for patients?

(2) Training Elements and Curriculum

Outline in some detail the curriculum for specific fellow positions requested.

- (i)** Articulate the specific skills and knowledge to be developed by the fellows, addressing a range of skills and activities to include assessment, modalities of treatment, staff consultation, interprofessional treatment team participation. Address the interprofessional components of the curriculum as well as the specialty and profession components. Describe teaching methods to be used including how the learning activities will be customized to meet trainees' needs.
- (ii)** Identify the sites of care within which the curriculum will be implemented. Identified venues of care should be appropriate for standards of training established by relevant accrediting bodies. Trainees in general should be exposed to at least one inpatient and one community care venue during the fellowship. Describe what the trainees' roles will be within the interprofessional teams functioning in these sites.
- (iii)** Describe activities that will foster trainees' development as leaders and change agents in PSR. Training in educational techniques, system analysis, quality management, or administration might be included.
- (iv)** Describe opportunities for the fellows to participate in research and other scholarly activities. While not required as a component of the training program, such activities can greatly enhance the experiences of participating PSR fellows.
- (v)** Describe the facilities (e.g., office space, clinical areas, clerical support, educational materials, library, computers, etc.) available to support the program.

(3) Plan for the Education Dissemination Project

This plan should explain how the site intends to provide educational support regarding fellow's project for expansion of PSR beyond the training site. The projects selected may be VISN based, geographically based or may not be tightly linked geographically, utilizing, for example, other means of communication such as the teleconferences. Describe the role of mentoring on this project and process by which trainees will select projects, be monitored towards completion, and be evaluated.

(4) Program Director, Faculty, and Supervisors

Provide relevant information concerning the staff who will be involved in the program including the Program Director, supervisors, and faculty. Include the following information about each individual who will be involved in the fellowship program: name; profession, and specialty; degree; date of degree; university from which degree was received; PSR education and experience; primary clinical interests; and the number of hours that will be devoted to the program. NOTE: Curricula vitae or biographical summaries may be included as appendices.

(5) Program Evaluation

Specify how the fellows and the fellowship program's effectiveness for meeting its training goals and objectives will be evaluated. This plan should include attention to all aspects of the program: profession-specific competencies; competencies in interprofessional team functioning; and competencies in dissemination of information about PSR.

(6) Recruitment of Fellows

Describe how fellows will be recruited and selected.

C. Appendices, which must not exceed 30 pages, excluding the letters of support, should include:

(1) Letters of support from the following:

- (i) VISN Director or VISN Service Line Director** It should include a description of the unique contributions the VISN can make to the PSR fellowship program and additional support that would be provided to the fellowship site related to the educational support project.
- (ii) Chiefs of Services** or equivalent individuals for the professions in which trainees are being requested. These letters should describe a need for PSR education and how it will improve the care of patients.
- (iii) Directors and Managers of the clinical sites** at which the training will be provided. These letters should describe a need for PSR education and how it will improve the care of patients.
- (iv) Affiliates** where affiliate contribution to the program is identified in the proposal, such support should be identified by a letter from the affiliate.
- (v) Training Directors** for other training programs for the requested professions at the facility.

(2) Curricula vitae or biographical summaries of preceptors and faculty

Lengthy CV's are discouraged and should be abbreviated to emphasize only experiences and achievements relevant to this fellowship program.