

**VA ADVANCED FELLOWSHIP PROGRAM IN
MENTAL ILLNESS RESEARCH AND TREATMENT**

1. PURPOSE

a. **Program Announcement.** This Office of Academic Affiliations (OAA) program announcement provides information, policies, and application procedures about OAA's expansion of the Advanced Fellowship Program in Mental Illness Research and Treatment for post-residency physicians and postdoctoral mental health care providers in associated health disciplines. OAA is sending this program announcement to Department of Veterans Affairs (VA) facilities with Mental Illness Research, Education, and Clinical Centers (MIRECCs), mental health related Centers of Excellence (COEs), National Center for PTSD (NCPTSD) Divisions, and Centers of Excellence in Substance Abuse Treatment and Education (CESATEs). All eligible MIRECC, COE, NCPTSD, or CESATE sites that do not already have postdoctoral training programs funded by the Office of Academic Affiliations (OAA) can apply for selection as a new fellowship site. Up to 10 additional fellowship sites will be selected through this program announcement. The Hub Site at the VA Palo Alto Health Care System will coordinate curriculum development and implementation, program evaluation, recruitment of fellows, and program publicity in collaboration with the other fellowship sites.

b. **Fellowship Program.** The purpose of VA's existing Advanced Fellowship Program in Mental Illness Research and Treatment is to develop leaders with vision, knowledge, and commitment to lead mental health treatment, research, and education in the 21st century. That purpose also guides the current opportunity for expansion, and to that end, OAA, in collaboration with the Office of Mental Health Services (OMHS), will support two-year postdoctoral fellowships for eligible physicians and associated health professionals at selected MIRECC, COE, NCPTSD, or CESATE sites. The established Hub Site will coordinate development of the selected fellowships in curriculum and other program components. Beginning in AY 2009-2010, the newly selected fellowship sites will provide (1) post-residency training for outstanding physicians with expertise in mental health concerns who have completed Accreditation Council for Graduation Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residencies and (2) postdoctoral training for outstanding associated health mental health professionals who have completed a doctoral program in professional psychology and internship, both of which were accredited by the American Psychological Association (APA), or, for non-psychologists, the equivalent level of accredited training.

2. BACKGROUND

a. **OAA.** OAA, in collaboration with the Office of Mental Health Services (OMHS), has a long history of supporting excellent training in mental health fields. Such training programs include the Advanced Fellowship and Substance Abuse Treatment Fellowship Programs for

post-residency physicians as well as postdoctoral psychology training emphasizing geropsychology, treatment of substance use disorders, posttraumatic stress disorder, and psychosocial rehabilitation. In September 2000, OAA announced the selection of the Hub Site and the initial six fellowship sites for this program. On July 1, 2001, the first fellows started the program.

b. **MIRECCs, COEs, NCPTSD Divisions, and CESATEs.** Under the authority of Public Law 104-262, VA has established a total of ten MIRECCs. The purpose of the MIRECCs is to improve the provision of biopsychosocial health care services to eligible veterans suffering from mental illness, with a focus on service-related conditions. The centers develop improved models and systems for Veterans Health Administration (VHA) mental health services; educate and train health personnel; and conduct basic, clinical, and applied research.

VA established three Centers of Excellence in 2007 to meet the increasing need for research and education into psychological health effects of deployment, combat injury, and other stressors that have important mental health consequences for the growing veteran population. The COEs are interdisciplinary in nature and are largely modeled after the MIRECCs.

VA created the National Center for PTSD in 1989 in response to a Congressional mandate (PL 98-528) to address the needs of veterans with military-related posttraumatic stress disorder. The mandate called for a center of excellence that would set the agenda for research and education on PTSD without direct responsibility for patient care. The National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress.

In 1993, Congress provided enhancement funds to VA in support of strategies to reduce drug use demand consistent with national drug control policy. The CESATEs at Puget Sound and Philadelphia are national resources devoted to developing, implementing, and evaluating model substance use disorder treatment services and evidence-based educational initiatives. The mission of the CESATEs is to develop and evaluate model programs and clinically useful tools to improve performance, and directly provide training to promote implementation of the uniform mental health services package.

c. **Program rationale.** Because MIRECCs, COEs, NCPTSD Divisions, and CESATEs focus on selected areas of mental health and provide excellent research, education, and clinical learning environments, they present ideal venues to train post-residency physician fellows and postdoctoral fellows in associated health disciplines. Placing fellows in MIRECCs, COEs, NCPTSD Divisions, and CESATEs provides unique opportunities for advanced fellowship training in areas of vital importance to VHA, enhances MIRECC, COE, NCPTSD, and CESATE goals, and provides opportunities to leverage MIRECC, COE, NCPTSD, and CESATE expertise.

3. PROGRAM DESCRIPTION

a. **Location and approval.** The 2-year postdoctoral fellowship will be offered at additional facilities hosting a MIRECC, COE, NCPTSD Division, or CESATE. A maximum of 10 facilities may be approved; only applications of exceptional quality will be approved. Each fellowship site will be approved and funded for physicians and fellows in associated health mental health discipline unless the application requests approval for only one of those categories,

or the quality of the application does not merit training support in both. One fellow in each approved category will be funded in the first year of the program. As the initial two fellows begin their second year of the fellowship, an additional new first-year fellow in each approved category will be funded. Thus, in the second year and subsequent years of the program, there will be up to four fellows at each site (two first year fellows and two second year fellows). Requests for a third year of funding for an individual fellow can be submitted to OAA and will be considered on a competitive basis, depending upon the strength of the application and availability of funding.

b. **Hub Site.** The Hub Site (currently at the VA Palo Alto Health Care System) coordinates core curriculum development and implementation, program evaluation, recruitment and advertising for fellows, fellowship program publicity, and other communication with the training sites and OAA. Interactive video teleconferencing is used extensively for planning and implementation of the program.

c. **Phases.** The Fellowship Program will be implemented in three phases.

(1) **Phase 1: March 2009 – June 2009.** New sites will work with the Hub Site and other sites on curriculum development and implementation, evaluation planning, and recruitment. Expectations for Phase 1 include:

(a) **Curriculum.** During the planning phase, new sites will develop curricular content, policies, and processes, and work with the Hub Site and other fellowship sites on curriculum development, implementation, and evaluation. Much of this work will be conducted through interactive videoconferences. The curriculum will incorporate an orientation to VA; research methodology and statistics; mental health epidemiology; and development, administration, and financing of mental health systems. In addition, the curriculum will include quality improvement methods and practice in mental health; current legal and ethical issues in mental health; mental health databases and information management; cutting-edge educational experiences; and advanced training in clinical practice.

(b) **Evaluation.** During the planning phase, the Hub Site and the new fellowship sites will develop a fellowship evaluation plan that includes formative and summative measures for both the individual fellows and the program.

(c) **Infrastructure work.** New fellowship sites will assess the need for and implement any research, educational, and clinical infrastructure changes at the local level required to foster an excellent learning environment and fellowship experience.

(d) **Recruitment.** The Hub Site, current fellowship sites, and new fellowship sites will collaborate to recruit fellows to begin between June 1, 2009, and September 30, 2009.

(e) **Meeting.** During the planning period, Fellowship Program Directors will meet to discuss fellowship issues and build program excellence and identity. The Hub Site will coordinate this meeting.

(2) **Phase 2: July 2009 – September 2011.** Upon successful recruitment of fellows, new sites will begin the Fellowship between July 1 and September 30, 2009. OAA will support up to one physician and one postdoctoral fellow from another mental health discipline at each

site for a two year fellowship beginning in AY 2009-2010, in a curriculum developed by the participating sites and the Hub Site. Phase 2 expectations include:

(a) Fellows. Fellows will spend approximately 75 percent of their time in research and education activities and 25 percent in clinical care. Each fellow is expected to develop and implement a research project, publish in a peer-reviewed journal, present at a national meeting, participate in grant writing, participate in and lead interprofessional teams, and learn and use the latest technology in teaching and providing care to veterans. Fellows must conduct their clinical care responsibilities at the local VA facility. They are expected to carry out a significant portion of their research and educational activities at the local VA facility as well.

(b) Preceptors (Mentors). Fellows will develop individualized learning plans in collaboration with their preceptors. These mentors will meet regularly with the fellows to assess progress, serve as role models, and provide constructive feedback and assistance in meeting the fellows' goals. All are expected to participate in formative and summative program evaluation.

(c) Recruitment. Additional fellows will be recruited to begin in AY 2010-2011.

(d) Meeting. Program directors and fellows are expected to attend one national mental health research meeting on an annual basis. At this meeting, an extra day will be set aside to meet and discuss fellowship program issues and to build program excellence and identity.

(3) **Phase 3: Begins July 1, 2011**. The third phase of the program will begin after the first fellows graduate from the program and will continue thereafter. The Hub Site will assess fellows' satisfaction with the program, their employment, recruitment to VA, success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in their disciplines.

4. ELIGIBILITY AND SELECTION CRITERIA FOR THE FELLOWSHIP SITES

a. An eligible facility must be affiliated with a medical school providing accredited residency training in psychiatry. These schools must be accredited by the ACGME or the Bureau of Professional Education (BPE) of the AOA. It is desired, but not required, that the facility also have a psychology internship or postdoctoral fellowship program that is accredited by the APA.

b. The facility must provide evidence of committed leadership, time, personnel, space, and equipment to support a culture of excellence in mental health research, education, clinical care, and administration. The site must demonstrate the following:

(1) VISN, facility, and program (MIRECC, COE, NCPTSD, or CESATE) commitment to build and sustain an outstanding learning environment.

(2) Evidence of a strong partnership between the VA facility and its academic affiliate.

(3) Strong leadership by a Fellowship Program Director for each physician and non-physician discipline.

(4) Outstanding mental health research, interprofessional educational opportunities, and advanced clinical learning opportunities at the site.

(5) Past experience providing excellent mentoring of 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 the Hub Site and OAA in building a strong, cohesive nationwide fellowship program.

(9) Evidence of sound evaluation strategies for programmatic and individual evaluation.

(10) Willingness to fund travel and registration for the Fellowship Program Directors and Fellows to attend one combined national mental health research and planning meeting per year.

c. The facility must submit the information requested in Attachment A.

5. POLICIES

a. Governance.

(1) **Physicians.** 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) **Fellows in associated health disciplines.** M-8, Part II, Chapter 2, “Associated Health Professions” and supplemental documents from OAA govern the fellowship program for associated health postdoctoral fellows. A fellowship program for psychologists must conform to Guidelines and Principles for Accreditation of Programs in Professional Psychology, published by the American Psychology Association;

(3) **Hub Site.** The Hub Site will coordinate core curriculum development and implementation; program evaluation; recruitment strategies and advertisements for fellows; fellowship program publicity; and other communication with all of the training sites and OAA. Interactive video conferencing will be used extensively.

(4) **Accreditation of Psychology Fellowship.** Pursuit of Accreditation by the American Psychology Association is required by December 31, 2012. The program can be accredited independently or as part of a general psychology postdoctoral fellowship program, if there are other psychology postdoctoral fellows at the facility.

b. **Program length.** The fellowship sites will be approved for four years by the Office of Academic Affiliations. Program success is to be reviewed at the end of the initial four years and demonstrated success will be required to maintain approval. Failure to demonstrate progress toward accreditation will result in termination of the fellowship program, as will failure to demonstrate quality training experiences for the fellows.

c. Recruitment of fellows.

(1) **Physician Fellows.** Prior to beginning the fellowship, a physician must:

(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.

(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.

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

(e) Be appropriately credentialed and privileged for independent clinical practice at the local VA facility.

(f) 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.

(g) If a graduate of a foreign medical school, must have endorsement by the Educational Commission for Foreign Medical Graduates (ECFMG) and a certificate that is stamped “valid indefinitely.”

(h) Demonstrate special interest in the emphasis area of the MIRECC, COE, NCPTSD Division, or CESATE.

(i) Have the desire to pursue a medical career with a focus on mental health services, administration, and research.

(2) **Psychology and other Associated Health Fellows.** Postdoctoral associated health fellows must:

(a) Have graduated from an accredited doctoral program that would make them eligible for VA hire.

(b) For psychologists, have completed an APA accredited internship in clinical or counseling psychology.

(c) Be U.S. citizens.

(d) Have the desire to pursue a professional career with a focus on mental health services, administration, and research.

(e) Demonstrate special interest in the emphasis area of the MIRECC, COE, NCPTSD Division, or CESATE.

d. **Appointment and compensation of fellows.**

(1) **Physician Fellows.**

(a) Appointment authority. Appointments will be made under 38 U.S.C. 7406 for two years. Fellows are eligible for VA group health and life insurance benefits.

(b) PAID Codes. Use Pay Plan L; type of appointment code 6; pay basis 1; grade 00; step N; remark code 99; occupational series 0602-64; and a paid assignment code of H1, Sub Account 1046.

(c) Stipend determination. The stipend will be based on years of previously completed ACGME accredited residency training and on index rates approved at the affiliated university and the respective VA facility. Fellows will be paid directly by the VA.

(d) OAA support. OAA will provide funds to VA facilities for fellows' stipends and benefits. During AY 2009-2010, OAA will provide stipend support for one physician fellow per site. Effective AY 2010-2011, OAA will provide stipend support for two physician fellows at each site.

(2) **Psychology and other Associated Health Fellows**

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

(b) PAID codes. For PAID coding purposes, psychology fellows will be identified by the use of Occupational Series, 0180-80-T5; Title, Psychologist; Pay Plan, N; Grade, 00; Step, N. OAA will supply the PAID codes for other disciplines as needed.

(c) Stipend. The stipend is currently \$41,070 or more, depending on locality adjustment, per year for first year fellows and \$43,039 or more for second year fellows. The rates are reviewed biennially and adjusted based on the rates paid by comparable non-VA postdoctoral fellowship programs and on federal locality adjustments.

(d) OAA support. OAA will provide funds to VA facilities for fellows' stipends and benefits. During AY 2009-2010, OAA will provide stipend support for one psychology fellow per site. Effective AY 2010-2011, OAA will provide stipend support for two associated health fellows at each site.

e. **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.

f. **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).

g. **Expenses**. 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.

h. **Clinical Privileges and 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 participating in the courses of study that provide clinical training pertinent to the Advanced Fellowship shall be considered a dependent practitioner, subject to appropriate graduated supervision for such clinical care.

(2) Associated Health Professionals. Associated Health professionals in clinical fields shall have completed their doctorates at an accredited university. 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.

i. **Service Obligation.** While there is no service obligation after completion of the fellowship program, fellows are encouraged to seek VA employment. Program mentorship is expected to include career counseling, including assistance in obtaining VA employment.

j. **Identification of Fellowship Status.**

(1) Fellows shall notify VA locally and nationally as required prior to any publications or presentation.

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

k. **Program Annual Report.** Each approved program must submit to OAA, and to the Hub Site by October 1 each year, an annual report of program accomplishments. This report must include summary information for the most recently completed training year. Information required includes:

(1) Program Directors and Training Directors Information, including names, degrees, academic affiliations, and proportion of time devoted to the program.

(2) Emphasis areas of the program.

(3) Name of each fellow trained during that year, including discipline, start date, and progress toward completion.

(4) Names of any fellows leaving the program early, including reasons for early departure.

(5) Description of research projects of each fellow, and list of fellows' publications, abstracts, conference presentations, grants applied for and obtained, and other relevant career development activities during the their time on Fellowship.

(6) Types of clinical services provided by fellows and list of sites at which clinical services are provided.

(7) Post-fellowship academic or job placement of each graduate not previously reported.

(8) Accreditation status, plans for seeking accreditation, and proposed timeline for accreditation.

(9) List of faculty supervisors and mentors for each fellow, including names, degrees, and disciplines.

6. REVIEW PROCESS

a. **Review committee.** An ad hoc review committee designated by the Chief Academic Affiliations Officer in collaboration with the Office of Mental Health Services will assess the merits of applications. The reviewers will have demonstrated expertise and leadership in mental health, clinical education, or research.

b. **Scoring of Applications.** Applications will be scored on these criteria:

(1) VISN, facility, and program commitment to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure; and willingness to fund the Physician and Associated Health Fellowship Program Directors and fellows' attendance at one combined national mental health research and planning meeting per year 20 points

(2) Physician and Associated Health Fellowship Program Directors and faculty with strong records in mental health research, education, clinical care, and leadership 30 points

(3) Research resources including strong research track record, meaningful opportunities for Fellows' participation, sound infrastructure plans, and evidence of sound strategies for programmatic and individual evaluation 20 points

(4) Educational resources including strong, constructive partnership with the affiliate; excellent learning opportunities in mental health, information systems, and telemedicine; commitment to develop individualized learning programs with fellows; excellent mentoring of fellows; sound educational infrastructure plans; and interprofessional educational opportunities 20 points

(5) Advanced Clinical Learning Opportunities with excellent mentoring and sound clinical infrastructure plans 10 points

TOTAL

100 points

7. SCHEDULE

January 15, 2009	OAA sends request for applications to facilities with MIRECCs, COEs, NCPTSD Divisions, or CESATEs.
January 30, 2009	Letter of Intent to submit proposal due to OAA.
February 18, 2009	Applications are due in OAA.
February 2009	The review committee reviews applications and makes recommendations for approval of fellowship sites to the Chief Academic Affiliations Officer.
March 15, 2009	OAA notifies facilities about the approval/disapproval of their applications. Phase 1 begins.
June 18, 2009	Nomination packages for physician and psychology fellows due in OAA.
July 1, 2009	Phase 2 begins.
July 1, 2010	Assuming satisfactory performance, first-year fellows advance to the second fellowship year, and new first-year fellows begin.
October 1, 2010	Annual progress reports due to OAA
July 1, 2011	Phase 3 begins.

8. OAA CONTACT PERSONS

a. OAA **Fellowship and general information.** Please contact Robert Zeiss, Ph.D., by phone at **202-461-9493** or by e-mail at Robert.Zeiss@va.gov.

b. **Hub Site Contact Information.** Please contact Ruth O'Hara, Ph.D. at 650-796-2720 or by e-mail at Sherry.Beaudeau@va.gov

9. SUBMISSION INSTRUCTIONS

Please see Attachment A.

APPLICATION INSTRUCTIONS

1. LETTER OF INTENT

a. **A non-binding Letter of Intent** to submit a proposal is due to OAA by January 30, 2009. The purpose of this letter is to facilitate the appointment of a review panel for a timely review of completed proposals. The Letter of Intent should be brief (no more than one page) and contain the following information.

- a. Name and location of facility.
- b. Name and contact information for Training Directors.
- c. Types of fellows to be requested and the content emphasis area of the proposed fellowship program.
- d. Point of contact for the facility application.

b. The letter of intent should be sent electronically, via Outlook, to Robert.Zeiss@va.gov.

c. **Upon receipt of the Letter of Intent, OAA will send detailed instructions to the facility for electronic submission of the application package.**

2. GENERAL INSTRUCTIONS

a. **Font and margin sizes.** Font size must be 11-point or larger. Margins must be at least one inch all around.

b. **Page limit.** Total number of pages MAY not exceed 50. The core document, excluding Curricula Vitae, must not exceed 20 pages. The additional materials must not exceed 30 pages.

3. APPLICATION PACKAGE INSTRUCTIONS

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

(1) Summary of program and positions requested.

(2) Contributions. Unique contributions the facility can make to the fellowship program.

(3) Resources. Interactive videoconferencing equipment, scheduling, and manpower assistance. Facility commitment to provide biweekly access, equipment, and manpower for interactive videoconferencing. In addition, the facility must commit to providing office space, computers and computer support, e-mail, Internet and Intranet access, statistical support, and telephone access.

(4) Meeting support. Facility or VISN commitment to fund annual travel and registration for the Physician Fellowship Program Director, Associated Health Fellowship Director, and fellows to attend one combined national mental health research and planning meeting per year.

(5) Other support. Additional support that the facility will provide the Physician Fellowship Program Director, Associated Health Fellowship Director, and fellows to ensure program success.

(6) Contact information. Identification of the facility contact person: Name, title, business address, telephone and fax numbers, and e-mail address.

b. Letters of Commitment from VISN Director and from MIRECC, COE, NCPTSD Division, or CESATE Director

(1) Contributions. Unique contributions the VISN and MIRECC, COE, NCPTSD Division, or CESATE can make to the Fellowship Program.

(2) Teamwork. Desire to be part of a national Fellowship Program.

(3) Travel and registration. Commitment to assist, if needed, in the funding of annual travel and registration for the Physician Fellowship Program Director, Psychology Fellowship Director, and fellows to attend one combined national mental health research and planning meeting per year.

(4) Other support. Additional support that will be provided to the Physician Fellowship Program Director, Associated Health Fellowship Director, and fellows to ensure program success.

c. Letters of Support

(1) Chief of Staff. Letter indicating support of the fellowship program and sufficient clinical release time for faculty to provide supervision and mentoring for the fellows.

(2) Psychiatry and Associated Health Clinical Leaders. Letters indicating fellowship support from facility clinical leaders of mental health disciplines or clinical service line director or equivalent.

(3) Leaders of Clinical Settings. Letters from the directors of clinical settings in which the fellows will provide advanced patient care.

(4) Affiliates. Letters from the affiliate indicating support of the fellowship program and the resources the affiliate will provide to support the program, e.g., tuition waivers for courses, equipment, library use, or space.

d. Core narrative (20-page maximum, excluding the curricula vitae)

(1) Direction and framework. Proposed goals and conceptual framework for the fellowship program.

(2) Leadership. Information about the proposed Physician and Associated Health Fellowship Directors.

(a) Contact information. Name, title, business address, routing symbol, telephone and fax numbers, and e-mail address of program directors.

(b) Letters of commitment. A letter from each describing that individual's commitment to serve in the position, experience in teaching and mentoring, and approaches to integrating the fellowship program roles into plans and ongoing responsibilities.

(c) Copies of curriculum vitae of each. Include records and roles in research, interprofessional education, mentorship and supervision, and clinical projects including titles of funded research projects, source, and dates of funding.

(3) Proposed faculty. Summary of information about proposed faculty including research, education, clinical expertise, publications, grants, documented evidence of successful mentorship of fellows, and their potential contributions to the program.

(4) Research resources.

(a) Research opportunities. Describe opportunities for fellows to demonstrate competence in originating and conducting mental health research.

(b) Research activities. List facility-specific MIRECC, COE, NCPTSD, or CESATE research activities linked to VA mental health patient care issues. For each project, include name of project; name of investigator; and, source, date, and amount of funding.

(c) Research infrastructure. Describe activities to be undertaken in the coming year to develop the research infrastructure for the fellowship program.

(d) Other resources. Identify other resources available to the fellowship program including but not limited to VA and other databases, office space, computers and computer support, e-mail, Internet and Intranet access, statistical support, and telephone access.

(5) Educational resources.

(a) Acquisition of knowledge. Describe educational resources that will provide opportunities for fellows to gain advanced knowledge in mental health systems and financing of care, research and research methodology; quality improvement methodology and practice in the field of mental health, cutting-edge legal and ethical issues in mental health, 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 the use of telemedicine and other advanced technology and the provision of feedback to the fellows.

(c) Healthcare informatics. Describe opportunities and activities in which fellows can demonstrate working skills and knowledge in healthcare informatics, especially in working with VA's information systems and telemedicine systems.

(d) Customized learning. Identify methods to be used to customize learning activities to meet fellows' needs.

(e) Educational infrastructure. Describe activities to be undertaken in the coming year to develop the educational infrastructure for the fellowship program. Such activities might include working with the affiliate to plan courses fellows will take and to obtain tuition waivers as well as developing a VA orientation, access to VA databases, and training in using those databases.

(6) Clinical resources.

(a) Clinical activities. Describe VA clinical opportunities that will advance fellows' learning.

(b) Clinical infrastructure. Describe activities to be undertaken in the coming year to develop the clinical infrastructure for advanced fellowship activities.

(6) Evaluation. Willingness to participate in developing and implementing formative and summative evaluation plans for the program and the individual fellows.