

Interprofessional Fellowship Program in Patient Safety

1. FELLOWSHIP PURPOSE

a. Program Announcement.

This program announcement provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities/systems regarding the Interprofessional Fellowship Program in Patient Safety that will be supported by the Office of Academic Affiliations (OAA) and the National Center for Patient Safety (NCPS). VA facilities/systems that have a commitment to interprofessional clinical care and training in patient safety and have previously participated in activities with the National Center for Patient Safety may apply for this fellowship program. The expected result of this announcement is the designation of up to three additional sites to host the Interprofessional Fellowship Program in Patient Safety. Each approved site will be authorized to recruit up to two fellows each year for this one year training experience.

The purpose of the Interprofessional Fellowship Program in Patient Safety is to provide post-residency trained physicians and post doctoral or post master's degree trained associated health professionals in-depth education in patient safety practice and leadership. This program takes advantage of the resources of the internationally renowned VHA National Center for Patient Safety both to provide outstanding training opportunities and to contribute to the improvement of patient safety within the VA system, the body of knowledge of research in patient safety, patient safety education to clinicians in training and practice, and the recruitment and retention of patient safety practitioners, officers, managers, researchers and administrators.

Applicants will be eligible to participate in this program provided that they have completed all requirements needed to be a fully credentialed independent practitioner in their field at a VA facility. Physicians must be either board-eligible or certified in a recognized medical specialty. Applicants from clinical disciplines requiring doctoral level education to qualify as an independent practitioner must possess the required degree (e.g. DDS, DPM, PhD, etc.). Clinical fields that recognize independent practitioners possessing degree levels below that of Master's Degree (e.g., Registered Nurse or Registered Dietitian) must have completed a Master's Degree (or all requirements for the degree) to be eligible for participation in this program. Nurses, social workers, and health care administrators must possess at least a master's degree. Applicants in academic fields that do not involve clinical certification or licensure but that can be applicable to health systems (e.g. anthropology, sociology, computer science/medical informatics, engineering, etc.) must have received a Ph.D. in their field, or demonstrate that all requirements for such a degree have been completed.

b. Fellowship Program.

The purpose of the Interprofessional Fellowship Program in Patient Safety is to develop leaders with vision, knowledge, and commitment to lead patient safety efforts in the 21st century. Recognizing that patient safety is an increasingly important aspect of health services delivery, and recognizing VA's obligation to train health care providers to be future VA and national leaders in patient safety, the Office of Academic Affiliations (OAA) and the National Center for Patient Safety (NCPS) have collaborated to establish the Interprofessional Fellowship Program in Patient Safety. A Hub function for the fellowship shall be coordinated collaboratively by the NCPS office in Ann Arbor, MI and at the NCPS Field Office in White River Junction, VT. Approved centers can begin these fellowships in Academic Year (AY) 2009-2010 or 2010-2011.

2. BACKGROUND

Patient safety is an increasingly important aspect of patient care. While for the past forty years the medical literature has provided evidence that patients experience high rates of adverse events associated with medical care, only in the past decade has patient safety become a primary focus of healthcare. Specifically, clinicians need to be a key part of the safety process to attain the goals of being a "high reliability organization." Patient safety education is crucial to meet some of the core competencies established by Accreditation Council for Graduate Medical Education (ACGME) for physician education, as well as requirements for many educational organizations accrediting training for associated health professions.

VA is recognized as an international leader in patient safety. Beginning in 1997, VA developed a patient safety infrastructure that has been internationally recognized, a mechanism for reporting, analyzing, and addressing the root causes of adverse events, and a process whereby tools and aids for improving patient safety can be distributed to practitioners in the field.

Although the responsibility for patient safety resides throughout the organization, VA's National Center for Patient Safety is the driving force behind patient safety efforts within the VA system. Critical to the leadership, implementation, and analysis of future patient safety efforts is the availability of individuals trained in the improvement of patient safety. Toward that end, the Office of Academic Affiliations and the National Center for Patient Safety have developed and are offering a fellowship to develop future national and VA leaders in the field of patient safety.

The National Center for Patient Safety in Ann Arbor, MI and the National Center for Patient Safety Field Office in White River Junction, VT will collaboratively act as the Hub for the fellowship – developing and delivering a coordinated curriculum in patient safety, and coordinating one required annual meeting of fellows and fellowship directors to be held in Ann Arbor and facilitating other optional learning experiences for fellows and fellowship directors. The Hub oversees the activities of fellowship sites and implements and coordinates the overall strategy for the fellowship program.

A similar RFP to this was issued to the field in 2006. The successful sites were Palo Alto VAMC, the National Center for Patient Safety in Ann Arbor, Indianapolis VAMC, Lexington VAMC, Tampa VAMC, and White River Junction VAMC, with the first participants beginning participation in July, 2007. Subsequently, Palo Alto VAMC withdrew from participation.

3. PROGRAM DESCRIPTION

a. **Program Structure.** Sites approved for the Interprofessional Fellowship Program in Patient Safety shall have a robust curriculum, an appropriate infrastructure and qualified leadership.

(1) **Curriculum.** Sites approved for the Interprofessional Fellowship Program in Patient Safety shall have a curriculum supplementing that provided by the Hub, an appropriate infrastructure, and qualified leadership.

The Hub shall develop and deliver a core curriculum over a twelve month period that shall provide overview to: VA, to patient safety efforts in VA, and key concepts in patient safety such as Root Cause Analysis (RCA), Healthcare Failure Mode and Effect Analysis (HFMEA), and Medical Team Training. This core curriculum shall include topics such as: orientation to VA health system, general patient safety methodology, written and oral communication skills. This core curriculum shall be provided in such fashion as to foster high degrees of interaction between trainees and faculty as well as among trainees across participating sites. The Hub shall also disburse and monitor trainee support funds provided by NCPS.

Participating sites shall provide a local curriculum to supplement the provided core curriculum. Each of the participating sites will be unique and possess its own areas of expertise. The local curricula shall be developed to address both the participating site's areas of interest and the trainee's personal learning goals. Local curricula shall both reinforce the core curriculum and provide opportunities for trainees to be exposed to other topics relevant to their learning goals, perhaps including topics such as human factors engineering, organizational psychology, communication, clinical information systems, decision support, evidence based medicine, organizational behavior and change management, health services research, research methods, leadership skills, and project management. Local curricula can consist of participation in local seminars, faculty directed self-study, formal courses at an affiliate, and any other modalities that are appropriate for the site and its trainees.

(2) **Infrastructure.** The application should demonstrate the track record of the facility and partners in the areas of patient safety practice (e.g. demonstrated experience chartering and managing RCA and HFMEA teams), education (e.g. development and implementation of health professional's student or resident curriculum), and research (development or evaluation of evidenced-based patient safety interventions). 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. In addition, the availability of patient safety resources at the facility (such as opportunities to participate in RCA,

mentorship by patient safety managers or officers, space, technical support, and computer support) should be documented.

(3) Fellow Recruitment. Each approved Patient Safety Special Fellowship site may actively begin recruitment of fellows, once approval is gained. Fellows must meet the criteria described below in section 4b. Approved fellowship programs may begin in AY 2009-2010 or 2010-2011. AY 2009-2010 is recognized as a development year, and if any candidates are recruited for that year, they should be candidates with a demonstrated ability to work relatively more independently, and particularly those with expertise in some aspect of patient safety. Trainees in AY 2009-2010 may include development of program training materials as part of their learning plans. Program directors are expected to develop their curriculum through attendance at NCPS training and collaboration on NCPS projects.

(4) Program Directors. Program Directors must have: demonstrated expertise in patient safety; experience in program management and application of patient safety findings in the clinical setting; a demonstrated ability to effectively teach and mentor, and demonstrated relationship to current academic programs at the facility.

(5) Affiliate Relationship. Affiliates should appropriately recognize VA faculty/mentors participating in the program.

(6) Hub Role. The Hub will be a responsibility of the NCPS, provided from both the Ann Arbor and White River Junction locations. The Hub is responsible for developing and delivering a core patient safety curriculum to the other sites as described above. The Hub will also foster collaboration among the fellowship sites by coordinating issues such as: program goals, curriculum development, program implementation and assessment, recruitment strategies, and program administrative issues between program sites and OAA. The Hub will organize an annual meeting that fellows, program directors, and associate program directors are expected to attend, and shall coordinate additional opportunities for fellows and program directors to participate in educational sessions orchestrated by the National Center for Patient Safety.

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

(1) Fellows. Clinician fellows shall spend approximately 75 percent of their time in training related to the practice of patient safety and no more than 25 percent in clinical care. Fellows are expected to develop and implement a significant patient safety project that will result in presentation at a regional or national venue, publication, or both.

Clinician fellows must conduct the majority of their clinical care responsibilities at a VA facility. Should a site wish to have fellows conduct clinical activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained. Across the entire special fellowship experience, fellows are expected to carry out a significant portion of their research and educational activities at a VA facility.

(2) Preceptors or mentors. Fellows are to develop individualized learning plans in collaboration with their preceptors or mentors. Preceptors should provide assistance with project and research methodology and content, as well as guidance in personal and professional development. For these reasons, several preceptors are often needed. These individuals are expected to meet regularly with the fellows to assess their progress, serve as role models, and provide constructive feedback and assistance in meeting the fellows' goals. Preceptors are expected to participate in formative and summative evaluation of fellows and the fellowship program.

(3) Fellow Recruitment and Fellow Credentials. Each selected Interprofessional Fellowship Program in Patient Safety site will be authorized to recruit two fellows each, to begin a one year fellowship for AY 2009-2010 (to begin in summer 2009) or AY 2010-2011 (to begin in summer 2010). Fellows must meet the criteria described below in section 4b.

(4) Project. All fellows will participate in at least one patient safety project to which they make a substantive, independent, and identifiable contribution. The topic of the project should be of direct relevance to VHA's mission, although VA medical facilities do not necessarily have to be the sole sites of the research. Successful completion of the project includes written description of the project and its results (preferably including submission for publication) and presentation of the project at a regional or national venue.

(5) Annual Patient Safety Special Fellowship Program Meetings. One annual meeting will be hosted and coordinated by the Hub. The goals of the annual meetings are to introduce fellows to NCPS staff and each other, to discuss fellowship program issues, to provide a background on patient safety early in the academic year, and to provide graduates and fellows an opportunity to present and discuss their work. Attendance at additional specified national meetings, in order to foster greater communication, is encouraged.

c. Post fellowship follow-up and tracking.

The Hub will report to OAA the results of an assessment of fellows' satisfaction with the program, their subsequent employment, recruitment to VA, success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in the field of patient safety. Such tracking information will be considered in evaluation of participating sites at the time of future program re-competition.

4. POLICIES

a. Governance.

(1) The Office of Academic Affiliations maintains overall responsibility for the administration of the Special Fellowship in Patient Safety.

(2) 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.

(3) The fellowship program for associated health disciplines is governed by M-8, Part II, Chapter 2, “Associated Health Professions” or subsequent handbooks that may supersede that section and supplemental documents from OAA.

(4) The Hub 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. The Hub will make recommendations to OAA about ongoing operations and future directions of the program.

b. Recruitment and Fellow Credentials.

(1) Physician Fellows. Prior to beginning the fellowship, physician fellows must meet the following criteria:

(a) Completed a residency program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Bureau of Professional Education (BPE) of the American Osteopathic Association.

(b) Fellows may not be enrolled simultaneously in any accredited physician residency/fellowship program.

(c) Have active, unrestricted licenses to practice in the U.S.

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

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

(f) Be U.S. citizens.

(g) Demonstrate interest in pursuing VA careers with patient safety as a significant focus.

(2) Associated Health Fellows. Prior to beginning the fellowship, associated health fellows must meet the following criteria.

(a) Completed all requirements needed to become a fully credentialed independent practitioner in their field at a VA facility, or possess a doctoral degree in a field relevant to patient safety. Specific requirements include:

(a.1.) Graduated from or have completed the degree requirements in an accredited program in the requisite doctoral degree program to qualify as an independent practitioner in disciplines requiring a doctoral degree (e.g. DDS, DPM, OD, PhD, etc). Psychology fellows must have completed an accredited doctoral program, including an accredited internship program.

(a.2.) Have at least a Ph.D. or other doctoral level degree (or demonstrate that all requirements for such a degree have been completed) from an accredited educational institution in fields that do not involve clinical certification or licensure but that can be applicable to health systems (e.g. anthropology, sociology, computer science/medical informatics, engineering, etc.).

(a.3.) Have at least a Masters Degree (or demonstrate that all requirement for such a degree have been completed) from an accredited educational institution in disciplines requiring a masters degree (e.g. social work, etc.).

(a.4.) Clinical fields that recognize independent practitioners possessing degree levels below that of Master's Degree (e.g., Registered Nurse or Registered Dietitian) must have completed a Master's Degree (or all requirements for the degree) to be eligible for participation in this program. Nurses and health care administrators must possess at least a master's degree.

(b) Be U.S. citizens.

(c) Have active, unrestricted licenses to practice in the U.S., if such licenses are required for initial VA employment.

(d) Demonstrate interest in pursuing VA careers with patient safety as a significant focus.

c. Appointment and Compensation

(1) Physician Fellows.

(a) Appointments will be made under 38 U.S.C. 7406 for one year. The PAID code will be provided in the memoranda notifying facilities of their selection as a training site.

(b) 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. Fellows will be paid directly by the VA facility.

(2) Associated Health Fellows.

(a) Appointments will be made under 38 U.S.C. 7405 (a)(1)(D). 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 or for the exact number of hours of the training program if it is less than one year. 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.

(b) Stipend rates will be determined by OAA, depending on the discipline and previous education of the trainee. Rates are reviewed annually against national norms for the discipline. Current rates are listed on the OAA intranet web site at vaww.va.gov/oa then “Associated Health Stipend Rates” under the Reports section. Approved sites with potential fellows from disciplines not on the table should contact OAA for salary rates.

d. Details.

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 clinical activities at non-VA sites, prior written approval from Office of Academic Affiliations must be obtained.

e. Liability Protection.

Fellows will be protected from personal liability while providing professional services as a trainee at a VA facility and at non-VA facilities under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d). Training at non-VA facilities can only take place under the terms of an approved affiliation agreement (VA Form 10-0094H).

f. Identification of Fellowship Status.

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

g. 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 participating in 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 shall either be privileged as licensed independent practitioners or boarded with 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.

h. Financial Support.

(1) OAA support. OAA will provide funds to VA facilities for fellows' stipends and fringe benefits.

(2) NCPS support. NCPS shall fund the Hub functions. NCPS will also sponsor an annual patient safety conference. Additional NCPS funding may be available to Host Facilities to support temporary duty travel, project costs, and non-IT equipment, to be determined each year and based upon available resources.

(3) Host facility. The host facility shall support fellow and program director travel to the annual patient safety conference. Support for travel to a second conference each year is highly desirable.

(4) Any other expenses, including 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.

5. ELIGIBILITY AND SELECTION CRITERIA FOR A FELLOWSHIP SITE

a. The Fellowship Site

(1) Must be affiliated with an accredited medical school that provides ACGME- or ECCOPT- accredited training. Fellowship sites are encouraged to have affiliations with appropriate schools/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 Office of Academic Affiliations (14) for assistance). The academic and VA-sponsored training programs must be accredited by the nationally recognized accrediting body for the profession.

(2) Must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in patient safety, education, clinical care, and administration. The facility must demonstrate the following:

- (a) VISN and facility commitment to build and sustain an outstanding learning environment.
 - (b) Evidence of a strong partnership between the VA facility and its academic affiliate(s).
 - (c) Strong, interprofessional leadership by team members involved in the provision of patient safety efforts at the site.
 - (d) Outstanding interprofessional educational opportunities and advanced clinical learning opportunities at the site.
 - (e) Experience in the conduct of patient safety and related training.
 - (f) Commitment to develop individualized learning programs with trainees.
 - (g) Evidence of a strong administrative infrastructure to support a training program.
 - (h) Commitment to a process of disseminating educational material and promoting patient safety beyond the training site.
 - (i) Evidence of sound evaluation strategies for programmatic and individual evaluation.
 - (j) Willingness to fund travel and registration for the program director, selected faculty, and all year-long fellows to attend one national meeting related to patient safety during the year. In addition, travel funds should be provided for the program director to attend an annual planning meeting which may be held in conjunction with the patient safety meeting.
- (3) Must submit the information requested in Attachment A.

6. REVIEW PROCESS

a. **An interprofessional ad hoc review committee** designated by the Chief Academic Affiliations Officer, in collaboration with the Chief Patient Safety Officer, will assess the merits of the applications. The reviewers will have demonstrated expertise and leadership in their respective professions, Patient Safety and/or clinical education.

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; and willingness to fund the program director, selected faculty and all year-long fellows' annual attendance at one national conference/meeting with significant patient safety content each year. 15 points

Fellowship Program Director and interprofessional faculty with strong records in patient safety, education, and leadership; demonstrated ability to teach across disciplines and to promote an interprofessional approach both to education and clinical care. Demonstrated leadership in education. 20 points

An established program in patient safety that is able to provide trainees with learning opportunities in in-patient, outpatient, and community settings. Evidence of prior participation in national VA patient safety activities, particularly with NCPS. 20 points

Quality of local educational curriculum and resources including a strong, constructive partnership with the affiliate; excellent learning opportunities in patient safety; commitment to develop individualized learning programs with fellows; excellent mentoring of trainees; sound educational infrastructure plans; and interprofessional educational opportunities. 20 points

Research opportunities and/or promotion of a scholarly approach to patient safety. 10 points

Plan for Evaluation that will include evaluation of the individual fellows and all aspects of the fellowship program. 15 points

TOTAL 100 POINTS

7. SCHEDULE

October 10, 2008	OAA sends program announcement to VISNs, facilities, and appropriate headquarters officials.
November 5, 2008	Facilities submit an email to OAA (deborah.ludke@va.gov) stating the non-binding intent to submit a full proposal including contact person and station.
December 3, 2008	Applications are due in OAA.
December, 2008	OAA notifies facilities of selection/non-selection as a training site.
July 1, 2009	Fellows begin at new sites if site is capable of supporting a fellow for AY 2009-10.

8. OAA CONTACT PERSONS

For information or questions related to this fellowship program, please contact Ms. Deborah Ludke by email at deborah.ludke@va.gov or by phone at (562) 826-5492 or Dr. Stuart Gilman at stuart.gilman@va.gov or by phone at (562) 826-5323.

9. APPLICATION INSTRUCTIONS

Applications shall be uploaded to the OAA Support Center <http://vaww.oaa.med.va.gov/> by persons authorized and registered at the site (typically the station's staff in the Office of the Associate Chief of Staff for Education or the Designated Education Official). The application materials should be combined into two documents to be uploaded. Only Microsoft Word documents or PDFs can be uploaded and scanned documents are acceptable. The first section (entitled "Letters") will contain items 2a and 2c (found in Attachment A, pages 13 and 15 of this announcement). and the second section (entitled "Core Narrative") will contain item 2b (found in Attachment A, page 14 of this announcement). Note: This is a new format for submission; please read instructions available on website carefully prior to submission.

Attachment A

FELLOWSHIP APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

- a. **Font size and margins.** Font size must be 10-point or larger. Margins must be one inch all around.
- b. **Number of copies.** Submit an original and seven (7) copies of the proposal.
- c. **Page limit. Total** number of pages must **not exceed 50**. The core narrative should not exceed **20** pages, and supplemental materials must be limited to **30** pages.

2. APPLICATION PACKAGE INSTRUCTIONS

- a. **The transmittal letter** from the facility/system Director must:

- (1) Document support for the program by

- (a) Authorizing release or protected time for the program director and faculty/preceptors who will supervise the trainees.

- (b) Funding travel and registration for the Program Director, selected faculty and all year-long trainees to annually attend at least one national conference/meeting identified as a core activity by the Hub. Funding for travel to additional meetings is highly desirable and should be addressed.

- (c) Providing access to interactive videoconferencing equipment and staff assistance related to effectively use the equipment.

- (2) Describe the unique contributions the facility can make to the training program.

- (3) Identify the name, title, telephone and fax numbers, and e-mail address of the fellowship program director.

- (4) Identify the name, title, telephone and fax numbers, and e-mail address of the facility contact person, if different from the fellowship program director.

- b. The **core narrative** of the application **must not exceed 20 single-spaced pages**. **Applications exceeding the page limitations will not be reviewed.** The pages must have at least 1-inch margins all around and the font size must be no smaller than 10 point. The core document should include:

(1) Background Information:

- (a) Describe the applicant's patient safety program, and related education components.
- (b) Describe the nature of the interprofessional team involved in patient safety activities— who are the core team members; how often does the team meet; how does the team function to integrate assessment information, develop, implement, and evaluate patient safety activities? Describe evidence of prior participation in national patient safety activities, particularly with NCPS.
- (c) Describe the site's goals for the program, including focus on particular aspects of patient safety practice and specific health professions, if any, which will be emphasized by the proposed program.
- (d) Articulate the specific patient safety skills and knowledge to be learned/developed by the fellows. Describe measurable competencies to be achieved by trainees. Address the interprofessional components of the curriculum as well as the discipline/specialty components. Include strategies for mentorship in this discussion. Describe teaching methods to be used including how the learning activities may be customized to meet trainees' needs.
- (e) Describe the venues/sites where educational activities and clinical activities are proposed to take place. Describe what the trainees' roles will be within the interprofessional teams functioning in these venues/sites of care.
- (f) Describe activities that will foster trainees' development as leaders and change agents in patient safety. Training in educational techniques, system analysis, quality management or administration might be included.
- (g) Describe opportunities for the fellows to participate in research. While not required as a component of the curriculum, teaching research methodologies and providing research opportunities during the fellowship is strongly encouraged. Priority will be given to programs able to demonstrate their ability to provide both a practical and scholarly approach to patient safety.
- (h) Describe the facilities (e.g. office space, clinical areas, clerical support, educational materials, library, computers, etc.) available to support the program.

(2) Program Director and Faculty/Preceptors.

Provide relevant information concerning the staff who will be involved in the program including the program director, preceptors, and consultants. Include the following information about each individual who will be involved in the fellowship program: name; discipline/specialty; degree; date of degree; university from which degree was received; patient safety education and experience; primary clinical/research interests; recent publications; and the number of hours/percentage of time that will be devoted to the program.

NOTE: CVs are not counted in the 20 page core narrative page limit, but are included in the 50 page total application size. A complete CV for the proposed Program Director can be included. However, a VA Research Biosketch (VA Form 10-1313-5/6) can be used. In order to minimize size of the total application, a VA Research Biosketch or equivalent is strongly encouraged for all other proposed faculty or others identified in the application.

(3) 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: discipline-specific competencies; competencies in interprofessional team functioning; and competencies in dissemination of information about patient safety.

(4) Recruitment of Fellows. Describe how fellows will be recruited and selected.

c. **Appendices**, which must not exceed 30 pages, should include letters of support from the following:

(1) VISN Director and/or Service Line Director. It should include a description of the unique contributions the VISN can make to the fellowship program; the commitment to assist, if needed, in the funding of annual travel for the program director, selected faculty and all year-long fellows to attend one national patient safety meeting per year; travel support for the program director to attend an annual planning meeting which may be held in conjunction with the patient safety meeting; and additional support that would be provided to the fellowship site related to the educational support project.

(2) Chiefs of Services or equivalent individuals for the disciplines in which trainees are anticipated and/or preceptors are provided. These letters should describe a need for patient safety education and how it will improve the care of patients.

(3) Affiliates associated with disciplines for which trainees are anticipated. Support, if any such as tuition waivers for courses, course credits, equipment, library use, space, etc. should be noted.