

## **VA MENTAL HEALTH NURSE PRACTITIONER RESIDENCY**

### **1. REQUEST FOR PROPOSALS**

The Office of Academic Affiliations (OAA), in collaboration with the Office of Nursing Services, solicits applications for VA Mental Health Nurse Practitioner (NP) Residency programs. This announcement is being issued to provide information and procedures to facilities interested in developing Nurse Practitioner Residency programs. This is a pilot program with funding planned over 3 years for 10 residencies with up to 3 residents per site. Funding decisions will be based primarily on the quality of the proposals submitted. Initial funding is planned for 3 years depending upon availability of funding and demonstrated program success. Selected sites will be provided funding for trainee positions to start September 2013.

### **2. BACKGROUND**

VHA's statutory health professions education mission enables VA to enhance the clinical learning and practice environment, recruit and retain high quality professional staff, and provide excellent care to Veterans. Residency programs ensure a supervised transition to autonomous and competent clinical practice. Historically, accredited residencies have been funded for Medicine, Dentistry, Psychology, Pharmacy and other clinical professions, but not for Nurse Practitioners. The Carnegie Foundation, in its review of clinical education, recommends residencies for all new nursing graduates. Similarly, the IOM, in its landmark study, *The Future of Nursing*, calls for residency programs for nurse practitioners designed to produce a successful evolution from new graduate to confident and competent nurse practitioner. A survey of graduate nurse practitioners reported that only 10% of 562 respondents perceived they were well prepared for practice following their graduate education, while 51% reported they were only somewhat or minimally prepared (Hart, 2004). Flinter (2011) states that despite the rigorous clinical hours required for all nurse practitioner educational programs, there is insufficient clinical experiential education to begin practice with confidence and mastery. Pilot nurse practitioner residency programs have reported residency programs are successful in bridging the transition from new NP to confident and competent primary care provider (Flinter, 2011).

OAA, with the concurrence of the Undersecretary of Health has committed to an expansion of clinical training in Mental Health. This proposal solicits applications for the post graduate mental health nurse practitioner residency.

### **3. POLICY**

a. The Office of Academic Affiliations (OAA/10A2D) maintains overall responsibility for administration of VA's health professions clinical training programs and oversees the VA Mental Health Nurse Practitioner Residency in collaboration with VA's Office of Nursing

Services (ONS).

- b. All positions requested must be for one year full-time appointments and solely for residency training. Residents are expected to complete training within one year.
- c. Facilities must demonstrate the ability to provide quality residency training through application of the American Association of Colleges of Nursing (AACN) entry-level competencies for the psychiatric-mental health nurse practitioner (PMHNP) (<http://www.aacn.nche.edu/leading-initiatives/education-resources/PMHNP.pdf>) as well as, the National Organization of Nurse Practitioner Faculties (NONPF) core competencies for all nurse practitioners (<http://nonpf.com/associations/10789/files/NPCoreCompetenciesFinal2012.pdf>). In addition, facilities must incorporate Veteran-centric competencies found in Appendix A.
- d. The NP Residency Director will collaborate with the Medical (Psychiatric) Residency and Psychology Internship Program Directors to enable an interdisciplinary focused curriculum implementation as well as access and participation in pertinent didactic and clinical experiential activities. Collaboration and active support and engagement of psychiatry, psychology and nursing residency leadership is required to enable an interprofessional approach to clinician education as well as a robust and effective residency program.
- e. Residency experiential training will include supervised rotations to Medicine, Emergency Psychiatry, Addiction Medicine, Suicide Prevention, Geropsychiatry, and Consult and Liaison team.
- f. Residents must be:
  - (1) Graduates of Commission on Collegiate Nursing Education (CCNE) accredited psychiatric nurse practitioner programs.
  - (2) Citizens of the United States.
- g. OAA will provide approved VA facilities with trainee stipends and the employer's portion of Federal Insurance Contribution Act (FICA) contributions and health and life insurance contributions.
- h. Continuation of funding will depend on availability of funds as well as successful implementation of the proposed programs.
- i. Collaboration with an affiliated School/College of Nursing is strongly preferred and encouraged. Facilities collaborating with another academic institution must follow the guidelines in VA Manual M-8 Part 1 Chapter 2, Affiliations with Academic Institutions, or successor policies.

#### 4. **ELIGIBILITY**

- a. **General Requirements.** The nature of the training program, populations served, curriculum, training experiences provided, and qualifications and skills of faculty and credentialed nurse practitioner staff must be appropriate to the VA mission **and** meet AACN

and NONPF standards. A teaching partnership between the VA facility and a School/College of Nursing is preferred and strongly encouraged. Clinical settings must provide a range of mental health experiences in the application of evidence based advanced practice psychiatric-mental health nursing and provide exposure to patients of varying backgrounds and cultures, and foster graduated responsibility in carrying out professional functions.

**b. Specific Requirements.**

(1) **Program Sponsorship.** The sponsor for the VA Mental Health Nurse Practitioner Residency is the VA facility.

(2) **Academic Partnership.** Should the VA collaborate with a School of Nursing (SON), both the VA and the SON shall ensure the availability of qualified faculty and credentialed nurse practitioner staff to enable the residency program to achieve its mission, goals, and expected outcomes. Should the SON collaborate with the VA facility in the development and implementation of the residency, the VA facility is encouraged to obtain faculty services from the SON by any means as appropriate.

(3) **VA Facility Commitment.** The VA facility and VISN must demonstrate ongoing support for developing and sustaining an outstanding learning environment. The Medical Center Director, Nurse Executive, and Designated Education Officer (DEO) must demonstrate a strong commitment to the residency program. Program faculty, teaching facilities, and resources must be available to enable the program to achieve its mission, goals, and expected program outcomes.

(4) **Residency Director.** A Residency Director must be designated and be clinically and academically qualified to provide effective leadership to the program in achieving its mission, goals, and expected outcomes and ensure the NONPF National Guidelines for quality NP Education criteria are continued and maintained. The Residency Director is, credentialed as a Psychiatric Mental Health Nurse Practitioner. Doctoral preparation of the Residency Director is preferred. The Residency Director must be provided with 50% release time by facility.

(5) **Curriculum.** The curriculum must build and expand upon the National Organization of Nurse Practitioner Faculties (NONPF and PMHNP) competencies, including lifespan concepts, interprofessional collaborative practice competencies and be able to demonstrate the outcomes of a graduated level of achievement and competency for the PMHNP residents. Curriculum outcomes should include but not be limited to the residents demonstration of : (a) implementing comprehensive psychiatric-mental health evaluations; (b) proficiency making differential diagnosis, including medical and psychiatric co-morbidities; (c) competence selecting and managing psychotropic medications that are evidence based (d) having experience and exposure to emergency and addictions psychiatry, consult and liaison team, suicide prevention and Geropsychiatry. Required Veteran centric components are displayed in Appendix A. The curriculum will be required and subject to review by OAA upon successful review of application.

(6) **Trainee Qualifications.** Residents in this program must hold a Master's degree or

Doctorate and be licensed, nationally board certified through the ANCC and credentialed as a nurse practitioner with a specialty in Psychiatric-Mental Health.

(7) **Residency Completion Certificate.** Upon completion of this program graduates will receive a Residency Completion Certificate from the Residency Program.

**c. Site Characteristics.** Applications must demonstrate:

(1) Patient workload and clinical diversity to support the proposed training program.

(2) Experience in providing health professions education.

(3) Curriculum integration with Medicine (Psychiatry), Psychology, and other clinical residencies (pharmacy etc.) as well as access and inclusion in didactic and experiential teaching programs. The psychiatric residency must be accredited by the Accreditation Council of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). The Psychology Internship or residency must be accredited by the American Psychological Association (APA).

(4) Administrative infrastructure to support the program, including adequate space, equipment (computer, printer, copier, etc.), scheduling, and clerical support to enable the success of the program.

(5) Sound strategies for resident and program evaluation.

(6) Experienced faculty and credentialed nurse practitioner staff for teaching, supervision, mentoring, role modeling, and administrative functions.

(7) Residency Director with protected time to manage the training program and related academic activities. Protected time should be explicitly noted in the facility support letter. A Residency Director generally spends at least 50% of time in training related activities, depending on the size and complexity of the training program.

(8) Sufficient release time from clinical activities for faculty and credentialed nurse practitioner staff to teach and supervise/mentor trainees.

(9) Where applicable, Nursing School/College's commitment to provide faculty appointments for qualified VA registered professional nursing staff with central roles in residency program development, implementation, evaluation, and oversight.

(10) Dual appointments, Intergovernmental Personnel Agreements (IPAs), and other contractual arrangements may be considered for residencies implementing residencies in partnership with SON.

(11) Facility's commitment to participate, as necessary, in the development of a nurse practitioner residency program accreditation process by CCNE.

**d. Annual Reports.** Funded facilities are expected to submit an annual report of residency activities and outcomes. At a minimum, this should include applicant/enrollee demographics, practice competency evaluation, satisfaction with the program by residents and faculty, job placement information about graduating residents, results of accreditation surveys, lessons learned, and changes proposed for the following year.

## **5. APPOINTMENT AND PAY**

- a. Appointments will be made under 38 U.S.C. 7405(b) (1) for a period not to exceed one year and one day.
- b. The per annum stipend for nurse practitioner residents will be as listed for the specific facility in OAA's standardized training stipend table located on OAA intranet website at <http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx>. Note: When checking stipends, please be sure to select your facility from the dropdown list. OAA will provide approved facilities with stipends, VA's share (7.65%) of Federal Insurance Contribution Act (FICA) contributions, and VA's share of health and life insurance premiums.
- c. Other expenses connected with trainee recruitment, educational activities, or travel must be funded from other sources. Facilities are encouraged to consider utilizing local funds received through the VERA Education Supplement to support this residency program.
- d. General Schedule annual and sick leave policy applies to residents in this program (Reference: VHA Manual M-8, Part II, Chapter 2, Paragraph 2.14).
- e. Residents will be protected from personal liability while providing professional services at a VA health care facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).
- f. Residents report directly to Residency Director.

## **6. EVALUATION AND OUTCOMES**

Evaluation is a critical component of any pilot program. The primary responsibility for evaluation belongs with the local facility, with support from OAA. Evaluation methods to assess residents' performance and program objectives have been determined by OAA. Evaluation components include: demographic data; competency assessment of clinical skills; intensity of clinical supervision (Clinical Supervision Index measured at selected pilot sites); resident satisfaction (Learners' Perceptions Survey); and program outcomes. All evaluation areas must be completed. The specific instruments required for the pilot evaluation will be discussed with the selected sites prior to initiation of the residency. Additional evaluation instruments may be employed at the discretion of individual programs. Evaluation methods also include statistics on job placement and resident retention rates within VA.

## **7. BUDGET**

The resident receives a stipend and benefits while in training status. The annual stipend is based on current post-graduate rates. The facility is responsible for administrative expenses, residency director and faculty salaries, and evaluation expenses.

## 8. APPLICATION INSTRUCTIONS.

a. A non-binding Letter of Intent (LOI) to submit a proposal must be submitted to the Office of Academic Affiliations by 5:00 pm Eastern Daylight Time on July 19, 2013. The LOI must be no more than two pages in length. It must provide the name and contact number of the proposed residency director, describe the program's current accreditation or application status, whether a teaching partnership with a School/College of Nursing is planned, and briefly address the key items listed in Section 4. The letter should be emailed in Word or PDF format **via email to** VHACOOAA@va.gov.

b. The LOI will be used by OAA for planning purposes and for establishing a database of proposal information. LOIs will not be scored and programs will not be prioritized on the basis of the information provided in the LOI.

c. The full proposal should be submitted electronically via OAA's web-based proposal application system; full submission instructions will be provided with the response to the LOI. **The full proposal must be received in OAA by 5:00 p.m. Eastern Daylight Time on August 23, 2013.** The core narrative of the application may not exceed 15 single-spaced pages, excluding the transmittal letter and appendices. Longer applications will not be reviewed. Pages must have at least one-inch margins all around and the font size must be no smaller than 11 point.

d. The core document of the full proposal (15 pages or less) must include the following elements. Please follow this outline explicitly.

(1) Introductory Information

(a) Location and Name of Facility.

(b) Accreditation status (facility has a fully accredited program, facility is in process of applying for accreditation, or facility has not started accreditation process as yet).

(c) Number of funded residency positions requested. Programs are required to enroll at least 2 residents each year over the duration of the pilot.

(d) Names and email addresses of individuals to be notified of proposal review outcome.

(2) Background Statement

(a) Identify how the VA facility would benefit from a Mental Health Nurse Practitioner Residency. Describe the existing relationship and state of partnership between the facility and the College of Nursing, as applicable. Describe staffing, recruitment and retention of staff, ongoing training/education of staff, and desirability of the VA facility as a training site.

(3) Training Program Description

(a) Training Program Mission Statement. State the purpose of the program, including philosophy, goals, and objectives. Relate the proposed curriculum to the NONPF/Veteran-centric core competencies, making sure that all necessary elements are covered.

(b) Methodology. Describe how the clinical competencies will be taught in the curriculum.

(c) Program Evaluation. Specify how the training program's effectiveness for meeting its

training goals and objectives will be evaluated.

(d) Sustainability. Describe the strategies that will be put into place to assure the program will continue to thrive beyond the pilot.

e. Appendices (20 pages or less, not included in the 15 page limit) should include:

(1) Transmittal letter from the facility Director, to include:

(a) Support for the program including release time for the Residency Director and program faculty.

(b) Commitment to developing and implementing a curriculum consistent with AACN NONPF, and Veteran-centric core competencies identified in this document.

(c) Commitment to developing and implementing interprofessional curriculum and training methodologies

(2) Letters of support from the facility Nurse Executive, Designated Education Officer (DEO), Veterans Integrated Service Network (VISN) Leadership, School/College of Nursing Dean as applicable, VA Site Director for Psychiatry Residency, VA Program Directors for Psychology Internship, VA Service Chief for Mental Health, and letters from other participating training programs as appropriate. .

(3) List of key staff who will be involved in the program, including names of Residency Director, key faculty, and consultants.

(4) Abbreviated Curriculum Vitae of the Residency Director.

## 9. REVIEW PROCESS

The merit of applications will be assessed by an Ad Hoc Review Committee appointed by the Chief Academic Affiliations Officer in collaboration with the Chief Nursing Officer. Applications will be reviewed within the context of identified criteria and relevant VA standards.

The committee will evaluate specific items in the application that reflect:

a.	Evidence of a commitment from the VA facility and VISN to establish a Mental Health Nurse Practitioner Residency; including availability of support resources such as faculty, support staff, office space, library support, scheduling, and computer access.	15 points
b.	The program's educational goals and objectives, including both cognitive and technical skills. Specific competencies to be developed must be described.	15 points
c.	Quality of training to be offered, including the curriculum and training settings. Curriculum content and teaching methodology must be explicitly described. The interprofessional integrative approach to training as well as shared didactic and experiential activities is described. The breadth and scope of clinical training opportunities are identified.	20 points

d.	Quality of the evaluation plan for student and the educational program are described. Evaluation design and methodology must be explicitly described.	20 points
e.	Quality of the Residency Director and teaching faculty, including background, experience, and roles at the facility and affiliated School/College of Nursing	10 points
f.	Evidence of a clear understanding of the educational purposes of the program. Inclusion of Veteran-centric health care, and interprofessional education, and collaborative practice in the curriculum through participation in didactic, experiential, and other pertinent learning activities.	10 points
g.	Plans for sustaining the program following completion of the 3-year pilot.	10 points
TOTAL		100 points

**10. SCHEDULE**

July 9, 2013	Program announcement released
July 19, 2013	LOI due in OAA.
August 23, 2013	Full application due to OAA.
September 13, 2013	Notification of selected sites
October, 2013	Initiation of residency

**11. CONTACT PERSON**

For information concerning this program announcement, contact Mary Dougherty PhD, Director, Nursing Education (10A2D), at 202.461.9498 or Mary.Dougherty@va.gov or Johnnie Guttery, MS (N), Program Manager, at 202.461.1482 or Johnnie.Guttery@va.gov.

**12. NATIONAL PROGRAM REVIEW**

Since this is a national pilot program, its continuation beyond three years is not guaranteed, but is dependent on availability of funding and measurable outcomes.



Appendix A  
Psychiatric Nurse Practitioner Residency Core Domains

Assumptions

NP Residency Director will collaborate with Medicine, Psychiatric, Psychological and Pharmaceutical Residency Directors as appropriate to enable NP participation in learning opportunities.

Domains	Components
General Introduction	Orientation to VA systems  Veteran : Background , Culture, Military Engagements
Physiology /Pathophysiology	<u>Primary Care/Mental Health</u> <ul style="list-style-type: none"> <li>• Medical Problems common to Veteran</li> </ul> <u>Neurology</u> <ul style="list-style-type: none"> <li>• Traumatic Brain Injury</li> <li>• Post-Traumatic Stress Disorder</li> <li>• Neuropsychiatry</li> </ul> <u>Psychiatric Mental Health Problems</u> <ul style="list-style-type: none"> <li>• Psychiatric problems common to Veterans</li> <li>• Geropsychiatry</li> <li>• Substance Abuse</li> <li>• Suicide Prevention               <ul style="list-style-type: none"> <li>○ Self/Other Harm</li> </ul> </li> <li>• Psychiatric Consultation Liaison Team</li> <li>• Psychiatric Emergency Care</li> <li>• Community Care</li> </ul>
Decision Support	<u>Diagnostics</u> <ul style="list-style-type: none"> <li>• Physical Assessment</li> <li>• Differential Diagnosis</li> <li>• Diagnostic Interviews</li> <li>• Laboratory/Radiology</li> </ul>
Therapies	<u>Treatment</u> <ul style="list-style-type: none"> <li>• Comprehensive psychiatric evaluation</li> <li>• Group/Family/Individual Therapy</li> </ul>

Domains	Components
	<ul style="list-style-type: none"> <li>● Pharmacology               <ul style="list-style-type: none"> <li>○ Pharmacokinetics</li> <li>○ Pharmacodynamics</li> <li>○ Adverse Events</li> <li>○ Common Poly Pharmacy Issues</li> <li>○ Adherence/off label utilization</li> <li>○ Nontraditional forms of treatment</li> <li>○ Complementary treatments</li> <li>○ Yoga</li> <li>○ Meditation</li> <li>○ biofeedback</li> </ul> </li> <li>● Brain Stimulation (as available)</li> <li>● ECT (as available)</li> </ul>
Care Coordination	<p><u>Vertical and Horizontal Integration of Therapies</u></p> <ul style="list-style-type: none"> <li>● Communication and collaboration among treatment team</li> <li>● Inpatient, ambulatory, emergency, Community Health ,Tele-Medicine and Social Media</li> <li>● Patient inclusion in care decisions and evaluation of therapies</li> <li>● Family and significant other participation and role</li> </ul>
Professional	<p>Interprofessional Competency</p> <ul style="list-style-type: none"> <li>● Ethics</li> <li>● Communication</li> <li>● Team Building</li> </ul> <p>Written and Oral Communication Style and Expectations</p> <p>Professional Presence</p> <ul style="list-style-type: none"> <li>● Responsibility and accountability for care of patient</li> <li>● Conflict Management</li> <li>● Resiliency/Recovery</li> <li>● Effective Coping</li> <li>● Evidence Based Practice</li> <li>● Performance Improvement</li> <li>● Practice Redesign</li> <li>● Publications</li> </ul>
Curriculum Collaboration	Cross curricular implemented with other MH disciplines

Domains	Components
with other Mental Health Disciplines	<ul style="list-style-type: none"> <li>• Joint rounding/team planning and patient assignment and care</li> <li>• Collaboration with assigned residency directors in planning curriculum and evaluation</li> </ul>
Capstone	<ul style="list-style-type: none"> <li>• EBP Project</li> <li>• Performance Improvement</li> <li>• Practice Redesign</li> </ul>
Electives	<p><u>Specialty Area</u></p> <ul style="list-style-type: none"> <li>• Addiction Psychiatry</li> <li>• Care Management</li> <li>• Psychiatric Emergency</li> <li>• CAM</li> </ul>
Evaluation	<p>Competency Based Evaluation</p> <p>Learners Perception Survey</p>