

Interprofessional Advanced Fellowship in Clinical Simulation – 2014 Site Expansion

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 Clinical Simulation supported by the Office of Academic Affiliations (OAA) and the Simulation Learning, Education, and Research Network (SimLEARN) of the VHA Employee Education System. VA facilities/systems that have a commitment to interprofessional simulation training for the improvement of clinical care, education, and scholarship are encouraged to apply for this program. Each approved site will be authorized to recruit one physician and one associated health (post-masters nurse, pharmacist, social worker, other clinical, and non-clinical candidates – see section 4.b.2.) interprofessional fellow for this 1-year education experience. The current program announcement seeks to expand the number of sites for the existing Interprofessional Advanced Fellowship in Clinical Simulation program. Approved sites for this expansion will begin these fellowships in Academic Year (AY) 2014-2015.

SimLEARN in Orlando, Florida will act as the Hub for the fellowships, developing and delivering a coordinated curriculum in clinical simulation, which will be enriched by the participant site curriculum. Additionally, the Hub will coordinate other learning experiences, as budget and VA policies allow, for fellows and fellowship co-directors. The Hub will oversee the activities of fellowship sites and in conjunction with OAA, will implement and coordinate the overall strategy for the fellowship program.

b. Fellowship Program

The purpose of the Interprofessional Fellowship Program in Clinical Simulation is to develop leaders with vision, knowledge, and commitment to advance, implement, teach, and evaluate simulation-based training strategies to improve healthcare for Veterans and the Nation. OAA and SimLEARN have collaborated to establish the Interprofessional Advanced Fellowship in Clinical Simulation in recognition of the following factors:

- Clinical simulation is an increasingly important strategy for improving quality and safety of health services and health professions education
- VA is dedicated to training healthcare professionals to be future VA and national leaders in clinical simulation. VA has established the SimLEARN center as the operational hub for coordination of all clinical simulation activities in support of

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national simulation programming, which will expand its educational role as the hub for this advanced fellowship.

2. BACKGROUND

The Veterans Health Administration (VHA) is gaining recognition as a national leader in clinical simulation. In 2009, the Under Secretary for Health established the National Simulation Learning, Education, and Research Network (SimLEARN) to promote excellence in healthcare provided to America's Veterans through the use of simulation technologies for process modeling, training, education, and research. Based on a 2012 VHA survey co-sponsored by the Healthcare Analysis and Information Group and SimLEARN, the number of VA medical facilities using simulation has increased from 30% in 2009 to 76% in 2012. Unfortunately, despite this increase, 77% of VA facilities did not believe their current simulation capability was able to meet their site's educational objectives, identifying the lack of trained simulation experts as a leading barrier to establishing or expanding a simulation program. In order to address this disparity, OAA and SimLEARN have developed a fellowship to cultivate future leaders in the field of clinical simulation. The use of simulation in healthcare has grown dramatically over the past decade in areas including trainee education, procedural competency for staff, initial and maintenance of board certification and licensure, hospital privileging, systems testing and redesign, patient throughput, human factors design and training, patient safety, and quality improvement.

Despite recent advances in healthcare simulation, there is a shortage of professionals trained to manage and operate healthcare simulation programs and very few training pathways to develop such professionals. One study identified the lack of appropriately trained faculty as one of their top barriers to using simulation in their program, second only to the lack of protected time for faculty. Simulation-focused organizations, such as the International Nursing Association for Clinical Simulation and Learning and the Society for Simulation in Healthcare, have been created over the past decade in an effort to bridge this gap, but they do not offer sufficient educational resources to create experts in the field. Simulation certificate programs and fellowships are beginning to emerge to address this need but are few in number and variable in their scope. Given the scale and unique features of VA's healthcare delivery, education, and research missions, VA must be proactive in assuring an appropriate workforce is developed to meet the present and future needs for VA and the Nation.

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3. PROGRAM DESCRIPTION

a. Program Structure

Sites approved for the Interprofessional Fellowship Program in Clinical Simulation shall have a robust curriculum, an appropriate infrastructure, and qualified fellowship faculty who are experts in simulation practice, education, and research.

Curriculum. Sites approved for the Interprofessional Fellowship Program in Clinical Simulation shall have a local curriculum supplementing that provided by the Hub, an appropriate infrastructure, and qualified leadership.

The Hub shall develop a ‘core curriculum’ to be provided to fellows at all approved sites over a twelve-month period. Curriculum components will include provision of an overview to VA, clinical simulation efforts in VA, quality management, patient safety, health systems engineering, and key concepts in clinical simulation such as high-fidelity simulation, standardized patients, partial task trainers, virtual patients, team training, outcome measurement, and assessment of clinical and non-technical skills. In addition, the core curriculum shall include topics such as: orientation to the VA health care system, research design and evaluation, collaboration and negotiation skills, written and oral communication skills, leadership, simulation scenario design, debriefing, simulator programming and troubleshooting, simulation center management and operations, and simulation applications. 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.

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 trainees’ personal learning goals. Local curricula shall both reinforce the core curriculum and provide opportunities for trainees to be exposed to topics relevant to their learning goals, including topics pertaining to all levels of health professions education, staff practitioner skills development and reinforcement, patient safety, quality improvement, technology development and design, competencies and privileging, systems testing and redesign, team training, research methods, leadership skills, and project management. Local curricula must include substantial mentored hands-on experiences, and should also include participation in local seminars, faculty directed self-study, formal courses at an affiliate, and any

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other modalities appropriate for the site and its trainees. The curriculum should clearly define learning objectives and outcome measurements.

Infrastructure. The site application should demonstrate the track record of the facility and partners in the areas of clinical simulation practice (e.g., demonstrated experience developing and implementing clinical outcomes focused simulation programs), education (e.g., development and implementation of health professional trainee curriculum), and scholarship (development or evaluation of evidenced-based clinical simulation projects). The application must include discussion of how education (including workplace learning, formal instruction, and reflection), mentoring, clinical infrastructure at the site, activity documentation, and commitment to scholarship shall foster a high quality learning environment and fellowship experience. Additionally, how the availability of clinical simulation resources to include space, simulation equipment, faculty and staff time, technical support, and computer support at the facility will be used to enhance the fellowship experience should be documented. Commitment from the site will be required to ensure fellows and associated program faculty have resources and support for travel to attend national meetings as VA policies permit.

Fellow Recruitment. Each Clinical Simulation Fellowship site may begin recruitment of two fellows upon notification of approval. Fellows must meet the criteria described below in section 4b. Approved fellowship programs will begin in AY 2014-2015.

Program Co-Directors. Each site should have fellowship co-directors – one physician and one associated health professional. Co-directors should equally share program development and overall program responsibilities to ensure a high level of interprofessional engagement. The Program Co-Directors must have: demonstrated expertise in clinical simulation; experience in program management and application of simulation in clinical, scholarship, or educational settings; a demonstrated ability to effectively teach and mentor; and demonstrated relationship to a current academic program.

Affiliate Relationship. Affiliates should appropriately recognize VA faculty/mentors participating in the program. See Section 5 below for more details about affiliations.

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Hub Role. SimLEARN will act as the Hub for the fellowship. The Hub is responsible for developing and delivering a core clinical simulation curriculum to the other sites as described above. The Hub will also create opportunities for fellows to participate in national simulation projects. 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, communication, and program administrative issues between program sites and OAA. The Hub will organize an annual simulation meeting to which (VA travel policies permitting) fellows and Program Co-Directors are expected to attend, and will coordinate additional opportunities for fellows and site faculty to participate in efforts in research, education, and multi-site improvement projects sponsored by other VA Offices. The Hub also conducts annual surveys of the fellows and faculty to inform change and continual improvement of the fellowship.

b. Program Implementation

Program implementation expectations include the following:

Fellows shall spend approximately 70 percent of their time in training, development, and implementation of projects related to the practice of clinical simulation. This includes, but is not limited to, classroom learning, simulator programming, curriculum development, involvement in hospital committees related to identifying gaps and outcomes for simulation training programs (patient safety, Root Cause Analysis (RCA), code committee, etc.), site-visits, clinical simulation instruction, and national SimLEARN projects. No more than 30 percent time should be spent in direct clinical care or equivalent, but all fellows are expected to maintain some standard clinical activity. Fellows are expected to develop and implement a significant clinical simulation 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 the Office of Academic Affiliations must be obtained. Fellows are expected to carry out a significant portion of their research and educational activities at a VA facility.

Preceptors or mentors. Mentorship is an essential component of an outstanding advanced fellowship experience. Fellows are to develop individualized learning

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plans in collaboration with their preceptors or mentors. Preceptors and/or mentors should provide assistance with project(s), research methodology and content, as well as guidance in personal and professional development. For these reasons, several preceptors or mentors 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 and/or mentors are expected to participate in formative and summative evaluation of fellows and the fellowship program. Ongoing faculty participation in mentor development programs is desirable.

Fellow Recruitment and Fellow Credentials. Each selected site will be authorized to recruit two fellows each, to participate in a one-year fellowship. Requests for additional fellow positions will be considered by OAA, with approval in part contingent on availability of funding. Fellows must meet the criteria described below in section 4b.

Project. All fellows should participate in a variety of simulation-based educational initiatives locally (Facility) and nationally (SimLEARN). It is expected at least one of these efforts will be a clinical simulation 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. 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.

Clinical Simulation Advanced Fellowship Program Meetings. One annual onsite meeting will be hosted and coordinated by the Hub as permitted by VA policy. The goals of the annual meetings are to speed dissemination of advances in the field; to promote an interprofessional fellowship learning community; to introduce fellows and faculty to VA and Non-VA leaders in the field of medical simulation, application, and education; to discuss fellowship program issues; and to provide graduates and fellows an opportunity to present and discuss their work. Additionally, the Hub will facilitate monthly teleconference sessions designed to enrich the fellows' simulation experience and provide additional opportunities of learning engagement between the fellows, co-directors, Hub, and national simulation experts from the field. The Hub will support the travel of the fellows to the annual onsite meeting. Travel funds should be secured at the local level for

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both program directors. Support of travel for co-directors and preceptors/mentors is also strongly encouraged. Attendance at the annual meeting and participation in monthly Hub facilitated teleconferences is required for fellows and Co-Directors.

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 other achievements in the field of clinical simulation. Such tracking information will be considered in evaluation of participating sites at the time of future program re-competition.

4. POLICIES

a. Governance

The Office of Academic Affiliations maintains overall responsibility for the administration of the Interprofessional Advanced Fellowship in Clinical Simulation.

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.

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

The Hub must approve significant changes to the fellowship site, including issues such as change in leadership, fellow resignation or termination, insufficient funding, change in preceptor/mentors, 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 direction(s) of the program.

b. Recruitment and Fellow Credentials

Applicants will be eligible to participate in this program provided they have completed all requirements needed to be a fully credentialed independent practitioner in their field at a VA facility (with the exception of certain associated health disciplines that require fellowship training prior to licensure). 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)

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must have completed a Master's degree to be eligible for participation in this program. Social workers and health care administrators must possess at least a Master's degree. Applicants who are in non-clinical associated health professions must possess at least a Master's degree (e.g., MHA, MPH, etc.).

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, full and unrestricted license(s) to practice in the U.S. and any of its territories.
- 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. If a graduate of a foreign medical school, must have evidence of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
- g. Appointment Authority. Appointments will be made under the authority of 38 U.S.C 7406.
- h. Stipend Rate. The stipend rate will be based on years of previously completed ACGME or AOA accredited residency training and equivalent experiences as determined by OAA and index rates approved at the affiliated university and the respective VA facility. OAA reserves the right to use a different mechanism to establish fellow pay rates in the future. Fellows shall be paid directly by the VA facility unless OAA provides written approval for another payment mechanism.
- i. Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program.
- j. Full-time fellows are expected to spend a significant amount of their time, typically 30 percent, in VA clinical care, in order to maintain clinical skills as well as to maintain close clinical relationship to areas of research or systems improvement interest. Fellows whose learning plan includes clinical skills development or as otherwise appropriate may spend considerably more time

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in direct care but not to exceed 70% of the overall fellowship training experiences.

- k. Demonstrate interest in pursuing VA careers with Clinical Simulation as a significant focus.

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 clinical simulation. Specific requirements include one of the following, as applicable:
 - i. 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., DPM, OD, PhD, etc.). Psychology fellows must have completed an accredited Doctoral program, including an American Psychological Association (APA) accredited internship program.
 - ii. Have at least an earned graduate degree 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., education, anthropology, sociology, computer science/medical informatics, engineering, etc.).
 - iii. Have at least a Master's degree from an accredited educational institution in disciplines requiring a Master's degree (e.g., nursing, social work, physical therapy, or other associated health profession, etc.).
 - iv. 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 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 an active, full, and unrestricted license to practice in the U.S. and any of its territories, if such licenses are required for initial VA employment.

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- d. Demonstrate interest in pursuing VA careers with clinical simulation as a significant focus.

c. Appointment and Compensation

Physician Fellows

- a. Appointments will be made under 38 U.S.C. 7406 for one year. Accepted candidates are identified for the personnel management data systems and for cost accounting purposes by specific assignment codes. Fellows are eligible for health and life insurance benefits.
- b. The Office of Academic Affiliations will consider requests to appoint fellows through a disbursement agreement executed in collaboration with a VA/OAA approved academic affiliate (see Section 4d below).

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.

Full time appointments are preferred, but sites may request an exception to full time appointments by making a formal request to OAA and the Hub stipulating the part time appointment is not less than half-time and that such an appointment is appropriate for the program mission and the fellow's learning plan. All part time appointments must be completed during the one-year fellowship period. 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 the Office of Academic Affiliations must be obtained.

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OAA recognizes that not all simulation facilities used by VA may be on VA property. This can complicate the typical determinations about VA timekeeping for fellow's activities in this program. OAA encourages sites intending to have fellow activities occur at non-VA or shared sites to contact OAA for guidance about appointment and timekeeping strategies.

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. Expenses

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

g. Service Obligation

There is no service obligation after completion of the fellowship program. However, fellows are encouraged to seek VA employment. Program faculty mentorship is expected to include career counseling, including assistance in obtaining VA employment.

h. Identification of Fellowship Status

Fellows shall notify VA locally and nationally as required prior to any publication or presentation. 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. Institutional Review Board (IRB) approval protocols must be accomplished prior to collection of research data.

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i. Clinical Privileges/ Scope of Practice

Physicians

- a. 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.
- b. A physician Advanced Fellow may NOT provide independent clinical services or clinical training for clinical skills that are part of the fellow's learning plan. Such physicians are considered to be under supervision (or dependent practitioners) for those skills.

Associated Health Professionals

- a. Associated health professionals shall either be privileged as licensed independent practitioners or boarded with scope of practice consistent with their licensure and prior training.
- b. Nurses will either be privileged as licensed independent practitioners or boarded with scope of practice consistent with their licensure and prior training
- c. Associated health Advanced Fellow may NOT provide independent clinical services or clinical training for clinical skills that are part of the fellow's learning plan. Such trainees are considered to be under supervision (or dependent practitioners) for those skills.

j. Financial Support

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

SimLEARN support. SimLEARN shall fund the Hub functions. SimLEARN will also sponsor an annual Clinical Simulation Advanced Fellowship Program meeting and in accordance with VA policy support travel for fellows to attend. Additional SimLEARN 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.

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Host facility. The host facility shall provide the travel for program co-directors to the SimLEARN annual clinical simulation meeting. Co-Directors and fellow's travel to a national level simulation based conference (e.g., International Meeting on Simulation in Healthcare) each year is highly desirable. Other support of co-directors and preceptor/mentors' travel is encouraged.

Any other expenses, including expenses connected to the fellow's recruitment, educational activities, or research, are not funded by OAA or SimLEARN. 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

Must be affiliated with a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA)-accredited medical school with an accredited medical school with a current Affiliation Agreement with the host VA facility. Additional formal affiliations with schools with accredited associated health disciplines are strongly encouraged (e.g., School of Nursing, Pharmacy, social work program at a university affiliate, etc.). Other affiliations in associated health disciplines are encouraged if they support the goals of the program and/or have active simulation based training program(s) (e.g., public health, healthcare administration, business, engineering, etc.). All affiliations should occur with institutions with experience and leadership support of clinical simulation. If new affiliations are made to develop this relationship, a formal affiliation agreement must be executed. (contact Office of Academic Affiliations for assistance). A site must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in clinical simulation, education, clinical care, and administration. The facility must demonstrate the following:

- a. VISN and facility commitment to build and sustain an outstanding learning environment and support of simulation. VISN and facility commitment to the program co-directors in terms of dedicated and protected time to run the fellowship are highly encouraged and should be documented in the application proposal.
- b. Evidence of a strong partnership between the VHA facility and its academic affiliate(s).
- c. Strong interprofessional leadership by team members involved in the provision of clinical simulation efforts at the site.

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- d. Outstanding interprofessional educational opportunities and advanced clinical learning opportunities at the site.
- e. Experience in conducting clinical simulation 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 clinical simulation 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 Co-Directors, selected faculty, and all fellows to attend one national meeting related to clinical simulation during the year. In addition, travel funds should be provided for the Program Co-Directors to attend an annual planning meeting, which may be held in conjunction with the clinical simulation meeting.
- k. Provision of equipment, space, and technical expertise to conduct regular two-way interactive video conferences and other appropriate technologically mediated instruction as part of the curriculum.
- l. 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 SimLEARN National Medical Director, will advise the Chief Academic Affiliations Officer about the merits of the applications. The reviewers will have demonstrated expertise and leadership in their respective medical and health professions, clinical simulation, and/or clinical education. Reviewers will be encouraged to consider geographic diversity of sites (e.g. VISN representation) as part of the formal review process. Decision to approve sites rests with the Chief Academic Affiliations Officer.

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- 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 adequate protected time for fellowship co-directors; opportunities for fellows to incorporate simulation into patient care quality and safety initiatives; willingness to fund the Program Co-Directors to attend the SimLEARN fellowship training event; willingness to allow fellows to attend the SimLEARN fellowship training event (SimLEARN will cover travel for fellows to the event); willingness to fund the fellows to attend the International Meeting on Simulation in Healthcare (IMSH) conference. 18

Program Co-Directors and faculty with a history of interprofessional practice, research, and/or teaching. Program Co-Directors and faculty must have demonstrated excellence in clinical simulation, education, mentorship, and leadership; demonstrated ability to teach across disciplines and to promote an interprofessional approach both to education and clinical care; evidence of using simulation to improve patient care. 20

Established program in clinical simulation that has an extensive track record in the development, implementation, and evaluation of simulation-based training in focused areas such as graduate medical education (GME), associated undergraduate health professions, nursing education, patient safety, quality improvement, technology development and design, competencies and privileging, systems testing and/or redesign, team training; is able to provide trainees with simulation-based learning opportunities focused on in-patient, outpatient, and community care settings. Evidence of prior participation in national VHA clinical simulation activities, particularly with SimLEARN. 20

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Quality of local simulation-based educational curriculum and simulation resources including a strong, constructive partnership with the affiliate; excellent learning opportunities in clinical simulation; commitment to develop individualized learning programs with fellows; excellent mentoring of trainees; sound educational infrastructure plans; interprofessional educational opportunities; dedicated space to conduct simulation; identified space and IT resources for the fellow; adequate simulation equipment; and high volume of clinical learners utilizing simulation. 18

Scholarly project opportunities that allow fellows to co-lead simulation projects from needs assessment, development, implementation, evaluation, and submission for journal publication and or presentation of the projects at a regional or national venue. 9

Evaluation plan that will include evaluation of the individual fellows and identification of outcome measurements and reporting methodology. The 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 clinical simulation. Specifics on the fellow’s and the fellowship program’s effectiveness for meeting its training goals and objectives should be addressed, along with inclusion of evidence of sound evaluation strategies for programmatic and individual evaluation and reporting, which includes impact on Veteran care and clinical outcomes. 15

TOTAL

100 POINTS

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7. SCHEDULE

September 19, 2013	OAA sends program announcement to VISNs, facilities, and appropriate headquarters officials.
October 7, 2013	Letter of Intent deadline. Interested sites should send an email to OAA at the attention of Ms. Deborah Ludke (deborah.ludke@va.gov) stating their non-binding intent to submit a full proposal. The email must include contact information for the application's Program Co-Directors and any administrative contacts at the site (including the name and email for each Co-Director and administrative contact)
November 15, 2013	Applications are due in OAA.
December 2013	Panel review of Site Applications
January 2014	OAA notifies facilities of selection/non-selection as a training site.
Summer 2014	Fellows begin at new sites if site is capable of supporting a fellow for AY 2014-15.

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. Jeffrey Cully at jeffrey.cully@va.gov or by phone at (713) 794-8526.

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9. APPLICATION INSTRUCTIONS

Applications shall be uploaded to the OAA Support Center
at: http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=15

Please click on the “Register” button to enter your information. Upon registering, you will be able to log in and start to upload the required documents. There are six (6) documents required to be uploaded for a complete application. You can upload one document at a time. Please use the following naming conventions when saving/uploading files:

Attachment A: Facility Director’s Transmittal Letter

Attachment B: Core Narrative

Attachment C: Faculty Members’ CVs

Attachment D: VISN Director Letter of Support

Attachment E: Chief(s) of Services Letters of Support

Attachment F: University Affiliates Letters of Support

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

After all files have been uploaded, please select “Submit for Approval.” You will be taken to a screen that lists all documents that have been uploaded for your application. Please select “Submit Final Application to OAA” in order to submit your application. You will be able to make modifications to the uploaded documents until November 15, 2013. Please remember, we will only be able to accept one application per site, so please coordinate with others from your site prior to submission.

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ATTACHMENT A

FELLOWSHIP APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

- a. Font size and margins. Font size must be 11-point or larger. Margins must be one inch all around.
- b. Page limit. 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:
 - Document support for the program by
 - a. Authorizing release or protected time for the Program Co-Directors and preceptor/mentors who will supervise the trainees.
 - b. Funding travel and registration for the Program Co-Directors, selected faculty, and all fellows to annually attend at least one national 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 effective use of equipment.
 - Describe the unique contributions the facility can make to the training program.
 - Identify the name, title, telephone and fax numbers, and e-mail address of the fellowship Program Co-Directors.
 - Identify the name, title, telephone and fax numbers, and e-mail address of the facility contact person, if different from the fellowship Program Co-Directors.
- 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 11 point. The core document should include:

Background Information:

- a. Describe the applicant site's clinical simulation program and related education components.
- b. Describe the nature of the interprofessional team involved in clinical simulation 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 clinical simulation activities? Describe evidence of prior participation in national clinical simulation activities, particularly with SimLEARN.

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- c. Describe the site's goals for the program, including focus on particular aspects of clinical simulation practice and specific health professions, if any, that will be emphasized by the proposed program.
- d. Articulate the specific clinical simulation 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 fellows' needs.
- e. Describe the venues/sites where educational activities and clinical activities are proposed to take place. Describe what the fellows' roles will be within the interprofessional teams functioning in these venues/sites of care.
- f. Describe activities that will foster fellows' development as leaders and change agents in clinical simulation. 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 clinical simulation.
- h. Describe the facilities (e.g., office space, clinical areas, clerical support, educational materials, library, computers, etc.) available to support the program.

Program Co-Directors and Faculty Preceptor/Mentors.

Provide relevant information concerning the staff that will be involved in the program, including the Program Co-Directors, preceptor/mentors, 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; preceptor certification, clinical simulation education and experience; primary clinical/research interests; recent publications; and the number of hours/percentage of time that will be devoted to the fellowship 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 Co-Directors 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.

Interprofessional Advanced Fellowship in Clinical Simulation – 2014 Site Expansion

Program Evaluation. Specify how the fellow's 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 clinical simulation.

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

- c. Appendices. Must not exceed 30 pages and should include letters of support from the following: Other letters of support such as VISN Director and/or Service Line Director. 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 Co-Directors, selected faculty, and fellows to attend one national clinical simulation meeting per year; travel support for the Program Co-Directors to attend an annual planning meeting that may be held in conjunction with the clinical simulation meeting; and additional support that would be provided to the fellowship site related to the educational project. Chiefs of Services or equivalent individuals for the disciplines in which trainees are anticipated and/or preceptors/mentors are provided. These letters should describe a need for clinical simulation education and how it will improve the care of patients. Affiliates associated with disciplines for which trainees are anticipated. Support or in-kind match, if any, such as tuition waivers for courses, course credits, equipment, library use, space, etc. should be noted.