

## **Recompensation Announcement Veterans Affairs Quality Scholars (VAQS) Fellowship Program**

### **I. PROGRAM ANNOUNCEMENT**

This program announcement provides information, policies, and application procedures for Department of Veterans Affairs (VA) facilities regarding the recompensation of the VA Quality Scholars (VAQS) Program, supported by the Office of Academic Affiliations (OAA). OAA currently funds 8 interprofessional sites and a VAQS Coordinating Center. VA facilities that have a commitment to interprofessional clinical care, education, and quality improvement may apply for this Advanced Fellowship program. The expected result of this announcement is the recompensation and designation of up to 9 sites for the VAQS program. Existing and new sites are encouraged to apply. Approved sites will be authorized to recruit up to three interprofessional fellows each year for this two-year education experience. Sites seeking funding under this announcement are encouraged to articulate the interprofessional nature of their proposed fellowship including leadership, curriculum, faculty, scholarship, and potential to recruit and retain high quality applicants. Sites are expected to provide training for physicians and nurses and have the option of including a third clinical profession such as psychology, pharmacy, or social work.

A notable change in the VAQS program for the current program announcement pertains to commitments and collaborations with other VA entities. Sites are required to collaborate with local (facility), regional (Veterans Integrated Service Networks; VISNs), or national quality enhancement initiatives and must commit to annual funding support for VAQS national curriculum and coordination, including the VAQS Summer Institute (see section III.B.3 below).

Approved new sites are expected to use Academic Year (AY) 2018-19 for planning and program development. New sites will be expected to recruit new fellows in AY 2019-2020. Currently approved sites that are renewed will continue the program without interruption. Currently approved sites that are not renewed will be able to recruit their last class of new fellows during AY 2018-19.

#### **A. Targeted Facilities / General Eligibility**

All VHA facilities (see section 5 for details)

#### **B. Fellowship Program Overview**

The VAQS program is an interprofessional fellowship experience in which post-residency physicians, pre and post- doctoral level nurse scholars, and post-doctoral Associated Health trainees (e.g. psychology, social work, pharmacy) learn to develop and apply new knowledge for the ongoing improvement of healthcare services for VA and the nation. The primary goal of the program is to provide intensive training to develop leaders in healthcare quality improvement, scholarship, education, and clinical care. As part of the embedded, experiential learning necessary

to train leaders in quality improvement, fellows in this program provide direct service to VA in the form of quality improvement projects that align with, and enhance, ongoing VA and VISN quality improvement initiatives. Graduating fellows are expected to assume leadership roles (i.e., clinical, administrative, policy, education, or research) to improve the health and healthcare for Veterans and the nation.

To advance VA's commitment to continuous improvement, the VA Office of Academic Affiliations (OAA) and VAQS Coordinating Center in Houston have collaborated to train healthcare providers, researchers, and educators to be future leaders and change agents in the improvement of healthcare and delivery systems for VA and the nation. National curriculum (and evaluation) for the fellowship will continue at the Houston Coordinating Center.

Fellow applicants will be eligible to participate in this program provided that they have completed all requirements needed to be a fully-credentialed staff practitioner in their field at a VA facility. Physicians must be either board certified or board eligible with demonstration of active pursuit of board certification. This program allows mid-residency surgeon trainees to participate upon case-by-case approval from OAA. Nurses must either be enrolled in an accredited doctoral-level program (i.e., PhD or DNP), or possess a doctoral-level degree (i.e., PhD or DNP) to be eligible for participation in this program. Other Associated Health trainees are eligible but are restricted to clinical professions and candidates with doctoral degrees. Mid-career professionals are welcome participants in this program. Detailed information about fellow applicant eligibility for each profession are provided below.

## **II. BACKGROUND**

VA takes pride in its efforts to offer Veteran patients high quality healthcare. This has been achieved in the context of fixed budgets and in accordance with the expectations of the laws and regulations that govern health services benefits for Veterans. Internally, the Veterans Health Administration has fostered quality through restructured, geographically integrated delivery systems, performance measurement systems, heightened customer awareness, and equitable distribution of resources.

In addition, there continue to be pressure from many sectors in the larger society to improve the quality of healthcare and patient experience, as well as reduce costs from wasteful activities. It is appropriate that federal programs in particular demonstrate quality, effectiveness, cost-efficiency, and value for dollars spent.

Leaders of change and improvement efforts, in and beyond healthcare, have had the benefit of a large and rapidly growing body of knowledge and practice in systems thinking, systems redesign, and continual improvement to guide them. However, healthcare professionals often have limited training in the knowledge, skills, and methods to help them succeed in leading, designing, introducing, executing, and evaluating sustainable improvement in complex integrated healthcare settings. Linking the scholarly development of the science of learning healthcare systems, improvement and implementation science and innovation of healthcare with the professional development and the integrated training of interprofessional fellows is fundamental to improving

healthcare. To accelerate the improvement of healthcare for Veterans, it is timely for VA to recompete this training program driving the improvement of quality and value of healthcare and to improve linkages between the program and ongoing efforts to improve care within VA.

The VAQS program has demonstrated remarkable success since graduating its first fellows in 2001. This success is manifest in the graduates of the fellowship who are respected leaders in clinical and system quality improvement practice, research, and teaching. Approximately 30% of VAQS fellows take positions with the federal government, 90% of those are within VA. Of those who take positions within VA, two-thirds are in leadership positions such as Director level positions, Chief Quality Officers, and VISN leadership. In addition, the VAQS program has shown the value of providing advanced education for nurses and physicians in an interprofessional learning and practice environment. A few examples of ways in which VAQS fellows have contributed to VA include: the reduction of healthcare acquired infections and the subsequent improvement of a facility's SAIL metrics from 1 star to 3 stars, the reduction of opioid prescribing rates by 25%, shared medical appointments for Veterans, and the development of an evidenced-based plan to reduce hospital readmissions. OAA is seeking to recompete the program and expand the focus of training to include other professions in addition to physicians and nurses to prepare interprofessional fellows to pioneer the transformation of healthcare quality. *For additional information about the VAQS Fellowship program see the following articles: Splaine ME, et al. 2002 Qual Manag Healthcare; Splaine et al. 2009 Acad Med; Estrada et al., 2012 J Eval Clin Pract; Patrician et al., 2012 Nurs Clin North Am. For published examples from VAQS fellows please see the following: Tucker, Flink, et al., 2016 BMJ Quality and Safety; Nuckols, et al., 2016 JAMA Intern Med; Jeffery, 2015 CIN: Computers, Informatics, Nursing.*

### III. PROGRAM DESCRIPTION AND IMPLEMENTATION

#### A. Program Structure

Sites approved for the VAQS program shall have a robust curriculum and infrastructure, and qualified nurse and physician leadership (known as senior scholars). Sites that seek to include other fellowship professions (e.g. psychology, social work, pharmacy) are expected to have a qualified senior scholar from that profession. Each senior scholar should have an appointment (paid or voluntary) at a VA facility. Senior scholars for all included professions are expected to fulfill and model an interprofessional leadership approach for the overall program at each approved site.

##### (1) Curriculum.

Sites approved for the VAQS program shall have a curriculum supplementing that provided by the Coordinating Center, an appropriate infrastructure, and qualified leadership.

The Coordinating Center has developed a 24-month core curriculum that provides an overview of quality improvement and patient safety efforts in VA and key concepts in quality and safety such as systems thinking, process analysis, process and outcome measurement, data analysis for quality improvement, leading, implementing and managing change, and

interprofessional teamwork. The VAQS curriculum emphasizes implementation science and practice through topics such as: human centered design, quality improvement methodology and analysis, core topics in quality and safety science, informatics, leadership skills for change management, collaboration and negotiation skills, and written and oral communication skills. The core curriculum fosters high degrees of interaction between trainees and faculty within each site as well as among trainees and faculty across participating sites. Examples of the two year VAQS curriculum can be found on the program website, [www.vaqs.org](http://www.vaqs.org).

Approved sites will be required to participate in the national curriculum and supplement training with a robust local 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 developed by the Coordinating Center and provide interprofessional opportunities for trainees to be exposed to other topics relevant to their individual learning goals, such as qualitative analysis, organizational psychology, clinical information systems, decision support, evidence-based healthcare, organizational behavior and change management, health systems redesign, health services research, research methods, implementation science, leadership skills, simulation to optimize organizational change, and project management. The required local curriculum can consist of participation in local seminars, faculty-directed self-study, formal courses at a university affiliate, clinical practice or formal observations, and any other mechanisms for training in quality and safety, including experiential and hands-on project work. The local curricula shall provide opportunities for the fellows to apply the knowledge and skills taught through the national curricula through development of an improvement or research project and participation in improvement activities at their site. Sites are encouraged to include fellows in robust project activities that link the fellow's training to local (facility or VISN) quality improvement initiatives. Access to a Master's program with local affiliates is encouraged. A core component of the local curriculum will rely upon intensive mentoring with senior scholars and affiliated faculty.

(2) Infrastructure.

Site applications should demonstrate the track record of the facility and partners in the areas of improvement of healthcare and health systems (e.g., demonstrated experience improving care for Veterans), education (e.g., development and implementation of health professional curricula, documentation of successful mentorship experience of participating faculty), research (e.g., development or evaluation of improvement theory, strategy, or interventions), and interprofessional learning and practice (e.g., assessment of how health professionals are working collaboratively to improve care). The application must include discussion of how research, education, and clinical infrastructure at the site will foster a high quality interprofessional learning environment and fellowship experience. In addition, the availability of quality improvement and patient safety resources at the facility (such as opportunities to participate in performance measurement projects, rapid-cycle improvement efforts, mentorship by quality management, systems redesign and patient safety managers, and offices, physical space, technical support, and computer support) should be documented. Commitment from the site will be required to ensure fellows, senior scholars, and associated

program faculty have resources and support for travel to attend VAQS national meetings. Applicants are encouraged to provide a detailed list of resources and other support, including an annual commitment to fund national curriculum and coordination, protected time for the VAQS program directors and senior scholars, fellows space and necessary equipment, and travel provided by the facility in support of the program. **Sites are required to secure annual funding in the amount of \$50,000 to provide the necessary resources for the national curriculum and Coordinating Center activities, including the VAQS Summer Institute.** An initial commitment of 3 years is requested to ensure a stable educational environment for fellows and fellow recruitment. Sites are also required to commit to funding travel for all fellows and senior scholars to attend the national VAQS Summer Institute professional conference which occurs annually. All travel commitments are contingent upon VA travel policies and regulations. Other commitments expected of the sites include a clear statement of funding and/or protected time for program directors and senior scholars as well as other resources and support (i.e., work space, computers, administrative support) provided by the facility.

(3) Program Directors (also called senior scholars).

At each approved site, there will be two faculty members who will be appointed as the Physician and Nurse Senior Scholars. Senior scholars must have a VA appointment. Although a VA appointment “Without Compensation” or WOC is acceptable, paid VA appointments for core fellowship faculty (e.g., program directors) is preferred. Sites opting to recruit fellows from professions in addition to physicians and nurses must include a Senior Scholar from the respective profession. Programs are encouraged to involve other site-level faculty members to support local mentoring, education, and training of fellows in quality improvement, safety, and healthcare innovations.

The physician and nurse Senior Scholars must both be designated as the site Fellowship Program Directors. In the event a site has a third (or fourth) profession and thus additional Senior Scholar(s), the site is encouraged to create a shared governance plan with a three (or more) individuals. All proposed Senior Scholars must have: demonstrated expertise in quality improvement; experience in program management and application of quality improvement findings in clinical, research, or educational settings; a demonstrated ability to effectively teach and mentor; and a demonstrated relationship to current academic programs associated with the academic affiliate(s). All Senior Scholars are required to maintain active involvement in the VAQS local and national curriculum. As such, Senior Scholars are expected to oversee the local fellowship program, participate in national curriculum development and delivery, as well as attending VAQS faculty and other national meetings (e.g. VAQS Summer Institute).

Senior Scholars will be responsible for reporting of fellowship activities and outcomes to local (VHA facility) leadership as well as to the Coordinating Center. Each site is required to present annual updates on fellowship progress to local VHA leaders (e.g. Facility Director, Chief of Staff) as well as providing a standardized annual report on the fellowship and the operational impact of fellows’ scholarship and improvement projects to the Coordinating Center.

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

(4) Affiliate Relationship

Sites must have evidence of a strong partnership between the VHA facility and its academic affiliates(s). Given the focus of the fellowship program, it is expected that inclusion of resources and opportunities with affiliated institutions will enhance the depth and breadth of training. Academic affiliates should recognize VA staff as academic faculty.

Academic affiliates must include a school of nursing and a school of medicine. Other affiliations are encouraged if they support the goals of the program, (e.g., university graduate school or other colleges/departments including: pharmacy, social work, public health, healthcare administration, business, engineering, etc.).

(5) Collaboration with Coordinating Center

All approved sites will be required to work in collaboration with the national Coordinating Center to develop and implement the VAQS curriculum - including instructional experiences and fellow and program evaluation. Sites will be required to send annual reports to the Coordinating Center to document the site's progress and program impact on VHA.

**B. Program Implementation.**

Program implementation policies and procedures are described in VHA Handbook 1400.07 - Education of Advanced Fellows. The Advanced Fellowship Handbook can be found on OAA's Advanced Fellowship webpage.

(1) Program Start and Initial Fellow Recruitment

Each selected VAQS site will be authorized to recruit three interprofessional fellows to begin a two-year fellowship. VAQS sites may 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 2018-2019 but AY 2018-2019 is recognized as a developmental year and recruitment is optional. During AY18-19, program directors are expected to develop their local curricula, attend VAQS education sessions and meetings, and collaborate with the Coordinating Center and other sites in preparation for recruitment in AY 2019-2020. Three fellows can be recruited each academic year. Although interprofessional fellowship recruitment is required, the exact makeup of fellows recruited each year can vary by year (e.g. number of physicians, nurses, and associated health professionals). However, sites will not be allowed to recruit 3 fellows from any one profession in a given recruitment year.

Requests for additional positions or an optional third year of funding will be considered by OAA on a case-by-case basis, with approval contingent on quality of the application and availability of funding.

(2) Coordinating Center Roles:

The Coordinating Center is responsible for developing and delivering a core curriculum to all approved sites as described above and will foster collaboration among the fellowship sites by facilitating: program goals, curriculum development, program implementation and assessment, national recruitment strategies, and program administrative issues between program sites and OAA. The Coordinating Center will also organize one annual meeting that fellows and senior scholars are expected to attend. Other VAQS gatherings may occur informally through other professional conferences.

Senior Scholars, in consultation with the Coordinating Center and OAA, will facilitate opportunities for fellows to participate in local, regional and national quality improvement efforts in research, education, and multi-site improvement projects. Partnership-oriented collaborations are viewed by OAA as critical for the eventual success of the overall VAQS program.

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

(4) Local Site Responsibilities and Program Implementation

(i) National Curriculum and Coordinating Center Funding: Each site must commit \$50,000 per year in support of VAQS national curriculum and educational coordinating activities. It is recommended that funding be secured at the VISN level, but facility-level commitments are also acceptable. To ensure program stability, each site shall make an initial commitment of 3 years of funding in order to support two, two-year fellowship cohorts: Cohort 1: 2019-21 and Cohort 2: 2020-22. The cumulative contribution from VAQS sites will support the VAQS Coordinating Center (curriculum, evaluation, national recruiting, etc.) and the annual VAQS professional meeting (not including site-funded travel, which remains a site responsibility through local travel funding procedures). OAA shall provide guidance on how funds transfers from the sites to the Coordinating Center are to occur.

Primary stakeholders for program funding include the VISN and/or local VHA facility. However, other funding entities are possible. If a commitment to fund the local VAQS program does not reside with the VISN or VHA facility, the application must clearly indicate the partner and how the program will align with the partner's vision and goals. In addition, applications that do not contain VISN or facility financial support must clearly indicate other instrumental support from the VISN and facility (i.e., travel, protected time for faculty, space). Sites are encouraged to explore collaborations and begin funding discussions through their facility's Designated Educational Officer (DEO) or Associate Chief of Staff for Education (ACOS-E). Please see Appendix X for specific information about costs and benefits of hosting a VAQS program.

ii) Fellows. Full-time Fellows will spend approximately 80 percent of their time in training

related to the scholarship and practice of interprofessional quality improvement and patient safety and no more than 20 percent in clinical care. Fellows are expected to develop and implement a portfolio of quality improvement efforts with at least one significant activity or project that will result in a documented impact on VHA clinical care or operations.

Clinician fellows shall conduct their clinical activities, including direct patient care at a VA medical facility, unless there is no appropriate opportunity to do so at VA. Should a site wish to have fellows conduct clinical activities at non-VA sites, the program must follow the procedures regarding Educational Details described in VHA Handbook 1400.07. Across the entire advanced fellowship experience, fellows are expected to carry out a significant portion of their project and educational activities at a VA facility.

(iii) Preceptors and Mentors. Mentorship is an essential component of an outstanding Advanced Fellowship experience. Mentorship should be provided by content experts with a documented history of successful mentoring of trainees and other professionals.

Fellows are to develop individualized learning plans in collaboration with their preceptors and mentors. Preceptors (called Senior Scholars for this program) and other mentors should aid with project(s), research methodology and content, as well as guidance in personal and professional development. For these reasons, multiple 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. Senior Scholars and 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.

(iv) Individualized Learning Plan. Each Advanced Fellow shall, in conjunction with the director(s) (Senior Scholars) and mentoring teams, develop an individualized learning plan as soon as practical on entering the program. The plan shall address the fellow's long-term goals and identify the local resources to be used. This plan shall be revisited periodically to serve as a meaningful, dynamic document assisting in the fellow's development.

(v) Project. Fellows are expected to develop and implement a significant improvement-focused project which may involve research, program evaluation or system redesign methods. Fellows should also participate in projects involving interprofessional quality improvement efforts. It is expected that at least one of these efforts will be a significant and impactful project to which the fellow makes a substantive, independent, and identifiable contribution.

The topic of the projects should be of direct relevance to VHA's mission and/or operations and would ideally relate to local (facility), regional (VISN), or national quality enhancement initiatives. Although alignment with ongoing VHA initiatives are important elements of the fellow project, it is imperative that projects be selected and approved within the educational parameters of the VAQS program. As such, fellow projects should be negotiated between the fellow, Senior Scholars, and project partners with a primary decisional element being in the best interest of the fellow and their training program.



Successful completion of a significant project includes written description of the project and its results (preferably including submission for publication or other formal dissemination efforts) and presentation of the project to policy makers and stakeholders and/or at a regional or national professional conference. It is expected that all approved sites will annually (or more frequently) communicate with facility and VISN leadership about the status and impact of VAQS fellow projects. Site are also expected to work with the VAQS Coordinating Center to submit annual written reports of VAQS fellow project status and accomplishments. The inclusion of VHA leaders in fellow projects or as mentors is encouraged but not required. Fellows are encouraged to work with local, regional, or national leaders to define how their project relates to health system goals, outcomes, and/or quality measures.

(vi) Fellowship Evaluation and Tracking. All approved sites will monitor processes and outcomes of the program, including fellow achievement (e.g. goals and competencies) and programmatic evaluation including processes, outcomes, and faculty satisfaction. Assessments and evaluations should be used to modify and improve the local fellowship program. In addition, sites will be required to track fellows during the training program (e.g. educational experiences and projects) as well as post-training outcomes. Outcomes should include tracking of post-fellowship employment (retention in VA), success in obtaining research funding, publication in peer-reviewed journals, awards, and continued work in the field of healthcare education, evaluation and research. Tracking and outcome data will be used to evaluate site-level fellowship programs and will be considered in the evaluation of participating sites at the time of future program re-competition. Tracking will also be aggregated across sites through the Coordinating Center to identify overall program improvement needs.

Sites are required to submit annual reports to the Coordinating Center summarizing their local curriculum and the alignment and impact of the fellowship program with local, regional, and national VA initiatives. Additional information about broader healthcare impact should also be included. Summaries should be provided about individual fellow progress and satisfaction with the program and local mentoring.

The Coordinating Center 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 quality improvement and patient safety. Such tracking information will be considered in evaluation of participating sites at the time of future program re-competition.

(vii) Program Changes and Requirements for Continued Participation.

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

(viii) Annual VAQS Program Meetings. One annual meeting will be hosted and coordinated by the Coordinating Center. The goals of the annual meetings are to: promote an interprofessional fellowship learning community; to introduce fellows and faculty to VA and Non-VA leaders in the field of quality improvement research, application and education; to discuss fellowship program issues; to provide a venue for discussing quality and patient safety issues throughout the academic year; and to provide graduates and fellows an opportunity to present and discuss their work. Attendance at the specified national meetings is required for fellows and faculty.

The Coordinating Center 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 Coordinating Center will inform OAA of any changes and make recommendations about ongoing operations and future directions of the program. Sites that do not implement the program as described in this announcement are subject to remediation and potentially to loss of site approval.

#### IV. POLICIES

**A. Governance.** The Office of Academic Affiliations maintains overall responsibility for the administration of the VAQS national program. This program is subject to Handbook 1400.07, Education of Advanced Fellows.

**B. Program Approval.** Approved fellowship programs can recruit up to three fellows per year beginning in AY 2018-2019 and continuing each academic year until formal notice from OAA. Approval will be withdrawn from sites that insufficiently recruit participants or otherwise no longer possess the capacity to provide a high-quality fellowship program (as determined by OAA).

#### **C. Recruitment and Fellow Credentials**

##### (1) Physician Fellows.

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

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

(ii) Fellows may not be enrolled simultaneously in any accredited physician residency/fellowship program. Mid-residency surgeon trainees may be allowed to interrupt their accredited training to participate in this Advanced Fellowship program.

(iii) Have an active, unrestricted license to practice in any state in the U.S.\*

- (iv) Be either board certified or eligible with demonstration of active pursuit of board certification.\*
- (v) Be appropriately credentialed and privileged for clinical practice at the local VA facility.\*
- (vi) Be a U.S. citizen or possess a current visa suitable for participation in this paid educational activity. U.S. citizens shall be given priority in selection.
- (vii) If a graduate of a foreign medical school, must have evidence of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
- (viii) Demonstrate interest in pursuing a career with healthcare quality as a significant focus.
  - \* Unless approved mid-residency surgeon trainee per paragraph ii

## (2) Nurse Fellows

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

- (i) Unless otherwise listed below, fellows must possess an advanced degree from an accredited program that would make them eligible for VA hire.
- (ii) Be a U.S. Citizen.
- (iii) Not be simultaneously enrolled in an accredited clinical training program.
- (iv) Demonstrate interest in pursuing a VA career with healthcare quality as a significant focus.
- (v) Meet all profession-focused criteria as listed below.

### a. Predoctoral nurse fellows

Prior to beginning the fellowship, must meet the following criteria to be eligible to enter the program:

1. Possession of an unrestricted valid registered nurse license in any US state or territory.
2. Demonstration of current active enrollment in good standing or written acceptance in a nursing doctoral program (either Ph.D. or D.N.P) at an academic institution associated with a nursing school accredited by either National League for Nursing Accrediting Commission (NLNAC) or Commission for Collegiate Nursing Education (CCNE).

Predoctoral nurse fellows must meet the following criteria to remain in the program:

1. Maintenance of an unrestricted valid nursing license in any US state or territory,
2. Maintenance of active enrollment in good standing in a nursing doctoral program (either Ph.D. or D.N.P) at an academic institution associated with a nursing school accredited by either National League for Nursing Accrediting Commission (NLNAC) or Commission for Collegiate Nursing Education (CCNE), unless terminated due to successful graduation.
3. Maintenance of at least a 3.0 grade point average or equivalent.

b. Postdoctoral nurse fellows

Prior to beginning the fellowship, must meet the following criteria to enter the program:

1. Possession of an unrestricted valid registered nurse license in any US state or territory. Such license must be maintained to maintain eligibility for participation.
2. Have graduated (or completed all requirements for award of degree) from a doctoral program at a recognized academic institution. This can be a doctoral program in a clinical discipline such as nursing (either Ph.D. or D.N.P.), or in a non-clinical field relevant to Healthcare Quality (e.g. education, industrial psychology, anthropology, medical informatics, etc.).

(3) Clinical and Counseling Psychology Fellows

Prior to beginning the fellowship, clinical and counseling psychology fellows must meet the following criteria:

- (i) Possess an advanced degree from an accredited doctoral program that would make them eligible for VA hire. Applicants can demonstrate that all requirements for such a degree have been completed and award of the diploma is pending but will be completed prior to starting fellowship. Doctoral programs must be American Psychological Association (APA), Canadian Psychological Association (in relevant clinical degree areas), or Psychological Clinical Science Accreditation System (PCSAS) accredited to ensure eligibility for VA hire.
- (ii) Have completed all requirements to become a staff psychologist at a VA facility. Applicants must have completed an APA or Canadian Psychological Association (CPA) accredited internship (or a new OAA funded, VA-based internship that is not yet accredited). If the candidate has not yet completed the internship, there must be convincing evidence from the Director of Clinical Training at the university and from the Director of Training at the internship that completion is on track and expected before the proposed start date of the fellowship.

(iii) Have an active, unrestricted license to practice in the U.S., if such licenses are required for VA employment in the candidate's profession. Any application for a clinical or counseling psychologist who has not completed all training and licensure requirements to qualify for appointment as an independent practitioner must be accompanied by a support letter from either the lead psychologist at the facility or from the Psychology Director of Training. Such a support letter must address the types and amount of clinical experience that the fellow will engage in and the types and amount of clinical supervision that will be provided. At least 4 hours of supervision must be provided weekly, of which 2 hours must be individual, face-to-face supervision by a licensed and privileged psychologist.

(iv) Be a U.S. Citizen.

(v) Not be simultaneously enrolled in an accredited clinical training program.

(vi) Demonstrate interest in pursuing a VA career with healthcare quality as a significant focus.

#### (4) All Other Clinician Associated Health Fellows

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

(i) Possess an advanced degree from an accredited doctoral program that would make them eligible for VA hire.

(ii) Have completed all requirements to become a fully credentialed independent practitioner (or the equivalent for that profession) at a VA facility.

(iii) Have an active, unrestricted license to practice in the U.S., if such licenses are required for VA employment in the candidate's profession.

(iv) Be a U.S. Citizen.

(v) Not be simultaneously enrolled in an accredited clinical training program.

(vi) Demonstrate interest in pursuing a VA career with healthcare quality as a significant focus.

#### **D. Fellow Appointment and Compensation**

##### (1) Fellow Appointment

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

##### (2) Fellow Nomination Materials

OAA posts instructions for nominating fellowship candidates to OAA for approval.

Nomination packages must include:

- (i) A completed Fellow Credentials Verification Letter,
- (ii) A completed Fellow Credentials Verification Checklist,
- (iii) A completed VA Form 10-2850D, Application for Health Professions Trainees, and
- (iv) Fellow candidate curriculum vitae (CV).

### (3) Fellow Approval and Appointment Procedure

After OAA considers the nomination materials for each candidate, OAA provides an appointment letter to the local Fellowship Program Director. While appointments are usually limited to 2 years, a fellow may apply for a third year of support to complete an ongoing project if there is sufficient justification and funds are available.

### (4) Physician and Dentist Fellow Appointment and Stipends

(i) Physician and Dentist fellows must have completed their primary specialty training to qualify for initial board certification. Subject to the policies and procedures of the appointing institution's medical staff bylaws, Fellows are to be privileged as licensed independent practitioners (LIPs) in the primary medical specialty in which they completed approved training. Exceptions to this requirement for LIP privileging are rare, and require written OAA approval. The assigned privileges as an independent practitioner shall be within the scope of practice for which the fellow has been previously trained. A physician fellow may NOT provide independent clinical services for clinical skills that are part of the fellow's learning plan. Physicians are considered to be under supervision (or dependent practitioners) for those skills.

(ii) Physician and Dentist stipend rates will be based on years of previously completed ACGME accredited residency training and equivalent experiences as determined by OAA and index rates approved at the affiliated university and the respective VA facility, not to exceed PGY-8. OAA reserves the right to use a different mechanism to establish fellow pay rates in the future. Fellows shall be paid directly by the VA facility unless OAA provides written approval for payment through disbursement.

### (5) Nursing and Associated Health Fellow Appointment and Stipends

(i) Nurses and other Associated Health professionals in clinical fields shall either be privileged as licensed independent practitioners or boarded with a scope of practice consistent with their licensure and prior training. Nurses and other 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. Clinical and Counseling Psychologists who are not yet licensed privileged independent practitioners for staff appointment in their field shall be considered trainees for purposes of clinical supervision.

(ii) Stipend rates will be determined by OAA, depending on the discipline, previous education of the trainee, and any stipend rate pay requirements at the academic affiliate. Rates are reviewed biennially against national norms for the discipline. Current rates are listed on the OAA intranet web site at <http://vaww.va.gov/oaa> (then "OAA Support Center", then "Facility Locality Based Per Annum

Stipend Rates”). OAA reserves the right to use a different mechanism to determine fellow pay. For more information about health disciplines not listed in the table, contact OAA.

#### (6) Pay Limitations

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

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

#### **E. Educational Details to Non-VA Sites**

Fellows paid directly by VA may be detailed to other educational institutions without loss of pay, but under no circumstances may the total time spent in non-VA institutions exceed one-sixth of the total hours a fellow is in a pay and training status with VA.

#### **F. Liability Protection**

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

#### **G. VHA Acknowledgements and Notifications**

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

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

3. Acknowledgement of VA Resources. If VA provided no direct research support but the effort or project involved the use of other VA resources such as facilities or patients, then publications or presentations must contain the following (or equivalent) acknowledgement: “This material is based on support from the Office of Academic Affiliations and with resources and the use of facilities at

(name and location of VA medical center)” (See VHA Handbook 1200.19, Presentation of Research Results).

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

#### **H. VACO Support**

OAA will provide funds to VA facilities for fellows' stipends and benefits. VAQS sites that recruit full fellowship classes each year would expect to receive fellow salary (and fringe) commitments from OAA of approximately \$500,000 to \$600,000 per year.

#### **I. 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.

### **V. ELIGIBILITY AND SELECTION CRITERIA FOR A FELLOWSHIP SITE**

#### **A. The Fellowship Site**

1. The sponsoring VA facility must be affiliated with the following:

- i. An academic institution having an ACGME or AOA accredited residency program.
- ii. An accredited nursing school that provides accredited training.
- iii. Affiliations with other institutions and for other professions (if applicable) are optional.

If new affiliations are made to develop this relationship, a formal affiliation agreement must be executed. (Contact Office of Academic Affiliations (10A2D) for assistance.) The academic and VA-sponsored training programs must be accredited by the nationally recognized accrediting body for the profession.

#### **B. Educational Environment**

1. VISN, Facility, and Academic Affiliate Support and Resources

A. Evidence of commitment from VISN and facility leadership to provide resources to support a culture of educational excellence.  
Support must include the following:

- i. Commitment from the VISN or facility to contribute to national VAQS curriculum and



coordination, including VAQS Summer Institute through the provision of \$50,000 annually.

ii. Salary support and/or dedicated time for faculty and personnel to run the program. Administrative support resources are highly encouraged to support local faculty.

iii. Office space and educational resources and equipment for all fellows and faculty. Provision of equipment, space and technical expertise to conduct weekly two-way interactive web-based video conferences as part of the VAQS curriculum. Provision of dedicated, co-located fellows' workspace is also required.

iv. Commitment to fund travel and registration for the Senior Scholars, selected faculty, and all fellows to attend one VAQS annual meeting.

v. Explicit plans to align VAQS Senior Scholars, faculty, and fellows with initiatives at the VISN and/or local VHA facility. VISN and facility leaders are expected to meet with VAQS faculty and fellows on an annual basis to discuss issues such as alignment with local initiatives and impact of the program on Veterans' healthcare.

B. Sites must show evidence of a strong partnerships between the VA facility and its academic affiliate(s). Resources provided by the academic affiliate should be clearly stated.

2. Faculty and Educational Infrastructure to Support the Program.

A. Strong, interprofessional leadership by team members involved in the provision of quality improvement and patient safety efforts at the site. The proposed fellowship leaders must have documentation to support their proposed effort to carry out the program.

B. Outstanding interprofessional educational opportunities and advanced clinical learning opportunities at the site. Sites should be explicit about current and planned partnerships that will enrich the fellowship experience and increase the potential for impact of the program for VHA.

C. Commitment to interprofessional learning and the development of individualized learning programs with trainees.

D. Evidence of a strong administrative infrastructure and administrative support staff to support a training program.

E. Experience with and a commitment to a process of implementing, disseminating and promoting quality and safety projects.

F. Evidence of sound evaluation strategies for programmatic and individual evaluation.

**C. Application Requirement**

Sites must submit a proposal that includes all information requested in Attachment A and comprehensively addresses all scoring elements (see review and scoring section below).

**VI. REVIEW PROCESS**

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

**B. Training site applications will be scored** per the following criteria and weights:

**\*\* IMPORTANT NOTICE FOR CURRENTLY APPROVED VAQS SITES REAPPLYING\*\***

Scoring for currently approved VAQS program sites will be based, in part, on past performance. As such, reapplying sites must document the history of their program within each scoring element below. For example, reapplying sites must clarify the prior and expected support from the VISN and facility, prior and proposed leadership, curriculum and quality improvement history, and evaluation data from fellows and their program (e.g. recruitment, retention, and impact).

<p><b><u>VISN and Facility commitment</u></b> to build and sustain an outstanding learning environment; evidence that the site will address the mission and strategic needs of the facility/VISN/VHA; evidence of a strong administrative infrastructure; commitment to fund the salary lines of the Senior Scholars; and commitment to fund the travel expenses of the Senior Scholars, Scholars (fellows), and selected faculty at one VAQS annual meeting. <u>Commitment to allocate \$50,000/year towards national VAQS curriculum and coordination.</u></p>	<p><b>15 points</b></p>
<p><b><u>Senior Scholars and interprofessional faculty</u></b> with strong record in quality improvement or patient safety, interprofessional practice, research/scholarship, education, and leadership; demonstrated ability to teach across professions and to promote an interprofessional approach.</p>	<p><b>20 points</b></p>
<p><b><u>An established program in quality improvement</u></b> that is able to provide trainees with learning opportunities in inpatient, outpatient, and community settings; and provide evidence of participation in regional and national VA quality improvement or patient safety activities.</p>	<p><b>20 points</b></p>
<p><b><u>Quality of local educational curriculum and resources</u></b> including a strong, constructive partnership with the university affiliates; excellent learning opportunities in quality improvement or patient safety; commitment to develop individualized learning programs with fellows; excellent mentoring of trainees; sound educational infrastructure plans; and interprofessional educational opportunities. The ability to offer fellows a Masters-level degree is desirable but not a requirement of the program.</p>	<p><b>20 points</b></p>

<b>Potential for impact</b> of program on VA and Veterans health (examples of impact include improved clinical services or access to care, improved or expanded educational efforts within VA, increased clinical or educational alignment with the academic affiliate, direct impact from fellow projects, academic advances in quality and quality theory, and alignment with local, regional or national stakeholders. Alignment and opportunities for collaboration with facility, VISN, or national partners must be explicitly listed in the application and through letters of support.	<b>15 points</b>
<b>Plan for Evaluation</b> that will include assessment of individual fellow achievement of curricular goals as well as program evaluation for the broader program itself. Evaluation should involve data collection of outcomes and processes to allow for improvements in the program over time and ultimately to increase the impact and quality of program for fellows and program stakeholders (e.g. fellows, OAA, and other local, regional, and national partners), and at least a proposed plan for national integration.	<b>10 points</b>
<b>TOTAL</b>	<b>100 points</b>

**VII. SCHEDULE**

February 1, 2018	OAA sends program announcement to VISNs, facilities, and headquarters officials.
February 15, 2018 2-3:30 PM ET	OAA hosts information call for facilities considering this application. VANTS Line: (800) 767-1750 Code: 17422
March 1, 2018 Noon-1:30 PM ET	OAA hosts information call for facilities considering this application. VANTS Line: (800) 767-1750 Code: 17422
April 1, 2018	Letter of Intent documents must be uploaded to the OAA portal by close of business (5 pm PT) April 1, 2018. The web address is <a href="http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=61">http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=61</a> . This non-binding intent to submit a full proposal must include all information as requested in section IX of this RFP.
July 1, 2018	Full applications due to OAA
July 2018	Panel review of site applications
August 2018	OAA notifies facilities of selection/non-selection as a training site.

August 2018	Approved existing sites continue without interruption. Newly approved sites begin developmental period. Enrollment of first fellows (optional). Sunsetting sites (previously approved sites not continuing) may recruit last cohort of fellows.
July 2019	Newly approved sites expected to enroll first fellows.

### VIII. OAA CONTACT PERSONS

For information or questions related to this fellowship program, please contact Dr. Jeffrey Cully at [jeffrey.cully@va.gov](mailto:jeffrey.cully@va.gov) or by phone at (713) 794-8526 or Dr. Stuart Gilman at [stuart.gilman@va.gov](mailto:stuart.gilman@va.gov) or by phone at (562) 826-5323.

### IX. APPLICATION INSTRUCTIONS

**A non-binding letter of intent is due to OAA by April 1, 2018.** The letter of intent should list the proposed site, Senior Scholars by name and profession, anticipated fellowship professions targeted for recruitment, and a letter from the VISN or facility indicating a commitment to provide annual support (\$50,000 per site application) for the VAQS national curriculum and coordination. Letter of intent materials must be uploaded to the OAA Support Center at: <http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=61>

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.

\*\* Although each site must make its own determination about partnerships for their VAQS program, OAA recommends that program directors include their facility’s Designated Education Officer (DEO) also called the Associate Chief of Staff for Education (ACOS-E) when discussing and advocating for educational resources. OAA and the VA Quality Scholars Coordinating Center are also available to address questions about the program and/or the funding request attached to this announcement. Please also see attachment B for VAQS resources considerations.

### **Full applications are due to OAA by July 1, 2018.**

Applications shall be uploaded to the OAA Support Center at: <http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=61>

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 five (5) 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: Appendices (including letters of support)
  - VISN Director Letter of Support
  - Chiefs of Services Letters of Support
  - University Affiliates Letters of Support
  - Stakeholder / Partner Letters of Support (if applicable)

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 "Notify us your Complete" to submit your application. You will be able to make modifications to the uploaded documents until **July 1, 2018 at 11:59:59 PM PST**. Please remember, we will only be able to accept one application per site so please coordinate with others from your site prior to submission.

## **Attachment A**

### **FELLOWSHIP APPLICATION INSTRUCTIONS**

#### **I. GENERAL INSTRUCTIONS FOR FULL APPLICATIONS**

##### **A. Font size and margins.**

Font size must be 11-point or larger. Line spacing can be single-spaced. Margins must be one inch all around.

##### **B. Page limit.**

The core narrative should not exceed 15 pages. Supplemental materials (letters of support, biosketches) are not counted in the core narrative page limit. However, the full application should not exceed 30 pages.

#### **II. APPLICATION PACKAGE INSTRUCTIONS**

**A. The transmittal letter** from the facility Director and Designated Educational Officer indicating the site's ability to support the fellowship including explicit commitments such as faculty protected time, fellow space and resources, and travel (see section V of RFP). The transmittal letter must also:

(1) Identify the name, title, telephone, and fax numbers, and e-mail address of the Senior Scholars and which one of these will serve as Fellowship Program Director.

(2) 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 application core narrative**

###### **(1) Background Information:**

i. Describe the applicant's quality improvement program (may also include patient safety programming) and related education components.

ii. Describe the nature of the interprofessional team involved in quality improvement 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 quality improvement activities. Describe evidence of prior participation in local, regional, and national quality improvement and patient safety activities.

iii. Describe the site's goals for the program, including focus on particular aspects of interprofessional quality improvement or patient safety practice, research, and/or education and which of these, if any, which will be emphasized by the proposed program.

iv. Articulate the specific quality improvement or 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.

v. 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.

vi. Describe activities that will foster trainees' development as leaders and change agents in quality improvement or patient safety. Training in educational techniques, system analysis, quality management, or administration might be included.

vii. Describe opportunities for the fellows to participate in research. Teaching research methodologies and providing research opportunities during the fellowship is essential.

viii. 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

Provide relevant information concerning the faculty who will be involved in the fellowship program including the Senior Scholars, additional faculty, and consultants. The information about each individual should include: name; discipline/specialty; degree; date of degree; university from which degree was received; quality improvement education and experience; primary clinical/research/education 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 15-page core narrative page limit, but are included in the 30-page total application size. A VA Research Biosketch (VA Form 10-1313-5/6) or NIH Biosketch for each proposed Senior Scholar and all other proposed faculty should be used. To minimize size of the total application, a biosketch or equivalent is strongly encouraged for all other proposed faculty or others identified in the application. A core faculty member table may be used to summarize faculty to 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; primary clinical/research interests; recent publications; and the number of hours/percentage of time that will be devoted to the fellowship program.

(3) Program Evaluation. Specify the proposed evaluation efforts at the local site including information about fellow evaluations, local site program evaluation, and planned dissemination of program outcomes within VHA (e.g. facility, VISN). Explicit commitment to coordination of evaluation efforts with the Coordinating Center.

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

**C. Appendices** (full application must not exceed 30 pages), should include letters of support from the following:

- (1) VISN or Facility Director. This letter should include a description of the unique contributions the VISN or Facility can make to the fellowship program; commitment of \$50,000 per year for 3 years to support VAQS national curriculum and educational coordination, commitment to assist, if needed, in the funding of annual travel for the Senior Scholars, selected faculty and all fellows to attend one VAQS meeting per year; and any additional support that would be provided to the fellowship site related to the educational support and support for VISN-level projects. Site applications that secure financial commitments from the facility must also have a letter of support from the VISN Director.

\*\* Although each site must make its own determination about partnerships for their VAQS program, OAA recommends that program directors include their facility's Designated Education Officer (DEO) also called the Associate Chief of Staff for Education when discussing and advocating for educational resources. OAA and the VA Quality Scholars Coordinating Center are also available to address questions about the program and/or the funding request attached to this announcement. Please also see attachment B for VAQS resources considerations.

- (2) Chiefs of Services or equivalent individuals for the professions in which trainees are anticipated or preceptors are provided. These letters should describe a need for patient quality improvement or safety education, and how it will improve the care of patients.
- (3) University Affiliates which must include a school of nursing and medical school and/or school of public health (if applicable) should be described. Other affiliations are encouraged when they support the program. Additional support, if any, such as tuition waivers for courses, course credits, equipment, library use, space, etc. should be noted.
- (4) Stakeholder / Partners (where applicable) detailing the stated partnership and potential for alignment of the fellowship program with the stakeholder/partner's ability to impact VHA initiatives.



## **Attachment B**

### **VA Quality Scholars Program Resource Considerations**

The national program fund is a new requirement for OAA Advanced Fellowships. It is expected that other Advanced Fellowship programs will follow this model in order to better align local, regional, and national partners with these potentially high impact educational programs.

#### Direct Benefits to Hosting a VAQS Program

- 1) Approved sites receive allocated fellowship positions for 6 Advanced Fellows (3 first year and 3 second year fellows). Average fellowship stipends, plus fringe, are \$80,000. OAA therefore, will provide approximately \$500,000-\$600,000 per year to each approved site for fellowship stipends.
- 2) VERA (Veterans Equitable Resource Allocation) funds are provided to VISNs/facilities as part of the VHA's educational mission. Each Advanced Fellow is counted in the VERA models with physician fellows and associated health fellow funds to the site equaling \$75,187 and \$43,233, respectively. Based on these VERA indirect payments, VISNs and/or facilities can expect to receive between \$300,000 and \$400,00 per year for participation in the VAQS program.
- 3) Direct clinical service. Each fellow is expected to provide 20% effort dedicated to clinical care of Veterans at the local facility. Six Advanced Fellows translates into a clinical FTEE of 1.2.
- 4) Direct service to quality improvement at the site or regional level. VAQS Advanced Fellows are expected to engage in quality improvement projects at the local or regional level to improve care for Veterans. Ideally, projects align with VHA facility or VISN partnerships.

#### Indirect / Potential Benefits to Hosting a VAQS Program

- 1) VAQS graduates are often strongly committed to a career in service to VHA. Historically approximately 30% of VAQS graduates are retained by VHA as staff. Not surprisingly, hosting a VAQS program provides opportunities to retain promising fellows as staff for high priority clinical professions such as medicine, nursing, psychology, pharmacy, and social work.
- 2) Development of quality enhancement teams and expertise at the facility and VISN level. As a comprehensive educational program focused on healthcare improvement methods, VAQS program sites often serve as local hubs that bring faculty and content experts together for educational, clinical, research, and policy planning. These experts not only serve to educate VAQS fellows, but also create collaborations and organization for robust quality efforts at the local, regional, and national levels.
- 3) Improved alignment with the academic affiliate. Many current VAQS sites are recognized as national leaders in quality education and practice. Similarly, medical and nursing schools are rapidly advancing their own curriculum related to quality and safety. Hosting a VAQS program provides additional opportunities for alignment and sharing of resources between the VHA facility and its academic affiliate.