

Department of Veterans Affairs
Eastern Colorado Health Care System
Rocky Mountain Regional VA Medical Center

Rocky Mountain MIRECC Big Data Fellowship Training Manual



Overview: Rocky Mountain Mental Illness Research, Education, and Clinical Center	3
Scientific Background & Rationale	4
Center Structure	5
Employee Guide.....	6
Overview of Fellowship Program	7
Introduction & Training Philosophy.....	7
Administrative Organization	10
Minimum Program Requirements.....	11
Financial Assistance & Resources	13
Cultural and Individual Differences & Diversity.....	14
Drug Testing.....	15
Overview of Learning Experiences	17
Training Plan	17
Supervision/Mentorship.....	18
Research Competencies and Training Activities	19
Foundational and Functional Competencies/Goals.....	19
Evaluation Process.....	21
Didactic Seminars	23
Journal Club	Error! Bookmark not defined.
Identifying and Resolving Problems	25
Problematic Fellow Performance: Policy and Procedures.....	26
Grievance Policy and Procedures	30
Appendix A – Additional Resources	31
Appendix B – Being a VA Employee	32

Overview: Rocky Mountain Mental Illness Research, Education, and Clinical Center

The mission of the Rocky Mountain MIRECC is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the work of the Rocky Mountain MIRECC is focused on promising clinical interventions, as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies.

The Rocky Mountain (RM) Mental Illness Research, Education, and Clinical Center (MIRECC) for Suicide Prevention was awarded in 2004, and includes two sites, Denver and Salt Lake City (SLC). The work of the RM MIRECC is focused on promising clinical interventions and the public health model for suicide prevention, as well as increasing understanding regarding the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies. The RM MIRECC website is a resource regarding current and past efforts: <https://www.mirecc.va.gov/visn19/>.

The organizational structure of the RM MIRECC maximizes the potential for communication and scientific interaction with a focus on rapid translation of research findings to clinical implementation. In addition to all Center staff/research meetings, the members of the leadership team regularly meet regarding: 1) system structure; 2) methods development; 3) research oversight; and 4) study findings. These interactions provide consistent opportunities to exchange ideas and data, and discuss strengths and challenges associated with the existing infrastructure, as well as strategies for improvement. More detailed descriptions of the cores can be found in the section entitled **Center Structure**.

Lisa A. Brenner, Ph.D., is the Director of the RM MIRECC and Deborah Yurgelun-Todd, Ph.D., is the Associate Director. Both sites are provided with support from the Research (Nazanin H. Bahraini, Ph.D., Director), Education (Samantha Hack, Ph.D., Director), Clinical (Bridget B. Matarazzo, Psy.D., Director), Data and Statistical (Jeri E. Forster, Ph.D., Director), and Administrative Cores.



Figure 1. RM MIRECC Core Structure

Scientific Background & Rationale

Suicide prevention is the top clinical priority in the VA. There are approximately 20 million Veterans living in the U.S., with approximately 17.2 Veteran deaths by suicide per day in 2019. In alignment with the [VA National Strategy for Preventing Veteran Suicide](#) (2018-2028), which underscores the need for urgency and collaboration, members of the RM MIRECC are working to promote Veteran wellness, provide training to clinician and community providers, and promote suicide prevention activities, education, and research. This includes developing and evaluating innovative assessment strategies, as well as upstream and downstream interventions.

To facilitate scientific efforts, the RM MIRECC has also adopted an adapted version of the National Institute of Health (NIH) operational phases of translational research, which range from T0 (basic and applied science research/pre-clinical and animal studies) to T4 (true benefit to society – translation to community). Using this framework facilitates evaluation of significant suicide-related variables and behaviors from diverse domains including clinical, familial, social, and biological perspectives, and addresses previous limitations in conceptualizing suicide risk based on a single dimension. This approach holds promise for accelerating the scholarship of discovery, while creating a fast track for implementing new findings.

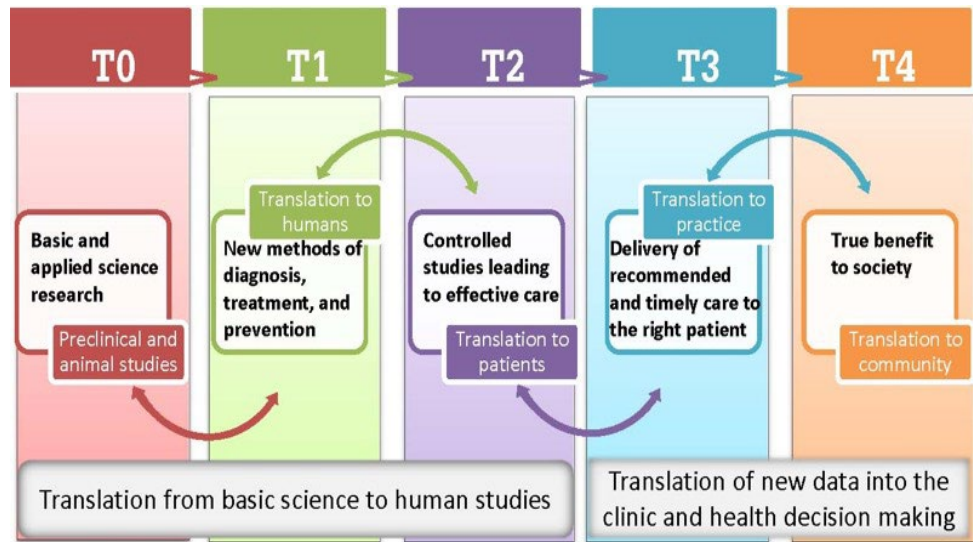


Figure 2. Adapted NIH Conceptual Framework: Operational Phases of Translational Research

Center Structure

As noted above, the RM MIRECC is co-located in Denver and SLC. The Director, Lisa Brenner, Ph.D., is located at the Denver site, and oversees activities at both locations. There are 62.79 full time equivalent employees (FTEE) in Denver including the following Core Leadership: Director of Research, Nazanin Bahraini, Ph.D.; Director of Clinical Services, Bridget Matarazzo, Psy.D.; Director of the Data and Statistical Core (DASC): Jeri Forster, Ph.D.; and Director of Education, Samantha Hack, Ph.D. There are 5.52 FTEE in SLC including the Associate Director, Deborah Yurgelun-Todd, Ph.D., and the Medical Director, Perry Renshaw, M.D. As noted above, across the two sites, staff are organized into five cores: Research, Education, Clinical, Data and Statistical, and Administrative.

The Research Core: Dr. Nazanin Bahraini is the Director of the Research Core and co-leads the Research Oversight Committee (ROC) with Dr. Maurand Robinson. The ROC oversees all research being conducted at the RM MIRECC. This process is facilitated via bi-monthly reviews of proposed projects to ensure both alignment with the Rocky Mountain mission and project feasibility. All approved projects are then reviewed annually to ensure safety and appropriate progress towards proposed outcomes. Committee members include representatives from both sites, including Drs. Lisa Brenner, Deborah Yurgelun-Todd, Perry Renshaw, Bridget Matarazzo, Nazanin Bahraini, Jeri Forster, Maurand Robinson, Meredith Mealer, and Ms. Kelly Stearns-Yoder.

Education Core: Dr. Samantha Hack is the Director of the Education Core. The main function of the Education Core is to promote the dissemination and implementation of suicide prevention research and other Center-related work among key stakeholders. This involves disseminating information to end-users across a wide range of settings, such as research conferences, non-VA community facilities, outreach events, the internet (RM MIRECC website: <http://www.mirecc.va.gov/visn19/>) and Veterans Health Administration facilities.

Clinical Core: Dr. Bridget Matarazzo is the Director of the Clinical Core. The Clinical Core is an interdisciplinary (psychology, social work, and psychiatry) group of providers and support staff with both clinical and research experience. The team has extensive experience in suicide risk assessment and management, and are engaged in clinical practice, implementation, research, and program evaluation/quality improvement. The Clinical Core has experience developing, piloting, and testing new suicide prevention interventions, as well as supporting national Office of Mental Health and Suicide Prevention operational work including REACH VET, the Suicide Risk Management Consultation Program, and VA Risk ID.

Data and Statistical Core (DASC): Dr. Jeri Forster is the Director of the DASC. The DASC functions to facilitate the research and mission of the RM MIRECC. This is achieved through rigorous study design; efficient management of data that ensures its quality and integrity; and statistically sound data analysis and interpretation. DASC members provide research teams with support throughout the life of a study, from inception to publication of final analyses. To maximize rigor and productivity, the DASC has created systems for data management and statistical analyses. This requires knowledge and attention to regulatory requirements and emerging technologies. DASC additionally supports the continuing development of DASC core members, RM MIRECC Investigators, and resources available within the Center.

The Administrative Core: Dr. Maurand Robinson is the Director of Operations. In this role, she leads the Administrative Core and oversees budgetary planning, contracting, and post-award grants management. The Administrative Core oversees all administrative processes, including (but not limited to) distributing and tracking equipment, purchasing, tracking trainings, travel, timekeeping, and human resources.

Employee Guide

Link to RM MIRECC Employee Guide: <R:\MIRECC Psych\MIRECC Employee Guide>

The Employee Guide contains lots of helpful information for navigating the VA and the RM MIRECC, including:

- Links to important websites
- Important RM MIRECC mail groups
- Information about parking at RMR VAMC
- How to set up your VA email
- How to set up your voicemail/using VA phones
- How to reserve exam/interview rooms for seeing patients/participants
- How to map to printers and the R drive
- How to request hospital keys
- How to request annual or sick leave
- And so much more!

The Employee Guide Folder also contains links to other useful RM MIRECC guides/SOPs, including:

- RM MIRECC Training Guide
- RM MIRECC Travel SOP
- RM MIRECC Publications SOP
- RM MIRECC Participant Payment SOP
- RM MIRECC Telework Policy
- RM MIRECC Inclement Weather Policy
- RM MIRECC Emergency Recall Roster

Overview of Fellowship Program

Introduction & Training Philosophy

The mission of the RM MIRECC Big Data Fellowship Program is to train data scientist and researchers in the high priority area of mental health care for Veterans, with an emphasis on prevention of risky behaviors among Veterans/military service members. The clinical and research focus of the RM MIRECC is the assessment and treatment of individuals with severe psychiatric disorders and/or physical conditions, including combat-related syndromes, who are also at risk for suicide. There is also an emphasis on the accurate evaluation of the interaction between cognition and suicide in individuals with psychiatric diagnoses and/or physical conditions, as well as evidence-based intervention.

RM MIRECC recognizes the rapid increase of data generated in the clinical setting and its potential to enhance our understanding of risk and its impact on patient care outcomes. This program seeks to leverage the VA data system to support clinically relevant, 2-year-long training and research opportunities in collaboration with VA researchers. The goal of the program is to train a new cadre of scientist that possess the skills to manage and analyze large-scale, multiple element patient data sets and to develop new models that complement existing methodologies in patient-centered outcomes with a focus on Veteran suicide risk and prevention research.

The RM MIRECC Big Data Fellowship in Mental Illness Research and Treatment is located at the Rocky Mountain Regional VA Medical Center (RMR VAMC), which is part of the Department of Veterans Affairs Eastern Colorado Health Care System (ECHCS) within the VA Rocky Mountain Network (VISN 19).

The current Training Director is Ryan Holliday, Ph.D.

The [VA Office of Academic Affiliations](#) offers the VA Advanced Fellowship Program in Mental Illness Research and Treatment at 26 VA sites through MIRECC (Mental Illness Research, Education, and Clinical Center), SMITREC (Serious Mental Illness Treatment, Research, and Evaluation Center), NCPTSD (National Center for PTSD), and COEs (Centers of Excellence). The VISN 21 MIRECC serves as the national coordinating center for the program and is co-directed by Ruth O'Hara, Ph.D., Sherry Beaudreau, Ph.D., Dr. Laramie Duncan (Director of Data Science Track).

MIRECC/CoE VA Advanced Fellowship in Mental Illness Research and Treatment Website:

https://www.mirecc.va.gov/mirecc_fellowship.asp

The RM MIRECC Big Data Fellowship is a full-time, two-year training program. Fellows participate in individualized, mentored research and training, emphasizing the design and implementation of epidemiologic and health services research projects from large scale data systems. Fellows participate in clinically informed research projects, including a fellow-led project developed in conjunction with their Research Mentor.

Activities related to the RM MIRECC Big Data Fellowship Program described below take place in Denver at the RMR VAMC.

RMR VAMC is designated as a 1-A (High Complexity) tertiary VA medical facility that is the hub to the integrated health care system that comprises VA ECHCS. Given the range and volume of services offered

through VA ECHCS, and the RMR VAMC, Fellows are afforded ample opportunity to work with Veterans from a range of diverse backgrounds, including SES, racial/ethnic, age, cognitive ability, physical ability, military service, military era, health concerns, and mental health diagnoses. As a federal facility, RMR VAMC adheres to infrastructure compliance requirements of the Americans with Disabilities Act (ADA).

RMR VAMC is a major teaching medical facility affiliated with the medical, dental, pharmacy, and nursing schools of the University of Colorado, Anschutz Medical Campus, School of Medicine. Medical residency programs are maintained in Medicine and Surgery and their sub-specialties, as well as Psychiatry, Neurology, Physical Medicine and Rehabilitation, Anesthesia, Pathology, Radiology, and Dentistry. This setting affords the scope of patients and services necessary to provide a broad experiential base and varied educational opportunities for the Big Data Postdoctoral Fellows. Members of the RM MIRECC Big Data Fellowship Faculty are most closely tied with the Department of Psychiatry, University of Colorado Anschutz Medical Campus (CU-AMC); some faculty also maintain affiliations with the Departments of Physical Medicine & Rehabilitation and Neurology. The three components of academic enterprise- education, research, and clinical psychiatric care - are reflected by the work conducted in the Department of Psychiatry, which is currently headed by C. Neill Epperson, M.D. (<https://medschool.cuanschutz.edu/psychiatry/home/meet-the-chair>).

CU-AMC Department of Psychiatry Website: <https://medschool.cuanschutz.edu/psychiatry>

Postdoctoral Fellowship training at the RMR VAMC is a sequential and cumulative process that is graded in complexity. We view the Fellowship years as a period of professional transition, from the more narrowly defined roles and perspectives of the post-graduate student towards the more broadly defined roles and perspectives of an independent research scientist. During these years, we anticipate a number of changes will occur in the Postdoctoral Fellows' skills, perspectives, and professional identity. The RM MIRECC Big Data Fellowship Program seeks to foster these changes in an organized and systematic way. Fellows arrive at different places in their professional development. Initial discussions with the Training Director about Fellowship goals and objectives allow for the Postdoctoral Fellows to clarify and individually tailor which areas of professional functioning will be a focus for the greatest growth, and which areas will require less intensive emphasis. The training program measures students' progress over the course of the Fellowship against criteria which are rooted in competencies and person-specific goals and objectives agreed upon by Fellows, mentors/supervisors, and the Training Director. Fellows receive both structured and informal feedback regarding their progress (the process by which this occurs will be further described in the **Evaluation Process** section).

It is our expectation that individuals who successfully complete the Fellowship will be prepared to: 1) design and implement research studies aimed at improving clinical care with an emphasis on suicidology. At the culmination of their Fellowship, each Fellow will have attained advance practice competencies in the following domains:

1. **Foundations of Suicide Prevention Research**
 - a. Measuring Suicide Risk
 - b. Designing Suicide Prevention Research

2. **Data Management and Analysis**
 - a. Fundamentals of Data Management
 - b. VA Big Data Expertise (e.g., CDW, VADIR, USVets, MDR)
 - c. Advanced Data Analysis

3. **Team Science Fundamentals**

- a. Grant Writing
- b. Research Design and Execution
- c. Critical Analysis
- d. Academic Writing
- e. Translational Research

4. Professionalism and Communication

- a. Professional Communication
- b. Collaboration and Partnership
- c. Professionalism and Ethics

Administrative Organization

The RM MIRECC Big Data Fellowship Training Program is administered by the Training Committee, which is chaired by the Training Director. The RM MIRECC Training Director, Ryan Holliday, Ph.D., is a licensed psychologist who oversees all aspects of the training program including supervision requirements, the training process, recruitment and selection of Fellows, and administration. Members of the Training Committee include training supervisors who represent each of the core areas of the structure of the RM MIRECC (Clinical, Research, Education, and Data Cores): Jeri E. Forster, Ph.D., Nazanin H. Bahraini, Ph.D., Samantha Hack, Ph.D., and Bridget B. Matarazzo, Psy.D. Other members of the Training Faculty include: Sean Barnes, Ph.D., Daniel Reis, Ph.D., Lisa Betthausen, Ph.D., Lauren Borges, Ph.D., Bryann DeBeer, Ph.D., Claire Hoffmire, Ph.D., Suzanne McGarity, Ph.D., Lindsey Monteith, Ph.D., and Hal Wortzel, M.D. Administrative support is also allocated to the training program. The Training Committee and the Training Faculty have a joint monthly meeting, led by Dr. Holliday, where discussion center on issues ranging from competencies of individual Fellows' performance, program needs, and implementation.

The Training Director has the following roles: 1) works with Fellows and Faculty to address training goals and outcomes; 2) monitors all evaluations and would become involved if there were any problems with a Fellow or Faculty Member that required mediation to improve performance; 3) handles requests for funding for the Fellowship Program and manages all reporting to the VA Office of Academic Affiliations (OAA); 4) oversees the recruitment and selection of all Big Data Fellows, and 5) communicates with accrediting bodies. In short, the Training Director is responsible for ensuring that the stated goals and objectives for the training program are met and the training resources necessary to accomplish these goals are available.

Fellows are involved in program administration in several ways. After discussing with their research supervisors, each Fellow meets with the Training Director to discuss their overall training goals. Each Fellow and the Training Director also meet to evaluate overall progress, and strengths and weaknesses of the training program. The Training Director and fellows also meet jointly for a Monthly Training Director & Fellows Meeting to provide a recurring touchpoint to help address any program or training needs identified by the fellows or training program.

Fellows receive formal verbal and written feedback regarding goals/objectives from research supervisors every six months. Fellows also provide supervisors with formal verbal and written feedback every six months. This allows for clear communication between the supervisor/mentors and Fellows regarding goals/objectives and performance. Dr. Holliday reviews all written evaluations. If at any time, specific concerns regarding a Fellow's performance arise, Faculty Members are instructed to contact the Training Director. Concerns may be further discussed with MIRECC Faculty, members of the Training Committee, and/or the Fellow. At that time, a decision is made regarding whether further action is indicated. If deemed necessary, a written remedial plan would be initiated to maximize chances of successful problem resolution and program completion. The series of actions to be initiated if a deficiency or problem in progress were noted is outlined in the Policies and Procedures for a Problematic Postdoctoral Fellow.

Minimum Program Requirements

The following expectations are discussed with each Fellow at the beginning of each academic year and are reviewed every six months to both ensure progress and to determine additional training goals relevant to the Fellows' areas of interest.

The following are minimum requirements for successful completion of our program:

1. **Didactics:** Fellows must attend all VA Data Science sessions (4th Wednesday of each month), plus at least one other Advanced Fellowship National HUB Site VTEL (1st – 3rd Wednesday of the month). Fellows and supervisors will review the scheduled national didactic curriculum and will help develop a personalized training plan to identify what other formal/informal learning opportunities may be used to supplement fellows' individualized training goals. These opportunities can include, but are not limited to, VA-sponsored cyber seminars, outside virtual and in-person methods courses (e.g., via Statistical Horizons), and methods workshops offered as part of high-quality scientific conferences (e.g., The Society for Epidemiologic Research annual meeting).
2. **Research Competencies** – Successfully complete the research competency requirements, as evidenced by formal evaluation by the research mentor. This equates to scores of 2 or above in Year 1, and scores of 3 or above by completion of Year 2.
3. **Data And Statistical Core Training** – Fellows will dedicate 25% of their time every year to participate in consultation activities with the MRECC Data and Statistical Core (DASC). This will include working with PIs across the MIRECC to provide methodological support in their areas of growth and expertise. In support of this effort, DASC will provide training in good data practices, acquisition and management of big data, and statistical mentorship.
4. **Dissemination Activities** – Fellows will participate in a minimum of at least 6 activities (3 per year) that allow for the dissemination of findings from the work they invest in during their training. Dissemination includes standard academic channels (i.e., presentations at scientific conferences and publications in peer-reviewed journals), as well as alternative approaches (e.g., Journal Club, visual abstracts, podcasts, etc.).
 - a. Submission of at least 5 articles for publication in peer-reviewed journals throughout the 2-year training period. Two of the manuscripts must be first author publications.
 - b. Present at 4 local or national professional conferences/settings (2 per year) regarding research area(s) of interest throughout the 2-year training period.
5. **Research Project(s)** – All fellows will participate in a minimum of at least two (2) substantial research or healthcare improvement projects, suitable for publication in a peer-reviewed journal, to which they make a substantive, independent, and identifiable contribution to further suicide prevention research. *Substantive contributions are defined by but not limited to developing own research aims, methodology, and/or conducting secondary analysis of existing data.* The projects should leverage VA and/or VA-adjacent data systems through big data/bioinformatics and/or health services approaches and should be relevant to improving Veteran health.
6. **Grant Writing** – Participate in writing at least 2 grants and/or funding proposals for research throughout the 2-year training period.
7. **Professionalism** – Maintains consistently professional and ethical conduct in professional settings throughout the duration of training (via formal evaluation with supervisors/mentors and the Training Director).

Finally, our expectations of Fellows (and faculty) extend beyond performance and achievement. We expect Fellows to consistently behave in a fully professional and ethical manner. Fellows are

expected to adhere to all relevant RMR VAMC policies regarding the diagnosis, treatment and clinical management of patients and the appropriate conduct of research. Fellows are to ensure patient privacy and confidentiality by adhering to HIPAA guidelines and RMR VAMC policies regarding the secure storage of clinical research data.

Financial Assistance & Resources

Postdoctoral Fellows receive an annual stipend established by VA OAA. Advanced Fellowship stipend information can be found at the following link by first selecting the Denver (VAMC) and the appropriate program year and then scrolling down to the "ASSOCIATED HEALTH (FELLOW)" stipend: <https://vaww.oaa.med.va.gov/DBReports/AFStipends.aspx>. Fellows accrue 13 days of annual leave and 13 days of sick leave each year (4 hours of annual and 4 hours of sick per pay period), and such leave can be requested throughout the Fellowship. Fellows also have 10 paid Federal holidays during the calendar year. Policies regarding leave accrual and use were established at the national level. The Fellowship Training Director, with input from the MIRECC Training Faculty, will approve Authorized Absence (leave that does not detract from annual leave hours) to encourage Fellows to attend educational and professional advancement seminars, conferences, and other meetings outside RMR VAMC. Fellows are eligible for Federal Employee Health Care Benefits, but are not eligible for Vision, Dental, Family and Medical Leave Act (FMLA), or paid parental leave benefits.

Within the RM MIRECC each Fellow is allocated a furnished desktop workspace that includes a desktop computer, dual monitors, telephone with individual voicemail, internet and intranet access, and a VA email address. Word-processing, database, slide preparation, and statistical software are readily available, as are treatment rooms, clerical support, and office supplies. Fellows have access to the VA Electronic Medical Library and the CU-AMC Medicine Library (<https://library.cuanschutz.edu/>). As such, Fellows have access to a wide range of peer-reviewed journals. They are also provided with access to Endnote. Fellows have access to a library of treatment manuals and tests for providing empirically supported treatments and complex neuropsychological and personality assessments. Many of these measures are provided as part of the VA Mental Health Testing Package.

Cultural and Individual Differences & Diversity

The RM MIRECC Faculty is committed to following the APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017)*.

Individual and cultural diversity are issues both Postdoctoral Fellows and Staff need to be sensitive to, particularly regarding how these differences affect clinical and research practice. MIRECC faculty place special emphasis on the discussion of clinical, research, ethical, and legal issues related to cross-cultural differences during formal didactic experiences. These issues are further emphasized in supervision. Supervisors assess their supervisees on their awareness of diversity issues and their ability to translate their awareness into their case formulations, interventions, and research designs. Our commitment to training culturally sensitive Postdoctoral Fellows is reflected in the fact that supervisors are asked to comment on Fellows' strengths and weaknesses in multicultural diversity when assessing skills. Moreover, one of the seven program goals and objectives is related to cultural diversity and individual differences.

The RM MIRECC adheres to nondiscrimination policies and procedures in all employment and patient care activities. Such policies mandate that employees and applicants for employment be treated fairly and equitably without regard to age, race, color, creed, sex, physical or mental handicap, national origin, or sexual orientation. The fellowship training staff within the VA and the RM MIRECC is diverse in training background, theoretical orientation, ethnicity, gender orientation, and clinical approach.

Each year, the RM MIRECC Fellowship Program is open and active in seeking a diverse pool of candidates. We recognize that strident recruitment efforts are a necessary but not sufficient for creating and maintaining a diverse scholarship community within our program. Specifically, we recognize that effective retention of diverse staff and trainees requires the creation and maintenance of a welcoming environment that offers respect for the cultural backgrounds of all Fellows and Staff. This facilitates an optimal learning environment for our trainees.

*American Psychological Association. 2017. *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality*. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

Drug Testing

VA Drug-Free Workplace Program: Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*. **The list of exempt positions (NOT TDP) is on the memo (see link below).**
- **All** HPTs in TDPs are subject to the following types of drug testing:
 - Random;
 - Reasonable suspicion;
 - Injury, illness, unsafe or unhealthful practice; and
 - Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs based on a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

We encourage you to share this information with all current and prospective HPTs, so expectations and due process procedures are understood.

Additional Information and Resources:

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752

- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
 - VA Handbook 5021, Employee-Management Relations
 - VA Handbook 5383, Drug-Free Workplace Prog

Overview of Learning Experiences

Training Plan

Together with their Research Mentor, and the Training Director, each Fellow develops a training plan at the start of their fellowship. Each Fellow's training plan is individually tailored to meet their specific training needs. This training plan serves as the basis for ongoing self-evaluation and guides the mentorship and supervision discussions that occur between Fellows and their mentors. This ensures Fellows are tracking their own progress and meeting their own goals.

The training plan identifies areas of strength and weakness and outlines training goals. The training plan should include the Fellow's level of competence at entry in planning for how they will successfully attain the program's exit criteria. To this end, the training plan should include a timeline and milestones for goals related to research (e.g., presentations, publications, and grant submission). In supervision, Fellows may identify additional areas of training interests or goals and thus will work with the Training Director and the Training Committee to determine options for incorporating these goals into their training plan.

Supervision/Mentorship

The RM MIRECC Big Data Fellowship Program uses an observe-engage-lead/supervise training model. Supervisors are expected to be knowledgeable regarding: 1) theories and methods of research and assessment; 2) effective intervention in their areas of expertise; 3) and recent literature. Supervisors demonstrate competence in the practical application of that knowledge via 1) research publications and successful grant applications. Fellows and supervisors are frequently present at the same staff, research, clinical, and administrative meetings, thereby providing further opportunities for teaching/learning.

Each Fellow receives supervision at minimum weekly from their Research Mentor (one hour). Training goals for the year, as part of an individualized training plan, are identified in discussion with the Fellow's Research Mentor and Training Director. Other members of the Training Committee also provide informal feedback and mentorship, as well as opportunities to collaborate with senior professionals with expertise in the fields of traumatic brain injury, suicidology, substance use, PTSD, and severe mental illness (SMI).

Our program mentors and supervisors are comprised of a multidisciplinary group of researchers varying from clinical research psychologists, psychiatrists, social workers, epidemiologists, and statisticians who support multiple aspects of suicide prevention research.

Fellows always have access to an appropriate supervisor. Supervisors/Mentors are always available by cell phone within the hospital. If a supervisor/mentor is on leave from the hospital premises, another supervisor/mentor is identified beforehand, and the Fellow is notified of the change, the duration of the primary supervisor's/mentor's leave, and contact information of the substitute supervisor/mentor. Fellows do not provide personal contact information to Veterans.

Research Competencies and Learning Activities

As part of the RM MIRECC Big Data Fellowship Program, Fellows are provided with both hands-on-practical learning opportunities and didactic trainings aimed at assisting them in becoming independent clinical researchers. Practical experience is gained in part by the Fellow working on existing Principal Investigator (PI) initiated and grant-funded projects within the MIRECC. Each fellow works closely with one identified research mentor for the duration of their fellowship. Fellows may also be able to participate in aspects of other faculty's projects/programs. For more information on current RM MIRECC research projects, please see the RM MIRECC website at <http://www.mirecc.va.gov/visn19/research/>.

Minimum requirements for successful completion of our program are included below:

1. **Didactics:** Fellows must attend all VA Data Science sessions (4th Wednesday of each month), plus at least one other Advanced Fellowship National HUB Site VTEL (1st – 3rd Wednesday of the month). Fellows and supervisors will review the scheduled national didactic curriculum and will help develop a personalized training plan to identify what other formal/informal learning opportunities may be used to supplement fellows' individualized training goals. These opportunities can include, but are not limited to, VA-sponsored cyber seminars, outside virtual and in-person methods courses (e.g., via Statistical Horizons), and methods workshops offered as part of high-quality scientific conferences (e.g., The Society for Epidemiologic Research annual meeting).
2. **Research Competencies** – Successfully complete the research competency requirements, as evidenced by formal evaluation by the research mentor. This equates to scores of 2 or above in Year 1, and scores of 3 or above by completion of Year 2.
3. **Data And Statistical Core Training** – Fellows will dedicate 25% of their time every year to participate in consultation activities with the MIRECC Data and Statistical Core (DASC). This will include working with PIs across the MIRECC to provide methodological support in their areas of growth and expertise. In support of this effort, DASC will provide training in good data practices, acquisition and management of big data, and statistical mentorship.
4. **Dissemination Activities** – Fellows will participate in a minimum of at least 6 activities (3 per year) that allow for the dissemination of findings from the work they invest in during their training. Dissemination includes standard academic channels (i.e., presentations at scientific conferences and publications in peer-reviewed journals), as well as alternative approaches (e.g., Journal Club, visual abstracts, podcasts, etc.).
 - a. Submission of at least 5 articles for publication in peer-reviewed journals throughout the 2-year training period. Two of the manuscripts must be first author publications.
 - b. Present at 4 local or national professional conferences/settings (2 per year) regarding research area(s) of interest throughout the 2-year training period.
5. **Research Project(s)** – All fellows will participate in a minimum of at least two (2) substantial research or healthcare improvement projects, suitable for publication in a peer-reviewed journal, to which they make a substantive, independent, and identifiable contribution to further suicide prevention research. *Substantive contributions are defined by but not limited to developing own research aims, methodology, and/or conducting secondary analysis of existing data.* The projects should leverage VA and/or VA-adjacent data systems through big

data/bioinformatics and/or health services approaches and should be relevant to improving Veteran health.

6. **Grant Writing** – Participate in writing at least 2 grants and/or funding proposals for research throughout the 2-year training period.
7. **Professionalism** – Maintains consistently professional and ethical conduct in professional settings throughout the duration of training (via formal evaluation with supervisors/mentors and the Training Director).

Foundational and Functional Competencies/Goals

Successful completion of the Fellowship is predicated upon achievement of foundational and functional competency goals by the end of the Fellowship. The RM MIRECC Fellowship Program emphasizes continuous evaluation of postdoctoral Fellows' acquisition of outlined competency goals and objectives, and constructive feedback aimed at improving these skills. Methods may include: 1) live observation of Fellow-staff interactions; 2) review of proposed research designs, Institutional Review Board and VA Research and Development paperwork, PowerPoint presentations, grant submissions, statistical analyses, and publications. Supervisors also receive feedback about the Fellows from professionals in other disciplines.

There are 13 identified competencies:

Foundations of Suicide Prevention Research

- **Measuring Suicide Risk** - Demonstrates an understanding of the variety of data sources for measuring suicide risk, and their limitations, in healthcare and public health settings. Demonstrates an understanding of measurement of suicide and non-fatal suicidal self-directed violence in administrative and medical records and via validated screeners.
- **Designing Suicide Prevention Research** - Demonstrates an understanding of the theories and drivers of suicide and can apply this understanding to the development of research questions and study design for suicide prevention. Demonstrates an understanding of methodological challenges (e.g., studying rare events) often encountered in suicide prevention research and approaches to address these challenges.

Data Management and Analysis

- **Fundamentals of Data Management** – Demonstrates proficiency in implementing and maintaining good data practices and approaches for working with various types of research data (e.g., survey, administrative; qualitative). The type(s) of data a fellow works with will vary; while some good data management practices are applicable to all, others are specialized to their individualized training plan.
- **VA Big Data Expertise (e.g., CDW, VADIR, USVets, MDR)** – Demonstrates conceptual proficiency in the acquisition and management of VA and VA-adjacent Big Data sources throughout the processes of study design, data acquisition, and analytic dataset construction.
- **Advanced Data Analysis** – Expands training and experience in using advanced analytic methods that specifically align with the fellows' goals, areas of focus, and available projects (e.g., statistical modeling, machine learning, psychometrics, statistical research packages, complex survey weighting and analyses). Fellows shall seek out formal training opportunities, with the support of their research mentor, which align with their specific discipline (e.g., Epidemiology, Health Services Research) and research goals.

Team Science Fundamentals

- **Grant Writing** – Understands the funding landscape, individual sponsor requirements, and how to transform a research idea into a competitive grant proposal.

- **Research Design and Execution**-The ability to develop and execute research projects, including study design, data acquisition, curation and management of analytic datasets, and analysis.
- **Critical Analysis**-The ability to synthesize evidence-based research and theory from a broad range of disciplines with health-related data sources to advance knowledge. Interpret quantitative and, if applicable, qualitative data following current scientific standards. Apply theoretical and evidence-based perspectives from multiple disciplines in research design and execution. Synthesize information from multiple sources for research. Weigh risks, benefits, and unintended consequences of research.
- **Academic Writing** - Engages in academic writing, including drafting and revising manuscripts and responding to co-author feedback, to demonstrate clear, accurate writing that is suitable for publication in peer-reviewed journals.
- **Translational Research**- The ability to convert and translate research findings into timely and effective knowledge, tools, applications, programs, and policies that improve and advance the health of Veteran populations.

Professionalism and Communication

- **Professional Communication**– Demonstrates proficiency in professional communication skills throughout fellowship. The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community, research, and policy actions is considered critical to success.
- **Collaboration and Partnership** - Demonstrates proficiency in developing and maintaining professional collaboration and partnerships throughout fellowship with VA researchers, academic researchers, and community organizations to enhance knowledge and improve research practices.
- **Professionalism and Ethics** - The ability to identify, analyze, and apply cultural sensitivity in ethical discourse and act on the ethical concepts of social justice and human rights in research. Manage potential conflicts of interest encountered by researchers and maintain adherence with VA research regulations. Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research. Design strategies for resolving ethical concerns in research and develop tools that protect the privacy of individuals and communities involved in research.

Evaluation Process

Fellow attainment of the program's training goals is assessed according to competencies outlined above. The Fellow and the Fellowship Director meet at the beginning of year one of the Fellowship to discuss goals and objectives with the aim of identifying areas of professional interest and functioning. The training program evaluation process measures Fellows' progress over the course of the two-year period against specific criteria and person-specific goals. Fellows' progress is monitored in an ongoing manner and written feedback is provided at six-month intervals. Written feedback from Fellows regarding the program and supervisors/mentors is also obtained every six months.

As their skills develop, it is expected that Postdoctoral Fellows will assume increasing levels of responsibility during the Fellowship. It is also expected that mentors'/supervisors' involvement will move from a more directive role to a more consultative one. By the end of the Fellowship, Fellows are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between Fellows.

Details regarding the formal evaluation process are as follows:

1) At the Beginning of Year One:

- a. Fellow completes a Training Plan with their research mentor for Year One
- b. Fellow completes the MIRECC Self-Evaluation and reviews with their clinical supervisor and research mentor

2) At the Year One Midpoint:

- a. The Fellow's research mentor each complete a MIRECC Evaluation of Fellow and review with the Fellow
- b. Fellow completes a new MIRECC Self-Evaluation and reviews with their research mentor
- c. Fellow completes a MIRECC Fellow Evaluation of Supervisor for their research mentor and reviews with the supervisor/mentor

3) At the End of Year One:

- a. The Fellow's research mentor completes a MIRECC Evaluation of Fellow and review with the Fellow
- b. Fellow completes a new MIRECC Self-Evaluation and reviews with their research mentor
- c. Fellow completes a MIRECC Fellow Evaluation of Supervisor for their research mentor and reviews with the supervisor/mentor
- d. Fellow completes the MIRECC Fellow Evaluation of Fellowship and reviews with the Training Director
- e. Fellow completes a Training Plan with their research mentor for Year Two

This evaluation process is repeated for Year Two. All evaluations are reviewed by the Training Director. Blank evaluation forms can be found here: \\r01echhsm02.r01.med.va.gov\research_data\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Admin\Blank Forms\Evaluation Forms\Big Data Fellowship Evaluation Forms

If there has been ongoing dialogue between a supervisor/mentor and a Fellow during the evaluation period, the comments made in the evaluation should come as no surprise. Nevertheless, it does happen on occasion that the Fellow objects to comments made in the evaluation report. Negotiation between the supervisor/mentor and the Fellow will most often resolve these conflicts, but on occasion the conflict remains unresolved. Should the supervisor/mentor be unwilling to change such comments, the Fellow will be asked to sign the evaluation, and indicate that he/she has reviewed the report but is not in agreement with it. The Fellow is then invited to prepare an addendum to the report and to request a review by the Training Director.

Didactic Seminars

MIRECC Big Data Fellowship in Mental Illness Research and Treatment Seminar Series

The MIRECC Big Data Fellowship in Mental Illness Research and Treatment is encompassed within a larger, national Fellowship Program, the VA Advanced Fellowship Program, which is funded by the VA OAA. The Fellowship Hub site sponsors a series of didactic seminars provided by V-Tel each year. The HUB site is responsible for the scheduling and content of these seminars. Fellows will receive communication from the HUB site about topics, relevant readings/resources, and expectations.

Fellows must attend all VA Data Science sessions (4th Wednesday of each month), plus at least one other Advanced Fellowship National HUB Site VTEL (1st – 3rd Wednesday of the month). Fellows and supervisors will review the scheduled national didactic curriculum and will help develop a personalized training plan to identify what other formal/informal learning opportunities may be used to supplement fellows' individualized training goals. These opportunities can include, but are not limited to, VA-sponsored cyber seminars, outside virtual and in-person methods courses (e.g., via Statistical Horizons), and methods workshops offered as part of high-quality scientific conferences (e.g., The Society for Epidemiologic Research annual meeting).

The current V-Tel meeting schedule can be found here: <R:\MIRECC Psych\Training Program\Advanced Fellowship Psychology\Didactic Schedules>

Until further notice, Advanced Fellows will connect to the national didactics using Zoom. The same Zoom link will be used for all Jan-June V-Tels:

Meeting URL for Core Didactic V-TELS:

<https://stanford.zoom.us/j/97106468421?pwd=MW9NL2Y4QTBBVGxVRW80cIVzYkEzQT09>

Password: 250656

Meeting ID: 971 0646 8421

iPhone (US Toll): +1(833)302-1536;97106468421# or +1(650)724-9799;97106468421#

Or Telephone: (650) 724 9799 or +1(833)302-1536

Meeting URL for PARALLEL V-TELS:

<https://stanford.zoom.us/j/98807793176?pwd=QkRqTE5ldjdvM0M4TkpSQUdNUW9ydz09&from=addon>

Password: 918084

Meeting ID: 988 0779 3176

iPhone (US Toll): +1(833)302-1536,98807793176# or +1(650)724-9799,98807793176#

Or Telephone: (650)724-9799 or (833)302-1536

Meeting URL for VA Data Science Didactic V-TELS:

<https://stanford.zoom.us/j/97632066480?pwd=bUcyWkM5Q1pIYIZUcTdBm14OURhUT09>

Password: 777 777

Meeting ID: 976 3206 6480

Grand Rounds (UCD Anschutz Medical Campus, Department of Psychiatry)

Grand Rounds in the Department of Psychiatry is held weekly for one hour at the UCD School of Medicine and involves didactic presentations on a variety of topics pertinent to medical and mental health research and clinical practice. Grand Rounds may be attended in person (on campus) or via teleconference.

RMR VAMC Mental Health Service (MHS) Grand Rounds

Fellows may also participate in monthly Grand Rounds sponsored by the RMR VAMC MHS, whereby staff present on relevant clinical topics, such as clinical evaluation, diagnosis and treatment, multicultural and ethical competencies, and clinical research.

Hub Site Office Hours

Dr. Beaudreau is available via appointment for VA Advanced Fellows consultation. To schedule an appointment e-mail sherry.beaudreau@va.com

Identifying and Resolving Problems

An important element in the training process is for the Fellows to be fully informed about what is expected of them to successfully complete the Fellowship. We also want them to be fully informed about issues of due process and their avenues for recourse. At the start of the Fellowship, each postdoctoral Fellow is provided with copies of our policies regarding grievance procedures and problematic postdoctoral Fellows performance via this manual.

A range of steps occurs in the process of resolving training issues and other disputes. Informal Fellow-staff discussions provide adequate resolution of most difficulties that arise during the Fellowship training. Less common are problems that arise between the Fellows themselves. Most conflicts are resolved successfully directly between the parties involved. If this step is unsuccessful, Fellows are encouraged to discuss concerns with their clinical or research supervisors/mentors who can offer advice, guidance, and assistance or seek consultation with the Training Director, or ombudsman.

Only when this informal approach has been unsuccessful does the Training Director become formally involved in the resolution of disputes. The Director's role is initially that of an impartial fact finder, who seeks to hear the differing perspectives and to negotiate a satisfactory resolution. The Director may achieve resolution of issues outside of the Training Committee or she may involve the Training Committee as indicated. The Training Committee may become directly involved or serve a consultative role to the Training Director. Input on issues is sought directly from other Fellows, if appropriate. Per the Grievance Policy and Procedures detailed below, the Fellow can report the grievance to the designated ombudsperson entirely outside of the MIRECC chain of command, Dr. Aaron Murray-Swank. If the situation is severe enough that it cannot be resolved at the level of the Training Committee and/or ombudsman, the Chief of Staff will be consulted.

During the Fellowship, challenges to the Fellows come not only from the Fellowship itself but from their personal lives as well. These challenges sometimes take the form of serious personal health crises and other crises involving family members. We try to accommodate these significant life events and adjust the workload or other expectations on the Fellow accordingly. Fellows receive support from supervisors, mentors (research and clinical), the Training Director, and the Training Committee. Additionally, Fellows often provide each other peer support. Other resources include: The Office of Human Resources, District Counsel (Office of the Attorney General), the Ethics Committee, EEO officers, Employee Health, and an outside Employee Assistance Program.

Problematic Fellow Performance: Policy and Procedures

I. Introduction

It is the purpose of the RM MIRECC Advanced Fellowship Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, to examine, and to improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for, and supervisors/mentors are encouraged to give, feedback on a continuous basis. When this process is working, mid- and end-of-year evaluations should, and in fact do, produce no surprises, since a Fellow is aware of his/her progress on an ongoing basis.

Supervisors/Mentors should work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible to be able to develop a plan with the Fellow to remedy the problem(s) and build on the strengths. This goal is promoted through monthly meetings during which supervisors/mentors review Fellow performance with other supervisors/mentors and members of the Training Committee.

Other measures that are designed to promote development and identify and remedy deficiencies before they become problematic include:

1. A week-long orientation process at the beginning of the training year that includes a meeting with the Training Director to review competency goals and individual goals for the training year.
2. Attention to the Fellow's individual skill level and training needs.
3. Written and verbal communication of specific information about policies and procedures including the Fellowship mission and goals.
4. Written and verbal communication about expectations of trainees, fellowship completion criteria and Fellowship competency goals.
5. Written and verbal communication specific to evaluation procedures.
6. Attention to the supervisee/-supervisor or mentee/mentor relationship.
7. Written and verbal input from Fellows regarding any concerns pertaining to training.
8. Input from supervisory/mentorship staff in all phases of decision-making process regarding any performance concerns or proposed remediation.
9. Regular meetings between the Fellows and the Training Director.

Problems in a Fellow's performance can arise, nevertheless, in the following areas:

1. Failure to demonstrate appropriate skill development.
2. Repeated non-adherence to the rules and regulations of the training program and the VA Medical Center.
3. Violation of VHA professional and ethical standards.

II. Definitions of Problems

Problems constitute interference with professional functioning that is reflected in one or more of the following:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.

2. an inability to acquire professional skills in order to reach an acceptable level of competency.
3. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

A problem is identified when supervisors/mentors perceive that a Fellow's behavior, attitude, or characteristics are disrupting the quality of clinical services; relationships with peers, supervisors, or other staff; or the ability to comply with appropriate standards of professional behavior. Among professionals in training, some problems may arise. A problem is a behavior, attitude, or other characteristic that, while requiring remediation, is neither perceived to be excessive nor very unexpected for professionals in training.

Problems including one or more of the following characteristics are subject to intervention as determined by the Training Director and the Fellowship Training Committee:

1. The Fellow does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the Fellow is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The Fellow's behavior does not change as a function of feedback, remediation, efforts, and/or time.

III. Policy

A. It is the policy that Fellows may fail the Fellowship and/or they may be terminated from the program prior to completion. It is expected that these will be highly unusual events. Because the Fellow group may be diverse and because Fellows come to the Fellowship with different skills and abilities, it is expected that Fellows will achieve the required competencies at different rates. Failure and/or termination may occur for any of the following reasons but are not limited to this list:

1. Violation of the ethical standards.
2. Failure to meet the minimum standards for either competency areas, didactic training, research practice;
3. Behaviors that are judged as currently unsuitable and that hamper the Fellow's professional performance.
4. Violation of RMR Medical Center regulations.

B. It is also the policy that the Fellow can invoke his/her right of appeal as specified in the Procedures and Due Process section of this document.

IV. Procedures and Due Process

A. Determination of "Problematic" Status

Whenever a supervisor/mentor becomes aware of a Fellow problem area or deficiency that seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Training Director. The Training Director will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Training Director will then present the situation to a meeting of the Training Committee. A determination will then be made by consensus whether or not to label the Fellow's performance as "problematic," which implies the possibility of discontinuing the Fellowship. This will be done after a thorough review of the Fellow's work and performance, and one or more meetings with the Fellow to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remediation plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

The National Hub Site should be informed when "significant problems arise that are not readily resolvable at the Fellowship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the Fellow's program". This communication will be done in a timely manner and written records will be kept of the communications, and ongoing contact will be maintained until the problem is resolved. The Fellow may request and should receive copies of all formal communications regarding the issue.

B. Remedial Action

Remediation plans can address certain problems. Possible steps for remediation will generally include but are not limited to the following:

1. Increased supervision/mentorship either with the same supervisor/mentor or a different supervisor/mentor.

The relevant supervisors/mentors will report to the Training Director regarding the progress of the problem remediation.

A Fellow whose performance is determined to be "problematic" but potentially modifiable via remedial action will be asked to meet with the Training Director to discuss the concern(s) and to determine the necessary steps to correct it. When a plan for correction has been determined, the Fellow will receive a written explanation of the concern and specifics of the corrective plan. The Fellow will sign this plan in acknowledgement of its receipt. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remediation plan will be constructed, or action will be taken terminate the Fellowship.

A Fellow may accept the corrective plan or challenge it in writing. The written challenge will be reviewed by the Training Committee for a decision. The Fellow may appeal that decision following the appeal process below.

Formal actions that accompany the identification of problematic status include, but are not limited to:

1. Probation: A Fellow who fails to meet or fails to make satisfactory progress toward fulfilling the general expectations of the Fellowship may be placed on probation. While

on probation, the Fellow will operate under a remediation plan for a period of time as determined by the Training Director and the Training Committee. At the end of that time, the Fellow will be re-evaluated by the Training Director to see if further remediation is needed.

2. **Suspension of Duties:** A Fellow who is charged with a violation of the Code of Ethics may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification of the Fellow in writing. The notification includes the reason(s) for the suspension. A remediation plan may also be specified along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Training Director and the Training Committee will determine if the suspension should be lifted, continued or if other action should be taken.
3. **Notification of National Hub Site:** In the event of problem status, the Training Director will notify the Hub Site about the nature of the problem and the remediation plan. The Fellow will be asked to sign the notification document and will be able to add a counter statement. A copy of this notification will be provided to the Fellow and placed in the Fellow's training record file.
4. **Termination of the Fellow from the training program.**

C. **Procedures for Termination and Appeal**

1. **Termination:** The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Hub Site shall be sought. If neither a representative from the Hub Site or a suitable delegate is able to attend, arrangement shall be made for conference call communication. The Fellows may also seek additional representation.
2. **Appeal:** Should the Training Committee recommend termination; the Fellow may invoke the right of appeal to the Chief of Staff as dictated by the Fellow Grievance Procedures. The Medical Center Chief of Staff will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures

1. It is the goal of the RM MIRECC Advanced Fellowship Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads a Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.
2. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
3. Causes for grievances should be addressed in the following steps:
 - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a member of the Training Faculty, the Fellow should notify the Training Director, even if the issue is resolved.
 - b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Training Director should be involved to seek an informal resolution of the matter.
 - c. If both the previous two steps above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try and resolve it. The Training Director has the responsibility to investigate the grievance. The Training Director will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Training Director (and Training Committee, if indicated), the Training Director will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
 - d. If the grievance is against the Training Director, the Fellow can report the grievance to the designated ombudsperson entirely outside of the MIRECC chain of command, Dr. Aaron Murray-Swank. The ombudsperson will undertake the investigation of the matter and report back to the Training Committee.
 - e. If the Fellow is not satisfied with the Training Director's decision, they are encouraged to speak with the ombudsperson. Additionally, the matter can be appealed to the RMR Medical Center Chief of Staff who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Appendix A – Additional Resources

Information regarding VA benefits:

VA website: www.va.gov

VA Locations: <https://www.va.gov/find-locations>

Federal benefits for Veterans and dependents: <http://benefits.va.gov/benefits/>

How to apply for VA health care: <https://www.1010ez.med.va.gov/sec/vha/1010ez/>

Information about VA services can also be obtained by phone: 1-800-827-1000

Health benefit information can be obtained at: 1-877-222-8387

Information about the military and the Veteran population:

U.S. Military Rank Insignia: [U.S. Military Rank Insignia \(defense.gov\)](http://www.defense.gov)

Military Enlisted Rank Structure: <https://www.military.com/hiring-veterans/resources/military-enlisted-rank-structure.html>

Military Officer Rank Structure: [Military Officer Rank Structure | Military.com](http://www.military.com)

Military Sexual Trauma: www.mentalhealth.va.gov/msthome

PTSD Screening Instruments: <https://www.ptsd.va.gov/professional/assessment/screens/index.asp>

Extensive information about accessibility and disability: (websites designed by Dr. Kenneth Pope)

<http://kpope.com>

<http://catanddoghelp.com>

Appendix B – Being a VA Employee

MEDIA CONTACT: Only the Medical Center Director, or the Director’s designee, may speak with the media in reference to VA issues. This includes speaking about your experience as an employee of the medical center. If you are approached by media, please contact the MIRECC Training Director.

USING ONE’S VA POSTION IN PUBLIC FORUMS: Do not use your VA email to make personal or public statements (e.g., writing letters to Congress), or identify yourself as an employee of the VA when making public statements about your personal views.

For further guidance on these issues, please speak with your supervisor, the Training Director, and/or consult the following websites:

US Office of Government Ethics: <https://www.oge.gov/>