



DEPARTMENT OF VETERANS AFFAIRS
Clement J Zablocki VA Medical Center
Milwaukee, WI 53295

Fellowship Announcement

The Milwaukee VA Medical Center is currently accepting applications for the 2024-2025 cohort of our **Interprofessional Advanced Fellowship in Psychosocial Rehabilitation and Recovery Services**. This one-year fellowship program combines rich clinical training, interprofessional collaboration, advocacy, and didactic education to create future leaders in psychosocial rehabilitation and recovery services. The foundations of the program are interdisciplinary teamwork, continuity of care, and quality improvement. The core principles of recovery are incorporated into every service delivered.

The fellowship class consists of up to four Advanced Fellows from the following disciplines:

1. Clinical or Counseling Psychology (Post-Doctoral)
2. Social Work (Post-Masters)
3. Vocational Rehabilitation (Post-Masters)
4. Psychiatry (Post-Residency)

Fellows are paid a stipend based on level of training and are eligible for health insurance. The 2023-2024 stipend for Psychology postdoctoral fellows is \$54,297, and the stipend for social work and vocational rehabilitation fellows is \$42,486. Fellows also earn paid annual leave and sick leave in addition to paid Federal holidays.

For details on fellowship structure, rotations, and didactics, please review our Fellowship Handbook, which is appended to this announcement.

Application Information and Instructions

Fellows must be U.S. citizens and must be graduates of academic programs that are accredited by the nationally recognized accrediting bodies of the profession.

Application Deadline for Psychology Postdoctoral Fellows: **December 15, 2023**

Application Deadline for All Other Disciplines: **February 9, 2024**

Psychology Postdoctoral Fellows

The PSR Fellowship is a part of Milwaukee VA's Psychology Postdoctoral Fellowship Program, which is accredited by the Commission on Accreditation of the American Psychological Association (APA and is a postdoctoral member of the Association of Psychology Postdoctoral and Internship Center (APPIC). Application instructions can be found [HERE](#).

All Other Disciplines

Please submit the following materials to Alison Minkin, PhD: alison.minkin@va.gov

1. Cover letter
2. Curriculum Vitae (CV) or resume
3. Unofficial Graduate Transcripts
4. Three letters of reference from recent supervisors or faculty members who are familiar with your clinical work. Letters of reference can be submitted directly to the Fellowship Director by the letter writer or submitted by the candidate.

Interviews will be conducted beginning in mid-February 2024. Offers will be made to candidates from other disciplines on a rolling basis until the positions are filled. Applications after the deadline may be considered pending position availability; applicants are encouraged to contact the Program Director for information .

Contact Information:

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VA Advanced Interprofessional Fellowship in
Psychosocial Rehabilitation and
Recovery-Oriented Services

Milwaukee VA Medical Center
Milwaukee, WI



2023-2024 Fellowship Year

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Introduction

Welcome to the Advanced Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery-Oriented Services at the Clement J Zablocki VA Medical Center in Milwaukee!

The Zablocki VAMC is a vibrant level 1A facility in VISN 12 serving a culturally and economically diverse group of Veterans in southeast Wisconsin. The medical center has 196 acute care beds and provided over 820,000 outpatient appointments for over 57,000 unique patients in FY19.

The Medical Center is affiliated with more than 100 colleges and universities that offer training in 54 associated health fields. Each year over 500 associated health students from these institutions receive some portion of their training at Zablocki VA. In addition to enjoying a dynamic affiliation with the Medical College of Wisconsin's residency program, the Zablocki VA also supports residencies in audiology and speech pathology, dietetics, occupational therapy, pharmacy, physical therapy, psychology, physician assistant, and social work.

This fellowship program combines rich clinical training, interprofessional collaboration, advocacy, and didactic education to create future leaders in psychosocial rehabilitation and recovery services. The foundations of our program are interdisciplinary teamwork, continuity of care, and quality improvement. The core principles of recovery are incorporated into every service delivered.

Program Directors and Core Faculty

Name	Role	Phone	Location	Email
Alison Minkin, PhD	Director	Ext. 45860	Building 111 3135	alison.minkin@va.gov
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Training Settings

1. Mental Health Outpatient Clinic

The MH Outpatient (MHOP) clinic is comprised of approximately 100 clinical staff housed at the Milwaukee VAMC campus and the Union Grove CBOC. In FY20, approximately 10,000 unique Veterans received treatment in the MHOP program. MHOP uses a team-based approach to patient care, emphasizing evidence-based and recovery-oriented services. Specialty clinics within MHOP include the Substance Use Disorders clinic, PTSD clinic, Women's Mental Health Clinic, and Evidence-Based Psychotherapy Clinic. MHOP also houses a Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Case Management Team (MHICM); these teams are primary sites of care for Veterans with chronic, serious mental illness.

PRRC: The PRRC at the Zablocki VAMC is a CARF-accredited program serving approximately 100 individuals with serious and persistent mental illness. The most common primary diagnoses are severe post-traumatic stress disorder, schizophrenia, schizoaffective disorder, and major depressive disorder. Participants remain in the program for an average of approximately 18 months. The team consists of a psychologist, social workers, a peer support specialist, a recreation therapist, and a patient support assistant. A vocational rehabilitation counselor is also embedded within the PRRC, providing a link between the PRRC and Supported Employment programs. The team members meet once weekly for an interdisciplinary team meeting, and they conduct smaller huddles throughout the week.

Clinical care in the PRRC is evidence-based and recovery-oriented. Interventions are primarily group-based, and PRRC members are encouraged to interact and offer feedback and support to one another. Case management services, individual peer support, and individual and family psychotherapy are also incorporated. The PRRC has staff trained in both Social Skills Training (SST) and Behavioral Family Therapy (BFT). Services are provided both in the clinic and in the community.

MHICM: The MHICM team provides intensive recovery-oriented mental health services to approximately 95 Veterans with severe mental illness. Primary diagnosis include schizophrenia, bipolar disorder, schizoaffective disorder, depressive disorder, and PTSD. The goal of MHICM intervention is to enable Veterans to live meaningful lives in the community of their choosing. Enrollment in MHICM is usually long-term, often extended until end of life. The team is comprised of two social workers, one social services specialist, two RNs, one peer support specialist, and one patient services assistant. As with the PRRC, a vocational rehabilitation counselor is also embedded with the program. The treatment team meets once weekly to staff new consults and once weekly for treatment planning for existing patients. Smaller huddles are conducted daily. The primary mode of intervention is intensive case management and includes medication management, supportive psychotherapy, close collaboration with medical providers, and transportation assistance. Services are primarily provided in patients' homes.

Recovery principles are interwoven in the assessment and treatment planning of all Veterans in PRRC and MHICM. Initial assessments are conducted by licensed independent clinicians, and staff frequently conduct warm handoffs to other team members for additional rapport-building. Assessment information is shared and integrated during weekly staff meetings. Veterans collaborate with the interdisciplinary team to complete an individual treatment plan. Goals reflect the Veteran's unique values and preferences while incorporating interventions from each discipline represented on the treatment team.

MHICM and PRRC are close collaborators. They are housed in the same wing of Building 43, share many of the same patients, and hold a weekly consult meeting to review new referrals and discuss shared cases. The teams, including embedded vocational rehabilitation counselors, hold an annual retreat to enhance teamwork and discuss shared performance improvement goals.

Both PRRC and MHICM utilize Measurement-Based Care, annual stakeholder satisfaction surveys, semi-annual patient satisfaction surveys, weekly patient feedback, and quarterly SAIL data to assess and monitor the quality of clinical care. Data are consolidated into an annual formal report for facility leadership, and an annual strategic plan outlines targets for improvement in clinical care.

2. VHA Vocational Rehabilitation (VR) Services

The VHA Vocational Rehabilitation (VR) Services Program is CARF accredited and based on a recovery-oriented model, offering a continuum of work resilience and restoration services for Veterans. The primary purpose of VR Services is to address the psychosocial needs of Veterans through the modality of vocational rehabilitation services by eliminating or accommodating barriers to obtaining or maintaining competitive employment. The expected result of Veterans' participation in VR Service programming is competitive employment.

In FY20, over 250 Veterans were served across programs. Average length of time in VR Services ranges from 256-381 days. The primary diagnosis is unemployment, typically accompanied by substance abuse, schizophrenia, bipolar, major depression, PTSD, TBI, and/or homelessness. Many Veterans enrolled in VR Services are also enrolled in MHICM and/or PRRC.

The programs are staffed by rehabilitation counselors, including a RC Supervisor, two RC Coordinators, and 11 RC staff. Individual teams meet weekly for treatment planning and care coordination. Staff collaborate with Veterans in developing individualized treatment plans that are based on the Veteran's long-term and short-term goals, strengths, abilities, transferable skills, and barriers to employment. Staff also integrate solutions to the identified barriers, labor market analysis, analysis of the impact of work on benefits, and risk assessment into care plans.

Quality of services is evaluated across seven domains: Customer Service (satisfaction), Efficiency, Effectiveness, Accessibility, Financial (business solvency), Environment (safety), and Marketing. Data are evaluated quarterly for each domain and program goals are developed at an annual strategic planning meeting attended by all staff.

Three primary programs in VR Services are the Transitional Work, Supported Employment, and Transitional Residence programs.

Supported Employment is a primary site of care for Veterans with serious mental illness. This program follows the VA's evidence-based Supported Employment model, utilizing Individualized Placement Services and Customized Employment approaches to help Veterans with serious mental illness and/or physical impairments engage in competitive employment in the community. Services are individualized and are provided in the community whenever possible.

The Transitional Work program places Veterans in work contracts either at the VAMC or in community worksites. The program enables Veterans to gain work experience and work hardening skills while in a therapeutic psychosocial rehabilitation treatment program that prepares Veterans for community employment. Counseling services are provided both individually and through groups to address the clinical needs of the Veterans.

The Transitional Residence (TR) program targets Veterans with a goal of competitive employment and independent living who need further assistance with transitioning into the community. The TR offers therapeutic work-based residential rehabilitation services designed to facilitate successful community reintegration. Counseling services are provided both individually and through groups to address the clinical needs of the Veterans.

3. Acute Mental Health/Detoxification Unit and Intensive Outpatient Program

The Acute Mental Health program provides services for Veterans in acute crisis as well as Veterans with severe chronic substance abuse, severe and persistent mental illness and/or personality disorders. The treatment programs embrace the recovery model, with participants being vitally important in establishing goals and deciding on the areas of change. Emphasis is placed on self-determination and empowerment. Two primary sites of care within Acute Mental Health are the Inpatient Mental Health/Detoxification Unit and the Bridge Intensive Outpatient Program (IOP).

Inpatient Mental Health/Detoxification Unit: The inpatient unit is a locked 34-bed unit with four interdisciplinary treatment teams. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay averages 5 days with a range from 1-30 days. Groups are conducted on the unit by an interdisciplinary team of providers: psychiatrist, psychologist, music-recreation therapist, social worker, occupational therapist, peer support specialist, chaplain and/or RN. In addition to psychopharmacological treatment, interventions include cognitive-behavioral therapy, dialectical behavior therapy, psychodynamic, and solution-focused approaches, supportive therapy, music therapy, and occupational therapy.

Bridge Intensive Outpatient Program: The Bridge is a 9-session intensive outpatient program designed to meet the needs of Veterans with acute mental health symptoms or worsening of chronic symptoms. This program aims to both meet the needs of Veterans who may require

frequent outpatient contact and to reduce the risk of inpatient mental health hospitalizations. The Bridge is primarily a group format which integrates skills from Dialectical Behavioral Therapy, including distress tolerance, mindfulness, emotion regulation, and interpersonal effectiveness. The Bridge also focuses on behavioral activation and provides Veterans with assistance in recovery planning and in accessing resources that may be beneficial upon completion of the program. One hour of group programming consists of a special topic and includes providers from other areas of the hospital, including the PRRC, the Suicide Prevention team, music therapy, and occupational therapy.

4. Mental Health Residential Rehabilitation Treatment Program (MHR RTP)

The MHR RTP is a CARF-accredited domiciliary providing intensive six-week residential treatment to patients with psychiatric and/or other substance use problems. In addition to the general rehabilitation program (GEN), the domiciliary provides a PTSD Residential Treatment Program, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Individualized Addictions Consultation Team (I-ACT), and Domiciliary Care for Homeless Veterans (DCHV). Domiciliary staff include psychologists, a psychiatry physician assistant, social workers, an addiction therapist, a vocational rehabilitation counselor, a peer support specialist, recreation therapists, occupational therapists, and kinesiologists. Treatment teams meet weekly at minimum and have more frequent informal huddles. Staff collaborate closely in developing individualized treatment plans for each Veteran based on assessments by multiple disciplines. The MHR RTP creates an annual strategic plan that outlines targets for improvement in clinical care. Numerous quality metrics are used, including patient feedback, relevant SAIL data, measurement-based care data, and stakeholder feedback. Data are consolidated into an annual formal report for the facility's leadership.

5. Whole Health

The Whole Health Program is an integrated network of clinical services, classes, and events focused on empowering Veterans to improve health and well-being based on their own values and goals. Whole Health includes many services embedded in Mental Health, and the department is housed in Building 43, alongside many of our Mental Health programs. Whole Health coaches assist Veterans in completing personal health inventories and health plans. The team collaborates with peer support specialists and clinical staff champions to maintain a menu of services to assist Veterans in achieving their unique goals.

Training Elements and Curriculum

Interprofessional/Shared Components:

The PSR Fellowship combines didactic and experiential components using a practitioner-scholar model. Interprofessional competencies cover four domains: Interdisciplinary Teamwork, Continuity of Care, Quality Improvement, and Recovery Principles. Recovery Principles encompasses the 10 Guiding Principles of Recovery as identified by SAMSHA: Hope, Person-Centered, Multiple Pathways, Holistic, Peer Support, Relational, Culturally Based and Influenced, Addressing Trauma, Strengths-Based, and Respect. Training will also draw on Scott Miller's Feedback Informed Treatment model; trainees will gain experience in using patient feedback to improve psychotherapeutic interventions on an individual level while also developing skills in evaluation of program-level outcomes and quality.

Interprofessional goals and objectives for each element are detailed in Appendix A.

Training Modalities:

Each trainee is assigned a primary preceptor with whom the trainee will meet at least weekly. Given the importance of consistency in mentorship, the trainees have the same primary preceptor throughout the training year. Each trainee will create an individual development plan in collaboration with their preceptor. Plans will reflect both discipline-specific and interprofessional competencies, previous experience and skills, and trainees' goals for the upcoming year. Trainees will shadow staff members at the training sites to observe and learn from the unique contributions of each discipline. A developmental model of training is incorporated, with trainees advancing from observation to working independently with patients or serving as co-facilitators with staff.

Trainees receive one hour of individual supervision with their discipline-specific primary supervisor per week. In addition, the trainees participate in two hours per week of didactic training and group case consultation. Didactic seminars and faculty are outlined in Appendix B. Each trainee will present at least one journal article for the Journal Club and at least one didactic on a clinically relevant topic of choice for the Special Topics in PSR and Recovery seminar.

Discipline Specific Competencies:

Psychology Fellow: The psychology fellow will be one of 12 psychology postdoctoral fellows at the Zablocki VAMC. Core competencies cover the following areas of practice:

Ethics/Professional Behavior, Theoretical/Conceptual Skills, Psychological Assessment, Psychological Intervention, Consultation, Program Development and Evaluation, and Clinical Supervision/Teaching. The psychology fellow will develop expertise in psychodiagnostic assessment of individuals with severe mental illness, to include dual diagnosis. The fellow will be trained in the utilization of structured clinical interviews as well as psychological assessment instruments. The fellow will gain training and supervision in evidence-based psychotherapeutic techniques, to include Social Skills Training, Behavioral Family Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. The fellow will also provide clinical

supervision to a psychology practicum student rotating in the Mental Health Outpatient program. Psychology fellows participate in weekly group supervision, a weekly professional seminar series, and a monthly Diversity V-Tel.

Social Work Fellow: The Social Work Fellow will develop competency in psychosocial assessment across all areas of functioning as well as the development of a social work plan of care. Fellows gain expertise in the varying roles of social workers throughout the care continuum, including case management, resource identification and referral, risk assessment, and psychotherapy. The fellow gains training and supervision in evidence-based psychotherapeutic techniques such as Motivational Interviewing, Social Skills Training, Behavioral Family Therapy, and Cognitive Behavioral Therapy. Social work trainees participate in a weekly seminar series for social work students throughout the medical center, as well as annual training in ethics.

Vocational Rehabilitation Therapist Fellow: The Vocational Rehabilitation Therapist fellow competencies include ability to synthesize assessment and diagnosis information in conjunction with labor market trends and community/educational resources. Fellows develop effective individual service delivery plans reflecting these components. The curriculum includes training in assessment tools and methods, functional capacity evaluations, and specific vocational preparation to evaluate transferrable skills. Fellows also demonstrate knowledge of human development and behavior, medical, psychosocial, and vocational aspects of disability, as well as differential influences of environmental and cultural factors to assist persons with disabilities in determining suitable vocational goals. Fellows are trained in the utilization of evidence-based and evidence-informed vocational and professional counseling practices to include individual placement and support (IPS), customized employment and supported employment models, and motivational interviewing skills.

Psychiatry Fellow: The Psychiatry Fellow will gain direct clinical experience throughout the entire continuum of care in the Mental Health Division, with a focus on patients with chronic, serious mental illness. The Fellow will work closely with the psychiatrist in MHICM and will have the opportunity to work with psychiatrists on the inpatient unit as well. Clinical activities will include psychodiagnostic assessment, risk evaluation, and psychotropic medication management for a panel of patients served in the PRRC and/or MHICM programs. In addition, the Psychiatry Fellow will have the opportunity to complete a rotation in the Domiciliary (MHR RTP), providing intake assessments and medication management for Veterans.

Education Dissemination Project

The fellowship program's emphasis on both quality improvement and evidence-based practice provides trainees with a solid foundation for their education dissemination project. The monthly Quality Improvement and Program Evaluation seminar engages trainees in discussion of principles of QI (e.g., Institute of Medicine's Six Domains of Healthcare Quality), methods of program evaluation, and review of program evaluation activities in the MHICM, PRRC, and Vocational Rehabilitation Services programs.

Fellows are encouraged to consider topic areas for their education dissemination project early in the academic year. Weekly group supervision incorporates progress updates and provides a forum for trainees to discuss ideas with supervisors across disciplines. Trainees have a minimum of four hours per week of dedicated time to work on the education dissemination project, including coordinated time to collaborate with one another. Each fellow's primary preceptor serves as a mentor for the education dissemination project; trainee teams also have the option of requesting a single primary mentor from among the program faculty. Outcome data is readily available across settings, through locally collected Measurement Based Care and/or NEPEC data.

Examples of areas of study (reflecting current program and staff initiatives) include investigation of outcomes for patients enrolled in joint Supported Employment and PRRC programming, and strategies for strengthening partnerships with Black and Hispanic communities to provide vocational and community integration opportunities for Veterans of color.

Trainees are expected to present their education dissemination project as a scheduled interprofessional seminar for the Mental Health Division, at a local or VISN-wide conference, and/or at the annual Zablocki VA Quality Improvement fair. Travel funds will be available for trainees to present their projects at regional or national conferences as well.

Fellow and Program Evaluation

Program evaluation is bi-directional, involving both review of trainee performance and trainee evaluation of all components of the fellowship.

Trainees will develop individualized training plans at the start of the academic year. Interprofessional and discipline-specific competencies are reviewed, and preceptors will facilitate trainee self-assessments to determine areas of focus for the year. Trainees will observe preceptors in clinical treatment settings, and they will perform clinical care under direct supervisor observation until sufficient competency is demonstrated to allow for trainees to perform clinical work with more independence.

Frequent delivery of feedback will be emphasized throughout the training program, as both self-reflection and supervisor-generated feedback are critical in the development of clinical competence.

Fellow Evaluation:

Timing and Process

Fellows will be evaluated formally on a quarterly basis by each fellow's primary preceptor. Supplementary evaluations will be completed by staff members who oversee secondary rotations for the fellows. Fellows will be provided with formal feedback at the time of each evaluation, but informal feedback will be frequent and ongoing in order to support development throughout the year.

Fellows will be provided with copies of the evaluation form during Fellowship Orientation, and they will discuss the evaluation process during individual meetings with their preceptor. Fellows will be invited to discuss preferred methods/frequency/style of feedback with their preceptors, the Fellowship Director, and the Fellowship Co-Director. For example, a fellow may identify that they work well with regular verbal encouragement, in which case the faculty can incorporate this into the fellow's training experience.

The Fellowship Director will be responsible for collecting and reviewing trainee evaluations at the end of each quarter of the training year. The Fellowship Director will meet with each fellow to review progress toward training goals and to adjust the training plan as needed.

Remediation

Concerns about a fellow's performance will be promptly brought to the Fellowship Director and Co-Director's attention by preceptors and/or secondary rotation supervisors. Collectively, the Directors and the primary preceptor will review and identify performance deficits.

A meeting will be scheduled with the fellow, Fellowship Director, and Primary Preceptor to discuss the performance concerns and collaborate on a remediation plan. The remediation plan will include operationalized targets (e.g., Improvement in timeliness of clinical progress notes as demonstrated by 85% of notes completed by the end of the business day) and timeframes, as well as additional training and supports to assist the fellow. The plan will be documented in writing and signed by both the fellow and the primary preceptor.

Training Program Evaluation:

Fellows will complete quarterly evaluations of the training program using an evaluation form provided during Fellowship Orientation. The evaluation will elicit feedback on didactics, quality of supervision, quantity of supervision, assistance with education dissemination project, and workload. Fellows will be invited to provide input into the components of the evaluation and the means of evaluation and alterations will be made as needed.

Rotation Structure (subject to supervisor approval)

Rotation	Time	Psychology	Social Work	Vocational Rehabilitation
Primary, Required	Full Year, 20 hours per week (may decrease time later in year to accommodate secondary optional rotations)	PRRC	PRRC	IPS/PRRC Supported Employment
Secondary, Required	Full Year, 5-10 hours per week	MHICM	MHICM	N/A
Secondary, Optional	3 months, Sequential, to begin 2nd quarter or later, up to 10 hours per week	Supported Employment; Acute Mental Health/Detoxification Unit; Mental Health Residential Rehabilitation Program; Whole Health; Immediate Mental Health Access Clinic; Centralized Assessment Unit	Supported Employment; Acute Mental Health/Detoxification Unit; Mental Health Residential Rehabilitation Program; Whole Health; Immediate Mental Health Access Clinic	General Outpatient Mental Health; Whole Health; Intensive Outpatient Program; Mental Health Residential Rehabilitation Program
Didactics	1.5 hours weekly	PSR Fellowship Seminar and Journal Club		
Supervision	1.5-2.5 hours weekly	1 hour individual, 1 hour psychology postdoc group supervision, 30 minutes PSR Fellowship Case Consultation	1 hour individual, 30 minutes PSR Fellowship Group Case Consultation	1 hour individual, 30 minutes PSR Fellowship Group Case Consultation
Education Dissemination Project	4 hours weekly			

Appendix A:

Interprofessional Curriculum Core Elements - Goals, Objectives, and Clinical Sites

Element 1: Interdisciplinary Teamwork

Goal	Objectives	Clinical Sites/Training Activities
Competence in working as a member of an interdisciplinary healthcare team	<p>Trainees will expand understanding of their own discipline’s unique role as well as the unique roles and contributions of other disciplines. Trainees will demonstrate effective communication with other professionals both within and outside of their teams.</p> <p>Trainees will articulate stages and components of healthcare team development and utilize these principles to evaluate and improve the effectiveness of their own team.</p>	<p>MHICM PRRC VR Services SUD Clinic Inpatient Psychiatric Unit MHR RTP Interdisciplinary Teamwork seminar</p>

Element 2: Continuity of Care

Goal	Objectives	Clinical Sites/Training Activities
Expertise in delivery of mental health services across all levels of care, including care coordination and management of care transitions.	<p>Trainees will observe and implement recovery-focused interventions in inpatient, intensive outpatient, general outpatient, and community settings. Trainees will gain skills in assessment of patients at varying levels of acuity. Trainees will participate in treatment planning for patients as they transition among levels of care.</p>	<p>MHICM PRRC VR Services SUD Clinic Inpatient Psychiatric Unit Bridge IOP MHR RTP Whole Health Principles and Practice of PSR and Recovery Seminar</p>

Element 3: Quality Improvement

Goal	Objectives	Clinical Sites/Training Activities
Competence in quality improvement of healthcare delivery, including evaluating services, tracking patient outcomes, and engaging in QI projects.	Trainees will participate in continuous review of PSR services, incorporating feedback from patients and stakeholders. Trainees will participate in measurement and tracking of patient outcomes. Trainees will identify areas of potential improvement in PSR programming and implementation. Trainees will develop new processes to address identified gaps and unmet needs.	MHICM PRRC VR Services QI and Program Evaluation seminar series Education Dissemination Project

Element 4: Principles of Recovery

Goal	Objectives	Clinical Sites/Training Activities
Competence in provision of mental health treatment incorporating 10 Principles of Recovery as identified by SAMSHA.	Trainees will review each Recovery Principle as it applies to their unique discipline. Trainees will incorporate the Recovery Principles into their discipline-specific assessments, interventions, and treatment plans.	MHICM PRRC VR Services SUD Clinic Inpatient Psychiatric Unit Bridge IOP MHR RTP Whole Health Principles and Practice of PSR & Recovery seminar series

Appendix B: Interprofessional Didactics/Seminars

Seminar	Topics	Faculty
Principles & Practice of Psychosocial Rehabilitation and Recovery (biweekly)	Principles of Recovery, Recovery-Based Assessment, Differential Diagnosis in Serious Mental Illness, Recovery-Oriented Treatment Planning, Evidence-Based Interventions for Veterans with Serious Mental Illness, Vocational Assessments, Principles of Supported Employment	Primary Preceptors
Special Topics in Psychosocial Rehabilitation and Recovery (monthly)	Interdisciplinary Teamwork (multi-part series), Suicide Risk Assessment and Safety Planning, Systems-Based Care, Community Partnerships, Whole Health, Feedback Informed Treatment (FIT)	Alison Minkin, PhD (facilitator); Subject Matter Experts at ZVAMC and in Community
Program Evaluation and Quality Improvement (biweekly)	Six Domains of Healthcare Quality, Measurement Based Care, Components of Program Evaluation, Approaches to Quality Improvement	Sandra Regan, PhD and Alison Minkin PhD
Psychosocial Rehabilitation and Recovery Journal Club (monthly)	Review of scholarly articles	Primary Preceptors

Appendix C Recurring Meetings

Meeting	Date/Time	Modality/Location
PSR Weekly Seminar	Thursdays 1430-1600 (begins Sept 15)	In-Person A306 or Teams
PRRC Clinical Meeting	Thursdays 0930-1030	Teams
PRRC Consult Meeting	Thursdays 1400-1430	Teams
Social Work Student Seminar	Wednesdays 1330-1500	Teams
MH Outpatient Staff Meeting	3 rd Tues 1400-1500 (even # months)	Teams
MH Division Meeting	1 st Wednesday 1500-1530	Teams
National Cross-Site PSR Fellowship Seminar	2 nd Wednesday, 1330-1500 (Oct-Aug)	Teams

Appendix D Time and Attendance

Schedule/Tour of Duty:

Fellows will have a Tour of Duty of Monday-Friday, 8:00 a.m. – 4:30 p.m.

Fellows will not work on Federal Holidays:

Labor Day:	September 4, 2023
Columbus Day:	October 9, 2023
Veterans Day:	November 10, 2023
Thanksgiving Day:	November 23, 2023
Christmas Day:	December 25, 2023
New Year's Day:	January 1, 2024
Birthday of Martin Luther King, Jr:	January 15, 2024
Washington's Birthday:	February 19, 2024
Memorial Day:	May 27, 2024
Juneteenth Independence Day:	June 19, 2024
Independence Day:	July 4, 2024

Annual Leave and Sick Leave

Annual Leave requests should be sent to Dr. Minkin via email for approval. Please clear your absences with your clinical supervisors before requesting to Dr. Minkin. After approval from Dr. Minkin, Fellows will enter the request in VATAS.

Annual Leave should be requested prior to the day it is needed.

When Fellows are ill, they should contact Dr. Minkin at ext. 45860 to report that they will be absent. It is ok to leave a voicemail.