REQUEST FOR PROPOSALS: RESEARCH ON EDUCATIONAL INTERVENTIONS FOR HEALTH PROFESSIONALS

Purpose
The Department of Veterans Affairs (VA) Office of Research and Development is building a program of research focused on understanding the relationship between educational interventions for health professionals and outcomes of health care.

Background
Health care providers are committed to providing the best care possible for patients. Thus, recent reports from the Institute of Medicine that highlight the chasm that lies between the health care we have and the health care we could have sparked a reexamination of links between educational interventions for health professionals, actual practice patterns, and patient outcomes. The emphasis on quality improvement and patient safety has provided the clinical focus necessary to catalyze these reflections; in addition, the public investment in education for health care providers is substantial and questions of value cannot be overlooked in discussions of quality. The Department of Veterans Affairs (VA) supports over 100,000 health trainees annually at a cost of over $1 billion and supports approximately 3 million hours of continuing education (CE) per year for over 75,000 employed health care providers. Yet we still don’t fully understand the ways in which the process, content, and context of education may influence an individual health care provider’s clinical performance in order to translate into improved outcomes for patients.

Conducting research on educational interventions for health professionals is challenging. Researchers face multiple conceptual, cultural, regulatory, and financial barriers as well as methodological challenges. These include delayed, latent or confounded effects of education; variation in learners, teachers, and programs; difficulty incorporating appropriate control groups into rigorous educational interventions; human subjects research challenges with multiple types of participants and inclusion of inherently vulnerable populations of employees and trainees; and understanding the overarching role of the care delivery system, the patient, and other important or dominant contextual factors which potentially dilute ability to measure outcomes. In addition, there are few organizing, programmatic theories of health professions education and fewer still
that assess effects on outcomes at the level of the individual patient and family, patient population or health care system.

To overcome these challenges, researchers aiming to link outcomes and education need to work in collaborative, interdisciplinary teams with colleagues from multiple clinical and academic disciplines to apply emerging, sophisticated outcomes research methodologies to meaningfully conceptualized questions.

The opportunity in Veterans Health Administration (VHA):
VHA aims to support and enhance the health and well-being of veterans through coordinated, mission-driven efforts in clinical care, research, and education. This integrated environment offers unique opportunities in which to advance research on educational interventions for health professionals. Although VHA makes considerable investments in trainee and practitioner education, as well as in improvements in processes of clinical care, we have not invested enough in understanding how education can spur improvements.

VHA culture firmly links education and research to patient care, promotes innovation in learning and workforce excellence, emphasizes patient safety and quality improvement as integral components of patient care, and fosters collaboration across and beyond VA in order to serve more than 5.5 million unique patients. In addition, each patient has a unified electronic medical record (EMR) with both structured and unstructured data. The electronic health record and integrated system facilitate the building of clinical databases to determine what works best for VA patients within their specific context of care and personal resources.

VHA is a leader in supporting the continuum of education that is needed by health care providers across the professional life-span. Recent innovations in clinical training include significant expansion of VA-funded medical residency positions in the GME Enhancement Initiative (including positions specifically targeted for educational innovation), support of nursing school faculty in the VA Nursing Academy, and advanced fellowships in quality, safety, informatics, leadership, health services research, and several clinical disciplines of special importance to VA. Health care practitioners cannot stop learning after achieving a level of independent practice, however. To this end, VA emphasizes the importance and impact of lifelong learning and continuing education throughout one's entire career.

Despite increased interest in linking learning activities with practice and outcomes by VA, professional certification boards, state licensing boards, other payers, and the public, there is a paucity of information about optimal strategies to improve education and clinical outcomes in the context of complex health systems. VA solicits proposals to advance a broad-based, multidisciplinary program of research on the outcomes of educational interventions for health care
professionals that will take advantage of the many important and unique opportunities that exist within VHA.

Priority
Through this Service Directed Research solicitation, the Health Services Research and Development Service (HSRD) will support projects that examine the effects of training and educational interventions on measurable outcomes. For the purposes of this solicitation, the outcomes of interest include patient health outcomes, patient safety, and patient expectations and experiences of being cared for and may include outcomes for the individual veteran and his or her family, for the population of veterans, or for the VHA healthcare system. This solicitation specifically addresses research on continuing education and lifelong learning or trainee education when trainee education leads to professional licensure, certification, or independent practice.

VHA aims to be a healthcare system in which health care providers generate and apply the best evidence needed for a veteran and his or her team of health care providers to make collaborative health care choices. Depending on expensive, time-consuming, and relatively narrow experiments as the sole source of evidence on the constantly accelerating flow of health care is insufficient. Similarly impractical is the prospect of individual caregivers trying to keep up on their own with rapidly changing knowledge and practice needs.

What is needed is a system in which new insights and evidence are constantly capturing the clinical experience and in which the lessons learned are hard-wired into the iterative processes of designing and delivering care. A system in which each patient experience naturally reflects the best available evidence, and, in turn, adds seamlessly to learning what works best in different circumstances has significant implications for acquiring and practicing lifelong learning by health care professionals. Such a system requires a transformative learning and change process— one that takes full advantage of learning theory and emerging information technology and builds the continuous improvement necessary for the effectiveness, efficiency, and sensitivity inherent in bringing the right care to the patient at the right time.

A variety of research designs, methods, and tools, thoughtfully applied, may offer powerful, practical approaches to improving the evidence about health professions education. HSRD encourages rigorous qualitative research, ethics research, epidemiological studies, and model development. “Practical” trials or studies of “natural experiments” will be considered. Researchers may build on or modify previous approaches or develop and test new approaches, but should retain a focus on the health outcomes of educational interventions for health care professionals.

HSRD solicits proposals in five target areas related to the outcomes of care.
Target 1: develop or validate data systems and tools necessary to support links between health professions education and outcomes.

Target 2: identify existing health professions education approaches, practices, and policies that have an impact on outcomes of interest and the factors that may mediate or moderate the effects of these approaches, practices, and policies.

Target 3: develop and pilot health professions education approaches, practices and policies that are theoretically and empirically based.

Target 4: establish the efficacy of emerging health professions education approaches, practices, and policies on outcomes of care.

Target 5: provide evidence of system-wide effectiveness of health professions education approaches, practices, and policies.

Potential topics or projects of interest might include but would not be limited to:

- Validation of existing tests, certifications, and credentials for health care providers against patient or population outcomes;
- Robust tests of theoretically and empirically supported interventions or models to align educational curricula, processes, and structures with clinical outcomes;
- Development of empirically grounded models of education for collaborative, interprofessional practice;
- Initiatives to design, test, and implement specific mechanisms to collect, match, and use educational, clinical, and regulatory data for evaluating the impact of education on outcomes;
- Theoretically and empirically supported models and strategies that foster the ability to become a lifelong learner and identify gaps in care or areas of improvement, synthesize the best evidence and generate evidence, and determine what clinical practices support the best outcomes given patient characteristics and context of care delivery;
- Development of practical cost accounting tools or measurement methodologies that will allow educational and clinical resource tracking and resource allocation decisions.

Investigators. Only interdisciplinary teams, as described below, are eligible to apply. All medical (sub)specialties are considered to be the profession of medicine. Teams may have two co-Principal Investigators; HSR&D requires designation of a single PI at the point-of-contact (corresponding PI). The same requirements and responsibilities apply equally to the PI and any Co-PI.

Investigative teams are expected to:
a. Include at least one clinical researcher and at least one researcher from the discipline of education, and may include, as needed, skills in relevant areas, e.g.: other clinical health care disciplines and professions, cognitive sciences, cultural anthropology, communication, linguistics, sociology, public health, economics, ethics, or multiple research methods and approaches;
b. Build on available expertise and capacity. We also encourage researchers to work with existing clinical networks.
c. Enhance the VHA capacity to advance health professions education research through the development and maintenance of a collaborative program that will facilitate recruitment, training, and career development of relevant education research expertise;
d. Disseminate research findings in peer reviewed venues.

Investigative teams are encouraged to collaborate with VA Office of Academic Affiliations (http://www.va.gov/oaa/default.asp), VA Employee Education System, VA Office of Quality and Performance, and other VA Central Office clinical or operations offices.

Budget

Projects that address Target 1, 2, 3, or 4 may be up to 4-years in duration with a total budget of $925,000, not to exceed $300,000 in any year without prior approval. Investigators planning to submit a project that is responsive to Target 5 should contact the program manager for budget guidance.

Review and selection criteria

a. Responsiveness to the solicitation and degree to which the proposal includes CE or relevant trainee programs;
b. Degree of innovation;
c. Potential impact on patient, population and system outcomes that are highly relevant to VHA;
d. Potential impact on VHA education research;
e. Quality of the written proposal;
f. Multidisciplinary investigative team with evidence that proposal preparation was itself a collaboration and with appropriate plans for shared contributions, responsibilities, compensation, and levels of influence for all members;
g. Evidence of collaboration with one or more of the following VA Program Offices:
   i. Office of Academic Affiliations (contact: Stuart Gilman, MD, MPH; stuart.gilman@va.gov; (562) 826-5323);
   ii. Employee Education System (contact: Melissa Scherwinski; Melissa.Scherwinski@va.gov; 202-674-9081);
   iii. Office of Quality and Performance (contact: Joe Francis, MD, MPH; joe.francis@va.gov; (202) 266-4533);
h. Evidence of collaboration with VACO clinical or operations offices;
i. Evidence of collaboration with academic affiliates;
j. Evidence of collaboration with professional or educational foundation, association or organization partners;
k. Adequacy and creative use of own and partners’ facilities and resources.

Final funding recommendations will be made by the Director, HSRD, based upon reviewers’ evaluation of the proposal and the potential for making a substantial contribution to VHA.

Submission Guidelines
a. Concept paper: A Concept Paper of no more than 5 pages, plus a list of participating sites and co-investigators, should be submitted to HSR&D at the following email address: vhacoscirev@va.gov no later than 5 pm EDT July 31, 2008. The email should have the following text in the “Subject:" line: Educational Interventions for Health Professionals SDR. Paper submissions will not be accepted.
b. Concept paper review decisions announced by August 7, 2008 and investigators with approved projects invited to submit full proposals. We may ask selected applicants to revise their planned proposal based on feedback from HSR&D and reviewers.
c. Full proposals are due no later than 5 pm EDT September 30th, 2008. Specific guidance concerning the application process is available on http://www.hsrd.research.va.gov/funding/
d. Please use dates and instructions noted above for submitting the ITS and proposals. All other HSRD instructions for preparing proposals apply and are accessed through the same HSRD internet site.
e. Administrative questions about preparing and submitting proposals may be directed to Tiffany Asqueri, MBA; tiffany.asqueri@va.gov.
f. An informational conference call will be broadcast on July 10, 2008 at 10 a.m. EDT. The call-in number is 1-800-767-1750, the access code is: 61055. Please arrange for members of your team to be together on one line for the call.

Questions. Please direct questions to Kate Bent, RN, PhD, CNS; Scientific Program Manager; katherine.bent@va.gov; (202)254-0248.

Resources
- Research for Educational Interventions for Health Professionals: RFP Frequently Asked Questions (22 KB, PDF)
- Common critiques of education research concept papers (19 KB, PDF)