

SUPERVISION OF ASSOCIATED HEALTH TRAINEES

1. PURPOSE:

a. This memorandum outlines policy and procedural requirements pertaining to the supervision of associated health trainees, with a focus on supervision from the perspective of quality education and health care. *NOTE: Supervision of medical and dental students and residents in medicine, dentistry, optometry and podiatry is covered in VHA Handbook 1400.01, Resident Supervision*

b. Policy and requirements pertaining to the monitoring of associated health trainees' supervision are addressed in VHA (Veterans Health Administration) Handbook 1400.04, Supervision of Associated Health Trainees. This Handbook emphasizes requirements for supervision and documentation of supervision of trainees in associate health disciplines.

2. BACKGROUND:

a. The quality of health care, veteran safety and the success of the educational experience are inexorably linked and mutually enhancing. In the VA Maryland Health Care System (VAMHCS) where health care and education of health care professionals occur together, there must be a clear delineation of responsibilities to ensure that both health care and trainee education are of excellent quality.

b. Incumbent on the clinician educator is quality supervision of trainees as they acquire the skills to practice independently. "**Graduated levels of responsibility**" is the underlying educational principle for all health professions education, regardless of discipline. Supervising clinicians must understand the implications of this principle and its impact on veterans and trainees.

c. The VAMHCS follows the requirements of accrediting and certifying bodies for each associated health discipline and maintains accreditation by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), and other health care accreditation bodies, unless these requirements conflict with Federal law or policy.

3. ROLES and RESPONSIBILITIES:

a. VAMHCS Director, or designee.

(1) Establishing local policy to fulfill requirements of VHA Handbook 1400.04 and of accrediting and certifying bodies.

(a) Ensure that appropriate levels of supervision are provided, which must be monitored at the facility as an evaluative, quality management process.

(b) Establish a policy on monitoring associated health clinical supervision.

(c) Ensure that the supervision of trainees is reviewed each year for at least 10 percent of associated health disciplines. For each discipline reviewed, there must be a procedure for review of a sample of health record entries involving trainees, veteran complaints involving trainees, and reports by accrediting and certifying bodies.

(d) Ensure that as a health record review process and quality management activity, documents and data arising from monitoring is confidential and protected under Title 38 United States Code (U.S.C.) 5705 and its implementing regulations.

- (2) Appoint the Designated Education Officer.
- (3) Ensure that a local monitoring process exists for trainee supervision.
- (4) Review data on trainee supervision.
- (5) Ensure that quality care is provided by supervising practitioners and trainees.

b. **VAMHCS Designated Education Officer (DEO)**. The DEO (Associate Chief of Staff for Education and Academic Affairs (ACOS/E&AA)) has direct oversight responsibility for all health professions training at each VA facility with training programs. The DEO ensures that a facility supervision policy is in place and assists the Chief of Staff and others in assessing the quality of training programs and the quality of care provided by supervising practitioners and trainees.

c. **Training Program Director**. For a VA-sponsored training program, the Training Program Director has responsibility for administration of that training program and for ensuring that the program complies with standards of accrediting and certifying bodies. For a program sponsored by an affiliated institution, the VA Training Program Director is responsible for the management of training program activities at the VA site. In either case, the Training Program Director:

- (1) Structures the training program consistent with requirements of the accrediting and certifying bodies.
- (2) Arranges and ensures that all trainees participate in an orientation to VA policies, procedures, and roles within the VAMHCS.
- (3) Assigns graduated levels of responsibilities for trainees and ensures that trainees function within the assigned levels of responsibility.
- (4) Ensures that supervising practitioners provide quality supervision to trainees.
- (5) Ensures that supervising practitioners provide systematic feedback to trainees.
- (6) Ensures that trainees have opportunity to give feedback regarding supervising practitioners, the training program, and the VA site.
- (7) Guides actions regarding trainee-related problems.

(8) Monitors the provision and documentation of supervision at the VA facility.

d. **Supervising Practitioner.** The supervising practitioner is responsible for:

(1) All trainee activities occurring under supervision, as delineated throughout the Handbook 1400.04, Supervision of Associated Health Trainees and this policy.

(2) Ensuring that the trainee has completed all required VA Privacy, Information Security training and other identified required training as indicated.

e. **Trainee.** “Trainee” is a general term used to describe vocational, undergraduate, graduate, and post-graduate students, as well as externs, interns, residents, fellows, VA advanced fellows, pre- and post-doctoral fellows, and similar trainee positions.

(1) Trainees, as individuals, must be aware of their limitations and not attempt to provide clinical services for which they are not trained. They must know their assigned graduated level of responsibility and not practice outside of that scope of service. Failure to function within graduated levels of responsibility or to communicate significant health care issues to the supervising practitioner may result in the removal of a trainee from VA health care activities.

(2) Each trainee is responsible for:

(a) Communicating significant health care issues to the supervising practitioner and for documenting that communication in the health record, if providing direct health care services.

(b) Completing VA’s mandated security and privacy training, for adhering to HIPAA Privacy and Information Security requirements, and for following related VA policies and procedures.

4. TRAINEE GRADUATED LEVELS OF RESPONSIBILITY:

a. As part of a training program, trainees earn progressive responsibility for the care of veterans. The determination of a trainee’s ability to provide care to veterans without a supervising practitioner physically present, or to act in a teaching capacity, is based on documented evaluation of the trainee’s clinical experience, judgment, knowledge, and technical skill. The Training Program Director, or designee, assigns levels of responsibilities for each trainee by describing in detail the clinical activities that the trainee may perform and makes the description available to the trainee, supervising practitioner, and as needed, other staff who interact with the trainee.

b. Trainees must comply with state law in obtaining provisional, interim, or temporary licenses or obtaining permits or registration from licensing boards, where applicable. However, the fact that a trainee has a license does not change the requirements for supervision.

c. The supervising practitioner determines which activities the trainee will be allowed to perform within the context of assigned levels of responsibility. The overriding consideration in determining assigned levels of responsibility must be safe and effective care of the veteran.

d. The type of supervision provided must be congruent with:

(1) The assigned level of responsibility,

(2) A documented decision by the supervising practitioner that the trainee is sufficiently experienced and skilled for the level of supervision provided, and

(3) The chart of permissible types of supervision (Attachment A).

e. There are three general types of supervision:

(1) Room. The supervising practitioner is physically present in the same room while the trainee is engaged in direct health care activities.

(2) Area. The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation and treatment.

(3) Available. Services are furnished by the trainee under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

5. ACTIONS: Supervision Requirements:

a. Supervision is an educational experience provided by a qualified supervising practitioner with a trainee. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the trainee while monitoring the quality of services delivered. Supervision is provided through observation, consultation, directing the learning and activities of the trainee, and role modeling.

b. The supervising practitioner is considered the primary provider and is responsible for all services delivered to each veteran by the trainee. All trainees must function under the supervision of supervising practitioners at all times. Responsible supervising practitioners must be readily identifiable and available when health care services are provided by trainees. *NOTE: No "Person Class" code exists in the Veterans Health Information Systems and Technology Architecture (VistA) for students of any discipline. Unless another person class would apply to the trainee, any workload or encounters with the trainee entered would not transmit to the Financial Services Center due to lack of valid person class. Instead, patient encounters would be credited to the supervising practitioner.*

c. Supervising practitioners are allowed to provide supervision only for those clinical activities for which they are qualified and have been approved to perform. In those instances where licensure or certification is required, the supervising practitioner must hold the required credential.

d. Substitute supervising practitioners may at times be delegated the responsibility for care of the veteran and the supervision of the trainees involved. The substitute supervising practitioner must be fully qualified to provide supervision and to provide clinical services to the veteran. The supervising practitioner must ensure that trainees are informed of such delegation and can readily access a supervising practitioner at all times.

e. Each facility training program will encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

f. Each facility training program must adhere to requirements set forth by accrediting and certifying bodies, including the amount and type of supervision provided.

g. Each facility training program must provide appropriate supervision for all trainees, as well as a work schedule and environment that are consistent with quality health care, the educational needs of trainees, and all program requirements.

h. The specific type, intensity, and frequency of supervision are to be determined by an assessment of a combination of factors which include discipline, level of education and experience of the trainee, and assigned level of responsibility. *NOTE: Types of supervision are defined in general in paragraph 4 and specifically for each discipline in Attachment A.*

i. Each trainee and each supervising practitioner must know and adhere to the assigned level of responsibility and to the permissible types of supervision and documentation as specified in Attachment A.

j. In some training settings, health care professionals from another discipline, with documented qualifications, may function as supervising practitioners for selected training experiences.

6. DOCUMENTATION OF SUPERVISION:

a. Supervising Practitioner Involvement and Documentation

(1) The veteran health record must clearly demonstrate involvement of the supervising practitioner in trainee-veteran encounters, using any of the following three types of allowable documentation of supervision.

(a) Separate progress note or other entry into the veteran's health record by the supervising practitioner.

(b) Addendum to the trainee's progress note by the supervising practitioner.

(c) Supervising practitioner's co-signature of the trainee's health record entry. A supervising practitioner's co-signature signifies that the supervising practitioner has reviewed the trainee entry and, absent an addendum to the contrary, concurs with the content of the entry. Use of "additional signer" or "identified signer" options is **not** acceptable documentation of supervision.

(2) The amount, level, and frequency of supervision must be consistent with the requirements of the accreditation and certifying bodies for each discipline, and must take into account the performance and skills of the trainee.

(3) The timeframe for signing or co-signing health record entries is to be delineated by local facility policy. *NOTE: For some types of health record entries, no mechanism exists for documentation of supervision. This applies particularly to such functions as basic nursing care and recording of vital signs by nursing students. Despite the inability to document supervision in the health record, the supervising practitioner remains responsible for the assessment and care provided by trainees.*

b. Frequency of Supervision Documentation

(1) For the veteran who is seen by the trainee weekly or less frequently, each trainee health record entry of an encounter must have documentation of supervision using one of the three types of documentation described in paragraph 6.a.(1).

(2) For veterans seen by the trainee more than once per week, at least one trainee health entry each week must have documentation of supervision, assuming there is not a major change in the veteran's condition that requires more frequent or closer supervision. Any of the three types of documentation is acceptable.

7. EMERGENCY SITUATIONS:

When immediate intervention is necessary to preserve life or prevent serious injury, a trainee is permitted to do everything possible to save a veteran from harm. The supervising practitioner must be contacted and apprised of the situation as soon as possible and the trainee and supervising practitioner must document that discussion in the health record.

8. EVALUATION OF TRAINEES, SUPERVISORS, AND TRAINING SITES:

a. Evaluations of Trainees

(1) Each trainee must be evaluated according to accrediting and certifying body requirements on health care, health care knowledge, evidence-based practice, interpersonal and communication skills, and professionalism. Evaluations must occur at least semiannually or more frequently if required by the accrediting or certifying body. The evaluations must be communicated to trainees in a timely manner, and written evaluations must be discussed with the trainee.

(2) When a trainee's performance or conduct is judged to be inappropriate in the health care environment, including actions that may be detrimental to veteran health care, evaluation of the trainee, in consultation with faculty from the affiliated institution (when relevant), must be documented. In these situations, trainees may have clinical duties limited, have additional supervision assigned, or be assigned non-clinical duties for the duration of the performance review. In consultation with the affiliated institution, the VAMHCS may, after careful weighing of the facts, withdraw the trainee from VA assignment. A trainee who is thought to pose a threat to the public, veterans, or staff must immediately be placed on administrative leave.

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The purpose of the leave is to allow review and investigation of alleged performance problems, including the contribution of any underlying medical condition. Any disciplinary action on the part of the VAMHCS will conform to Human Resources policy when the trainee is paid by VA and in a program sponsored by VA. For a trainee in a program sponsored by an affiliate, further investigation and appropriate action, including possible remediation, disciplinary action, or dismissal from the training program, will be at the discretion of the affiliate.

b. **Evaluation of Supervising Practitioner and Training Site.** Each VAMHCS trainee must have an opportunity to complete confidential written evaluations of supervising practitioners and assigned training sites.

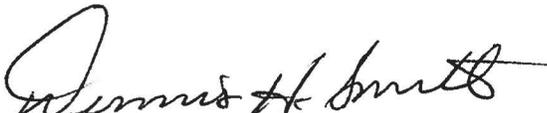
c. **Storage and Use of Evaluations.** Secure storage of evaluations of trainees, supervisors, and training sites is the responsibility of the Training Program Director. Evaluations are aggregated and analyzed in compliance with accrediting and certifying body standards. The evaluations will be made available for any audit conducted by the E&AA staff.

9. **REFERENCES:** VA Manual M-2, Part I, Chapter 26
VHA Handbook 1400.04, Supervision of Associated Health Trainees,
September 2, 2008

10. **RESPONSIBLE OFFICE:** The Associate Chief of Staff (ACOS), Education and Academic Affairs (BT/14/E&AA) is responsible for the content of this memorandum.

11. **RESCISSIONS:** VAMHCS Policy Memorandum 512-14/E&AA-009, subject: Supervision of Associated Health Trainees, dated August 2009

12. **RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of April 2016.


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ATTACHMENT: A - Permissible Types of Supervision by Associated Health Discipline and Level of Training

**PERMISSIBLE TYPES OF SUPERVISION, BY ASSOCIATED HEALTH DISCIPLINE
 AND LEVEL OF TRAINING**

1. In general, trainees with less education or training within the discipline require more intense and more immediate supervision than do those with more advanced education and training. This chart delineates permissible types of supervision for each discipline. At the discretion of the supervising practitioner, supervision may be more intense or closer than that indicated in this policy, but must never be less intense than what the policy permits.
2. Within these guidelines, each discipline, at a national level, may develop its own standards for when each type of supervision may be used.
3. However for those who do not have their own standards, the following chart delineates, for each associated health discipline and for each level of training within each discipline, the types of supervision that are permissible for those trainees.

NOTE: Supervision Types

Room. *The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.*

Area. *The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.*

Available. *Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.*

Discipline	Educational Level	Allowable Types of Supervision (See preceding NOTE)		
		Room	Area	Available
Associated Health Postdoctoral Fellowship (not specified below)	Postdoctoral Fellow	✓	✓	✓
Chaplaincy (Clinical Pastoral Education)	Chaplain Student, Pre-baccalaureate	✓	✓	
	Chaplain Student, Pre-masters	✓	✓	✓
	Chaplain Student, Predoctoral	✓	✓	✓

Discipline	Educational Level	Room	Area	Available
Chaplaincy (Clinical Pastoral Education)	Pre-masters CPE Intern	✓	✓	✓
	Post-masters CPE Resident	✓	✓	✓
	Post-masters CPE Fellow	✓	✓	✓
Chiropractic	4th year clerk	✓	✓	
	Post-graduate Resident	✓	✓	✓
Clinical Laboratory Science/ Medical Technology				
1. Clinical Laboratory Scientist/ Medical Technologist	Baccalaureate or Masters Student	✓	✓	✓
2. Clinical Laboratory Technician/ Medical Laboratory Technician	Associate Degree Student	✓	✓	
3. Blood Bank Technology - Specialist	Post-baccalaureate or Masters Student	✓	✓	✓
4. Cytotechnologist	Baccalaureate or Masters Student	✓	✓	✓
5. Histology Technician	Post-secondary certificate Student	✓	✓	
6. Histology Technologist	Baccalaureate Student	✓	✓	
7. Pathologists' Assistant	Masters Student	✓	✓	✓
8. Phlebotomist	Post-secondary Certificate Student	✓	✓	
Dental Related Occupations				
1. Dental Assistant	Post-secondary Student	✓	✓	
2. Dental Hygienist	Associate Degree to Masters Student	✓	✓	
3. Dental Laboratory Technician	Post-secondary Student	✓	✓	
4. Maxillofacial Prosthetics	Post-baccalaureate Fellow	✓	✓	
Diagnostic Medical Sonographer (Ultrasonographer)	Associate Degree or Baccalaureate Student	✓	✓	
Dietetics				
1. Registered Dietician/ Nutritionist	Post-baccalaureate or Coordinated Masters Intern	✓	✓	✓
2. Registered Dietetic Technician	Associate Degree Student	✓	✓	
Electroneurodiagnostic Technologist	Associate Degree or Baccalaureate Student	✓	✓	
Health Administration	Baccalaureate or Masters Student	✓	✓	✓

Discipline	Educational Level	Room	Area	Available
Health Information Management				
1. Health Information Administrator	Baccalaureate Student	✓	✓	
2. Health Information Technician	Associate Degree Student	✓	✓	
Nuclear Medicine Technologist	Pre-associate Degree or Pre-baccalaureate Intern	✓	✓	
Radiologic Technology				
1. Cardiovascular Interventional Technologist	Associate Degree or Baccalaureate Student	✓	✓	
2. Computed Tomography (CT) Technologist	Associate Degree or Baccalaureate Student	✓	✓	
3. Magnetic Resonance Technologist	Associate Degree or Baccalaureate Student	✓	✓	
4. Mammographer	Associate Degree or Baccalaureate Student	✓	✓	
5. Medical Dosimetrist	Associate Degree or Baccalaureate Student	✓	✓	
6. Radiation Therapist	Associate Degree or Baccalaureate Student	✓	✓	
7. Radiographer	Associate Degree or Baccalaureate Student	✓	✓	
8. Radiation Therapist	Associate Degree or Baccalaureate Student	✓	✓	
Medical and Surgical Support				
1. Anesthesiologist Assistant	Post-baccalaureate Student	✓	✓	
2. Biomedical Clinical Engineer	Post-baccalaureate Resident	✓	✓	
3. Biomedical Instrumentation Technician	Associate Degree or Baccalaureate Student	✓	✓	
4. Cardiovascular Perfusionist	Post-baccalaureate Student	✓	✓	
5. Cardiovascular Technologist	Post-secondary Student	✓	✓	
6. Respiratory Therapist, Advanced	Graduate Student	✓	✓	
7. Respiratory Therapist, Entry level	Associate Degree or Baccalaureate Student	✓	✓	
8. Surgical Assistant	Associate Degree or Baccalaureate Student	✓	✓	
9. Surgical Technologist	Post-secondary Student	✓	✓	
Medical Assistant	Usually Associate Degree Student	✓	✓	

Discipline	Educational Program	Room	Area	Available
Nursing, Professional Level (RN)				
1.	Associate Degree Student	✓	✓	
2.	Diploma Student	✓	✓	
3.	Baccalaureate, Entry level	✓	✓	
4.	Baccalaureate, RN to BSN	✓	✓	✓
5.	Masters, Entry level	✓	✓	
6.	Masters, RN to MSN	✓	✓	✓
7.	Doctoral, Entry level	✓	✓	
8.	Doctoral, RN to Doctoral	✓	✓	✓
9.	Postdoctoral Fellow	✓	✓	✓
Other Nursing Trainees				
1. Practical or Vocational Nurse	Certificate or Diploma	✓	✓	
2. Nursing Assistant or Aide	Certificate or Diploma	✓	✓	
Ophthalmic Related Occupations				
1. Ophthalmic Medical Technologist	Baccalaureate Student	✓	✓	
2. Ophthalmic Technician	Post-secondary Student	✓	✓	
Optometry. See Handbook 1400.1, Resident Supervision, for policy on supervision of Optometry residents.	Doctoral Student (2 nd -4 th Yr)	✓	✓	
Optometric Technician	Associate Degree or Post-secondary Student	✓	✓	
Orthotics and Prosthetics	Baccalaureate or Post-baccalaureate Student	✓	✓	✓
Pharmacy				
1. Pharmacist	Doctoral Student	✓	✓	
2.	Postdoctoral Resident	✓	✓	✓
3.	Postdoctoral Fellow	✓	✓	✓
4. Pharmacy Technician	Certificate or Associate Degree Student	✓	✓	
Physician Assistant	Baccalaureate or Masters Student	✓	✓	
Podiatry (See Handbook 1400.1, Resident Supervision, for policy on supervision of Podiatry residents).	Doctoral Student (2 nd -3 rd Yr)	✓	✓	

Discipline	Educational Program	Room	Area	Available
Podiatry	Doctoral Clerk (4 th Yr Extern)	✓	✓	
Psychology	Doctoral Student	✓	✓	
	Predoctoral Intern	✓	✓	✓
	Postdoctoral Fellow	✓	✓	✓
Rehabilitation				
1. Audiologist	Predoctoral Extern	✓	✓	✓
	Predoctoral Clinical Rotation	✓	✓	
2. Blind and Visual Impairment Professions	Baccalaureate or Masters Student	✓	✓	
3. Creative Arts Therapist (Art)	Baccalaureate or Masters Student	✓	✓	✓
4. Creative Arts Therapist (Music)	Baccalaureate or Masters Student	✓	✓	✓
5. Exercise Physiologist	Masters Student	✓	✓	
6. Horticulture Therapist	Baccalaureate Student	✓	✓	✓
7. Kinesiotherapist	Baccalaureate or Masters Student	✓	✓	✓
8. Manual Arts Therapist	Baccalaureate Student	✓	✓	✓
9. Massage Therapist	Post-secondary Student	✓	✓	
10. Occupational Therapist Assistant	Post-secondary Student	✓	✓	
11. Occupational Therapist	Masters Student	✓	✓	✓
12. Physical Therapist	Masters or Doctoral Student	✓	✓	✓
13. Physical Therapy Assistant	Associate Degree Student	✓	✓	
14. Speech-Language Pathologist	Post-master's Clinical Fellow	✓	✓	✓
	Masters Student	✓	✓	
	Predoctoral Fellow	✓	✓	✓
15. Recreation Therapist	Baccalaureate or Masters Student	✓	✓	✓
16. Recreation Therapy Assistant	Associate Degree Student	✓	✓	
Rehabilitation Counseling				
1. Alcohol and Drug Counseling	Masters Student	✓	✓	
2. Vocational Rehabilitation Counseling	Masters Student	✓	✓	
Social Work	Baccalaureate Student	✓	✓	
	Masters Student	✓	✓	✓
	Predoctoral Student	✓	✓	✓
	Postdoctoral Fellow	✓	✓	✓