

SUPERVISION OF ASSOCIATED HEALTH TRAINEES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides the procedural requirements pertaining to the supervision of associated health trainees, with a focus on supervision from the educational perspective.

2. SUMMARY OF MAJOR CHANGES: This Handbook has been rewritten with specific emphasis on requirements for supervision and documentation of supervision of trainees in associated health disciplines that:

a. Enhance the description of associated health supervision and the documentation requirements in common clinical settings.

b. Reflect new standards for supervision and documentation of supervision for telemedicine or telehealth patient encounters.

c. Reflect new standards for supervision and documentation of supervision for home and community visit encounters.

d. Amendment dated June 24, 2024 removes the local policy requirement verbiage found in paragraphs 2.c, 6.a.(3), 10.c.(2), and 10.c.(8). This amendment is required by VHA Notice 2024-08, Suspension of Local Policy Mandates in Overdue VHA National Policies, dated June 24, 2024, which suspends implementation of this local policy mandate.

***NOTE:** Supervision of dental, medical, optometry, and podiatry residents is covered in VHA Handbook 1400.01, Resident Supervision.*

3. RELATED ISSUES: VHA Directive 1400.

4. RESPONSIBLE OFFICE: The Chief Academic Affiliations Officer is responsible for the contents of this Handbook. Questions may be directed to the Office of Academic Affiliations (OAA) at 202-461-9490.

5. RECISSIONS: VHA Handbook 1400.04, dated September 2, 2008, is rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for re-certification on or before the last working day of March, 2020.

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SUPERVISION OF ASSOCIATED HEALTH TRAINEES

1. PURPOSE: This Veterans Health Administration (VHA) Handbook provides procedural requirements pertaining to the supervision of associated health trainees within Department of Veterans Affairs (VA) medical facilities from the perspectives of quality education and safe patient health care. **AUTHORITY:** 38 U.S.C. 7302, 7405.

2. BACKGROUND:

a. The quality of health care, Veteran safety, and the success of the educational experience are inexorably linked and mutually enhancing. In a system where direct practice and education of health care professionals occur together, there must be a clear delineation of responsibilities to ensure that both 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. VHA follows the requirements of national accrediting and certifying bodies for each associated health discipline and maintains accreditation by The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, and/or other health care accreditation bodies, unless these requirements conflict with Federal law or policy. Requirements of the various certifying bodies must be incorporated into VA training programs and fulfilled through local facility procedures.

d. VHA Directive 2004-066 requires that academic institutions seeking to affiliate with VA medical facilities for associated health clinical education experiences must have (or be actively seeking) programmatic accreditation from an accrediting body officially recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA). If a nationally recognized accrediting body does not exist for the program or if a VA medical facility otherwise desires to affiliate with a non-accredited program, specific approval of the affiliation must first be authorized by Office of Academic Affiliations (OAA).

3. SCOPE:

a. Associated health professions include all health care disciplines other than allopathic and osteopathic medicine and dentistry. However, this Handbook pertains to all health care trainees, with the exceptions of OAA Advanced Fellows and residents in medicine, dentistry, optometry, and podiatry, all of whom are covered by VHA Handbook 1400.01, Resident Supervision. Supervision of pre-degree students in optometry and podiatry is covered by this Handbook.

b. The guidelines contained in this Handbook are applicable to all patient care services delivered by VA medical facilities and their staff including inpatient care, outpatient care, community- or home-based care, long-term care, emergency care, care provided at Veterans Readjustment Counseling Centers, and telehealth care.

4. 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 (see paragraph 11.a.).

b. 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.

c. 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. In addition, all services provided by trainees are billed in the name of the supervising practitioner, as long as supervision and documentation standards are met.

d. In accordance with VHA Directive 2009-002, Patient Care Data Capture, or subsequent policy issue, the supervising practitioner is considered the primary provider, even if that supervising practitioner did not personally see the patient or directly provide care. As such, the supervising practitioner is responsible for all services delivered to each Veteran by the trainee. "Person Class" code in the Veterans Health Information Systems and Technology Architecture (VistA) identifies providers of health care services. Since trainees of all disciplines covered by this Handbook are not considered independent providers, there exists no person class designation for them. Because trainees do not have a person class designation, they may not be listed on the patient care encounter as a provider, either primary or secondary.

e. Trainees should, however, have a "User Class," which is what interacts with the Authorization/Subscription Utility (ASU) to allow access to the health record. There is nothing in VHA business rules to prevent trainees from being assigned a user class that is compatible with health record entries, and OAA strongly encourages VA medical facilities to allow trainees to make patient health record entries requiring co-signature. The user class is defined and built locally in VistA, and the facility defining the user class determines the label for that user class. Each VA medical facility should have a user class that requires a co-signature by the supervisor.

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

(1) Whenever the supervising practitioner is unavailable, such as from sick or annual leave, a substitute supervising practitioner must be identified. The delegated supervisor then has the responsibility for care of the Veteran and for supervision of the trainees involved. The substitute supervising practitioner must be fully qualified to provide clinical services to the Veteran and to provide supervision of those services. The supervising practitioner must ensure that trainees are informed of such delegation and that the substitute supervising practitioner is available, according to the standards of paragraph 5 below, at all times.

(2) Employees and other trainees may not provide supervision for services or activities which they are not credentialed or privileged to provide independently. More advanced trainees can receive experience and supervision in providing consultation to more junior trainees, but such consultation may not substitute for the supervision of the junior trainee by a privileged or credentialed supervising practitioner as required by this Handbook.

(3) In some training settings, health care professionals from another discipline may function as supervising practitioners for selected training experiences. In these circumstances a provider in the same discipline as the trainee must be employed and available at the VA medical facility to provide discipline-specific mentorship and supervision. *NOTE: It is acceptable for a physician (MD or DO) to provide supervision for a nurse practitioner trainee or for a physician assistant trainee. In each of these cases, there must also be an identified preceptor or mentor from the same profession as the trainee. This serves the purpose of ensuring appropriate role modeling and scope of practice examples for the trainee.*

(4) A contract employee may provide supervision to trainees only when a regular VA employee functions as the supervisor of record and provides oversight to the supervision provided by that contract employee. Such arrangements may be initiated when the trainee is receiving training at a site distant from the home medical center, such as in a Community Based Outpatient Clinic (CBOC), where services are provided by contract staff. In this circumstance, the VA staff supervisor retains full legal and ethical responsibility for the health care provided by the trainee.

g. The more junior the trainee is, the higher the level and intensity of supervision that is required. The supervisor always holds responsibility for everything that occurs in trainee interactions with Veterans. Each VA medical facility training program must encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

h. Each VA medical facility training program must adhere to requirements set forth by accrediting and certifying bodies, including the amount and type of supervision provided. Within the scope of the accredited training program, all associated health trainees must function under the supervision of supervising practitioners.

i. 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. Each trainee and supervising practitioner must know and adhere to the assigned level of responsibility and to the permissible types of supervision and documentation as specified in Appendix A. *NOTE: Graduated levels of responsibility and allowable types of supervision are defined in general in paragraph 5 and specifically for each discipline in Appendix A.*

j. 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 requirements for supervision.

k. Home and community visits occur as a part of VA special programs such as Home-Based Primary Care (HBPC), Mental Health Intensive Case Management (MHICM), and others.

Trainees participating in community or home visits must have received orientation and training pertaining to the handling of emergency situations and related VA program policies and procedures. Additionally, as outlined in VHA Handbook 1141.01, Home-Based Primary Care Program, supervising practitioners are expected to educate students from multiple associated health disciplines about the challenges of delivering health care to Veterans in their homes and communities.

(1) Trainees with less experience may participate in home visits only when accompanied by a supervising practitioner. The trainee may participate in a home visit without a supervisor present only when the trainee has demonstrated the requisite skills and expertise to function without a supervisor immediately present and after being granted the appropriate graduated level of responsibility.

(2) Although the supervising practitioner is not required to accompany trainees with more advanced knowledge, skills, and abilities on the home visit (assuming an acceptable, documented level of graduated responsibility), the supervising practitioner must be readily available at an agreed upon, identifiable phone number for the duration of the time the trainee is making home visits. Following a home visit, the supervising practitioner must discuss each case with the trainee. If at any time a trainee feels his or her personal safety is compromised, the supervising practitioner must be notified and local procedures must be followed. **NOTE:** *Any of the three forms of documentation referenced in paragraph 6.a.(1) may be used to record this supervisory interaction.*

(3) A trainee may also participate in a home or community visit without the identified supervisor's presence if accompanied by a provider from the same or another discipline that is credentialed or privileged to provide care in the case of an urgent or emergent event.

1. **Telehealth care delivery.**

(1) **Real-time Videoconferencing and Videophone.** In situations where the supervising practitioner and trainee are present at a VA medical facility delivering telehealth care to a Veteran remotely, trainee-provided care is acceptable in all circumstances where VA standards permit the supervising practitioner to deliver care remotely. Requirements for the presence of the supervising practitioner are the same as for clinic-delivered care and must correspond to documented graduated levels of responsibility. Real-time videoconferencing or use of a videophone must not be used to substitute for appropriate supervision, for instance, in situations where the trainee is with the Veteran in a remote setting such as a CBOC and the supervising practitioner is at the parent VA medical facility with videoconferencing or videophone connectivity. Certain VA facilities are located in very rural settings and offer specialized training in the utilization of telehealth services. Programs may request special consideration of their telehealth training programs from OAA. Consultation with specialists via remote connections may be handled as any outpatient consultation would be conducted.

(2) **Store and Forward Telehealth.** In "store and forward" telehealth, the trainee and supervising practitioner do not see the Veteran, except through examination of data, images, or specimens. The trainee reviews the material with or without the supervising practitioner present, and the supervising practitioner reviews the same material. The interpretations and reports on all

material must be verified by the supervising practitioner. In all instances, the trainee must receive feedback on the trainee's interpretation of the material for learning purposes.

(3) **Telehealth Care, Including Telemental Health.** Telehealth care is provided by supervising practitioners and trainees to Veterans using virtual technologies such as home-messaging devices or interactive voice response telephone systems. Individual or group care may also be provided by clinical video teleconferencing (CVT) in a location desired by the Veteran or at a CBOC. Virtual care is often supplemented by telephone support with Veterans. Such an arrangement is acceptable in all circumstances in which VA standards permit the supervising practitioner to deliver care remotely. Trainees who are assigned responsibility for home telehealth patients must receive orientation and training pertaining to emergency situations and consult with the supervising practitioner regarding any changes in a Veteran's status or proposed changes in the treatment plan. Supervising practitioners will provide general oversight of the home telehealth care provided by trainees, consistent with assigned graduated levels of responsibility.

5. 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 or consultative capacity for more junior trainees, is based on documented evaluation of the trainee's clinical experience, judgment, knowledge, and technical skill. The VA 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 practitioners, and, as needed, other staff who interact with the trainee. Supervising practitioners must provide the type of supervision commensurate with the trainee's assigned Graduated Level of Responsibility.

b. Ultimately, 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.

(1) The type of supervision provided must be congruent with:

(a) The assigned level of responsibility;

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

(c) The chart of permissible types of supervision (see Appendix A).

(2) There are three general types of supervision:

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

(b) Area. The supervising practitioner is in the same clinic or treatment 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. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

(c) 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.

c. Associated health trainees may require access to order writing capabilities in the Computerized Patient Record System (CPRS), depending on the nature of the training program and the assigned levels of responsibility. Even so, these trainees must always be considered trainees. It is recommended that the facility-developed user class allow inclusion of such responsibilities.

d. Associated health trainees may require remote access to the electronic medical record from home, or other remote sites, dependent on their patient care responsibilities. This capability must be authorized locally.

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. While co-signatures meet the requirement for minimal documentation for supervision, billing for services by the supervisor requires either a separate note or an addendum that specifies the nature of the clinical encounter and the clinical thinking.

(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 and for completion of associated encounter data is to be delineated by local medical facility procedures.

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 the Veteran who is seen by the trainee more than once per week, at least one trainee health record 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 described in paragraph 6.a.(1) 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, must participate in care to the extent needed given the nature of the emergency, and the trainee and supervising practitioner must document the nature of that discussion and subsequent actions 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 competencies related to patient care, health care knowledge, evidence-based practice, interpersonal and communication skills, and professionalism. Evaluations must occur at least twice per year or more frequently if required by the accrediting or certifying body. The evaluations must be communicated to trainees in a timely manner. 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, VA 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. The purpose of the leave is to allow review and investigation of alleged performance problems. Any disciplinary action on the part of VA must conform to VA's Human Resources policy when the trainee is in a program sponsored by VA, whether paid by VA or without compensation (WOC). 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 VA trainee must have an opportunity to complete confidential written evaluations of supervising practitioners and VA training sites. It is recommended that programs encourage open, collaborative feedback between supervisors and trainees.

c. **Storage and Use of Evaluations.** Securely storing the evaluations of trainees, supervisors, and training sites is the responsibility of the VA Training Program Director, whether located at VA or the affiliate's facility. Evaluations are aggregated and analyzed in compliance with accrediting and certifying body standards and are to be shared with the facility training Director and faculty.

9. MONITORING PROCEDURES: The basic foundation for supervision resides in the integrity and judgment of supervising practitioners and trainees working collaboratively in well-designed health care delivery systems. Monitoring supervision of trainees is intended to improve and enhance:

- a. The trainee's education.
- b. The quality and safety of Veteran health care involving trainees.
- c. VHA's educational environment and culture of learning.
- d. The documentation of trainee supervision.

10. RESPONSIBILITIES:

a. **Chief Academic Affiliations Officer.** The Chief Academic Affiliations Officer, appointed by the Under Secretary for Health, is the national leader of VHA's education mission and is responsible for:

(1) Defining national policies related to health professions education in VA; and

(2) Reviewing annually all Veterans Integrated Service Network (VISN) and facility training reports and sharing the results with VHA leadership to ensure that VA continuously improves health care while providing excellent educational opportunities for future practitioners.

b. **Veterans Integrated Service Network Academic Affiliations Officer.** The VISN Academic Affiliations Officer is the designated education leader at the VISN level. Appointed by the VISN Director, the VISN Academic Affiliations Officer is responsible for:

(1) Assisting the VISN Director in overseeing educational programs for all health professions within the VISN.

(2) Serving as an advocate for educational needs and obligations related to VISN planning and decision-making.

(3) Encouraging the completion of VISN-wide educational goals that complement VA national education policies as offered through the *Mandatory Training for Trainees* course.

(4) Assisting VISN facilities in:

(a) Completing academic affiliation agreements.

(b) Implementing education policies.

(c) Sharing best practices to accomplish these implementations.

c. **Medical Facility Director or Designee.** The medical facility Director, or designee, is responsible for:

(1) Ensuring that appropriate levels of supervision are provided. This must be monitored at the facility as an evaluative, quality management process, with oversight at the VISN and national levels.

(2) Establishing processes on monitoring associated health clinical supervision, ensuring that the supervision of trainees is reviewed annually for at least 20 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.

(3) Ensuring that, as a health record review process and quality management activity, documents and data arising from monitoring are confidential and protected under Title 38 United States Code (U.S.C.) 5705, Confidentiality of Medical quality-Assurance Records, and its implementing regulations at 38 CFR 17.500, et seq.

(4) Appointing the Designated Education Officer.

(5) Ensuring that VA Training Program Directors have sufficient protected time to guide and direct their training programs.

(6) Reviewing data on trainee supervision (see paragraph 9.b.).

(7) Ensuring that quality care is provided to Veterans by supervising practitioners and trainees.

(8) Establishing local processes to fulfill requirements of this Handbook and of accrediting and certifying bodies.

d. **Designated Education Officer.** The Designated Education Officer (DEO) (often with the organizational position title of Associate Chief of Staff for Education (ACOS/E) has direct oversight responsibility for all health professions training at each VA medical 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.

e. **VA Training Program Director.** For a VA-sponsored training program, the VA Training Program Director has responsibility for administration of the training program and for ensuring that the program provides quality education and complies with standards of accrediting and certifying bodies. For a program sponsored by an affiliated institution, the VA Training Program Director responsible for the management of training program activities at the VA medical facility must be a VA employee. In either case, the VA 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 VA health care system.

(3) Ensures that trainees complete the required course, *Mandatory Training for Trainees (MTT)*. The MTT course encompasses all required training for trainees.

(4) Assigns graduated levels of responsibilities for trainees in collaboration with the supervising practitioner and ensures that trainees function within the assigned levels of responsibility.

(5) Ensures that supervising practitioners are oriented to their roles and responsibilities for supervision of trainees.

(6) Ensures that supervising practitioners provide quality supervision to trainees.

(7) Ensures that supervising practitioners provide systematic feedback to trainees.

(8) Ensures that trainees have opportunities to give feedback regarding supervising practitioners, the training program, and the VA medical facility.

(9) Guides actions regarding trainee-related problems.

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

f. **Supervising Practitioner.** The supervising practitioner is responsible for all trainee activities occurring under supervision, as delineated throughout this Handbook.

(1) **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, predoctoral and postdoctoral fellows, and similar trainee positions.

(a) 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.

(b) Each trainee is responsible for:

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

2. Completing VA's Mandatory Training for Trainees (MTT), which includes all required security and privacy training, for adhering to Health Insurance Portability and Accountability Act (HIPAA) Privacy and Information Security requirements, and for following related VA policies and procedures.

11. REFERENCES:

a. Bernard, J.M., & Goodyear, R.K., Fundamentals of Clinical Supervision 5th ed. Upper Saddle River, NJ: Pearson 2013.

b. 38 U.S.C. 5705.

c. VHA Handbook 1400.01, Resident Supervision.

d. VHA Directive 1400, Office of Academic Affiliations.

e. VHA Manual M-8, Academic Affairs.

f. VHA Directive 2009-002, Patient Care Data Capture.

g. VHA Handbook 1141.01, Home-Based Primary Care Program.

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

1. In general, trainees with less education or training within each discipline require more intense and 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 and local policy, supervision may be more intensive or closer than that indicated in this policy, but must never be less than what the policy requires.

2. Within these guidelines, each discipline, at a national level, may develop its own standards for when each type of supervision may be used. In the absence of direction from national discipline leadership, the Veteran Integrated Service Network (VISN) or local Department of Veterans Affairs (VA) medical facility may develop its own policy regarding the types of supervision to be used. In the absence of national discipline, VISN, or local facility guidance, supervisors and trainees must adopt the most intense supervision of the types authorized.

3. The following chart delineates, for each associated health discipline and for all levels of training within the discipline, the types of supervision that are permissible for those trainees. If training is provided for a discipline not listed below, please consult Office of Academic Affiliations (OAA) for guidance.

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

b. **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 or treatment plans. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

c. **Available.** Services furnished by trainee under supervising practitioner’s guidance. The supervising practitioner’s presence is not required during the provision of services. The supervising practitioner is 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	Sub-type (if applicable)	Educational Level	Supervision Type - Room	Supervision Type - Area	Supervision Type - Available
Associated Health Postdoctoral Fellowship (not otherwise specified below)		Postdoctoral Fellow	Yes	Yes	Yes
Chaplaincy (Clinical)		Chaplain Student, Pre-	Yes	Yes	No

APPENDIX A

Discipline	Sub-type (if applicable)	Educational Level	Supervision Type - Room	Supervision Type - Area	Supervision Type - Available
Pastoral Education)		baccalaureate			
Chaplaincy (Clinical Pastoral Education)		Chaplain Student, Pre-masters	Yes	Yes	Yes
Chaplaincy (Clinical Pastoral Education)		Chaplain Student, Predoctoral	Yes	Yes	Yes
Chiropractic		Doctoral Student, 3 rd -4 th Year	Yes	Yes	No
Chiropractic		Post-graduate Resident	Yes	Yes	Yes
Clinical Laboratory Science/Medical Technology	Clinical Laboratory Scientist/ Medical Technologist	Baccalaureate or Masters Student	Yes	Yes	Yes
Clinical Laboratory Science/Medical Technology	Clinical Laboratory Technician/ Medical Laboratory Technician	Associate Degree Student	Yes	Yes	No
Clinical Laboratory Science/Medical Technology	Blood Bank Technology - Specialist	Post-baccalaureate or Masters Student	Yes	Yes	Yes
Clinical Laboratory Science/Medical Technology	Cytotechnologist	Baccalaureate or Masters Student	Yes	Yes	Yes
Clinical Laboratory Science/Medical Technology	Histology Technician	Baccalaureate Student	Yes	Yes	No
Clinical Laboratory Science/Medical Technology	Histology Technologist	Baccalaureate Student	Yes	Yes	No
Clinical Laboratory Science/Medical Technology	Pathologists' Assistant	Masters Student	Yes	Yes	Yes
Clinical Laboratory Science/Medical Technology	Phlebotomist	Post-secondary Certificate Student	Yes	Yes	No
Dental Related Occupations	Dental Assistant	Post-secondary Student	Yes	Yes	No
Dental Related	Dental Hygienist	Associate Degree to	Yes	Yes	No

Discipline	Sub-type (if applicable)	Educational Level	Super- vision Type - Room	Super- vision Type - Area	Super- vision Type - Available
Occupations		Masters Student			
Dental Related Occupations	Dental Laboratory Technician	Post-secondary Student	Yes	Yes	No
Dental Related Occupations	Maxillofacial Prosthetics	Post- baccalaureate Fellow	Yes	Yes	No
Diagnostic Medical Sonographer (Ultrasonographer)		Associate Degree or Baccalaureate Student	Yes	Yes	No
Dietetics	Dietitian/ Nutritionist	Post- baccalaureate or Combined Masters Intern	Yes	Yes	Yes
Dietetics	Dietetic Technician	Associate Degree Student	Yes	Yes	No
Electroneuro- diagnostic Technologist		Associate Degree or Baccalaureate Student	Yes	Yes	No
Health Information Management	Health Information Administrator	Baccalaureate Student	Yes	Yes	No
Health Information Management	Health Information Technician	Associate Degree Student	Yes	Yes	No
Marriage and Family Therapist		Masters Student/ Intern	Yes	Yes	Yes
Medical and Surgical Support	Anesthesiologist Assistant	Post- baccalaureate Student	Yes	Yes	No
Medical and Surgical Support	Biomedical Clinical Engineer	Post- baccalaureate Resident	Yes	Yes	No
Medical and Surgical Support	Biomedical Instrumentation Technician	Associate Degree or Baccalaureate Student	Yes	Yes	No
Medical and Surgical Support	Cardiovascular Perfusionist	Post- baccalaureate Student	Yes	Yes	No

Discipline	Sub-type (if applicable)	Educational Level	Super- vision Type - Room	Super- vision Type - Area	Super- vision Type - Available
Medical and Surgical Support	Cardiovascular Technologist	Post-secondary Student	Yes	Yes	No
Medical and Surgical Support	Respiratory Therapist, Advanced	Graduate Student	Yes	Yes	No
Medical and Surgical Support	Respiratory Therapist, Entry level	Associate Degree or Baccalaureate Student	Yes	Yes	No
Medical and Surgical Support	Surgical Assistant	Associate Degree or Baccalaureate Student	Yes	Yes	No
Medical and Surgical Support	Surgical Technologist	Post-secondary Student	Yes	Yes	No
Medical Assistant		Associate Degree Student	Yes	Yes	No
Nuclear Medicine Technologist		Pre-associate Degree or Pre- baccalaureate Intern	Yes	Yes	No
Nursing - Professional Level- Registered Nurse (RN)		Associate Degree Student	Yes	Yes	No
Nursing - Professional Level (RN)		Diploma Student	Yes	Yes	No
Nursing - Professional Level (RN)		Baccalaureate, Entry level	Yes	Yes	No
Nursing - Professional Level (RN)		Baccalaureate, RN to BSN	Yes	Yes	Yes
Nursing - Professional Level (RN)		Masters, Entry level	Yes	Yes	Yes
Nursing - Professional Level (RN)		Masters, RN to MSN	Yes	Yes	Yes
Nursing - Professional Level		Post- baccalaureate	Yes	Yes	Yes

Discipline	Sub-type (if applicable)	Educational Level	Supervision Type - Room	Supervision Type - Area	Supervision Type - Available
(RN)		Resident			
Nursing - Professional Level (RN)		Nurse Practitioner Student	Yes	Yes	No
Nursing - Professional Level (RN)		Nurse Practitioner Resident	Yes	Yes	Yes
Nursing - Professional Level (DNP)		Doctor of Nursing Practice (DNP), Entry Level	Yes	Yes	No
Nursing - Professional Level (RN)		Doctoral, RN to Doctoral	Yes	Yes	Yes
Nursing - Professional Level (PhD, RN)		Postdoctoral Fellow (PhD)	Yes	Yes	Yes
Ophthalmic Related Occupations	Ophthalmic Medical Technologist	Baccalaureate Student	Yes	Yes	No
Ophthalmic Related Occupations	Ophthalmic Technician	Post-secondary Student	Yes	Yes	No
Optometry. See Handbook 1400.1, Resident Supervision, for policy on supervision of Optometry residents.	Optometrist	Doctoral Student (2 nd -4 th Yr), Residency, Fellowship	Yes	Yes	No
Optometry Related Occupations	Optometric Technician	Associate Degree or Post-secondary Student	Yes	Yes	No
Orthotics and Prosthetics		Baccalaureate or Post-baccalaureate Student	Yes	Yes	Yes
Pharmacy	Pharmacist	Doctoral Student	Yes	Yes	No
Pharmacy	Pharmacist	Postdoctoral Resident	Yes	Yes	Yes
Pharmacy	Pharmacist	Postdoctoral Fellow	Yes	Yes	Yes

Discipline	Sub-type (if applicable)	Educational Level	Super- vision Type - Room	Super- vision Type - Area	Super- vision Type - Available
Pharmacy	Pharmacy Technician	Certificate or Associate Degree Student	Yes	Yes	No
Physician Assistant		Baccalaureate or Masters Student	Yes	Yes	No
Physician Assistant		Post-degree Resident	Yes	Yes	Yes
Podiatry (See Handbook 1400.01, Resident Supervision, for policy on supervision of Podiatry residents).		Doctoral Student (1 st -2 nd -3 rd -4thYr)	Yes	Yes	No
Professional Mental Health Counselor		Masters Student/ Intern	Yes	Yes	Yes
Psychology		Predoctoral Student/Extern	Yes	Yes	Yes
Psychology		Predoctoral Intern	Yes	Yes	Yes
Psychology		Postdoctoral Fellow	Yes	Yes	Yes
Radiologic Technology	Cardiovascular Interventional Technologist	Associate Degree or Baccalaureate Student	Yes	Yes	No
Radiologic Technology	Computed Tomography (CT) Technologist	Associate Degree or Baccalaureate Student	Yes	Yes	No
Radiologic Technology	Magnetic Resonance Technologist	Associate Degree or Baccalaureate Student	Yes	Yes	No
Radiologic Technology	Mammographer	Associate Degree or Baccalaureate Student	Yes	Yes	No
Radiologic Technology	Medical Dosimetrist	Associate Degree or Baccalaureate Student	Yes	Yes	No
Radiologic	Radiation Therapist	Associate	Yes	Yes	No

Discipline	Sub-type (if applicable)	Educational Level	Super- vision Type - Room	Super- vision Type - Area	Super- vision Type - Available
Technology		Degree or Baccalaureate Student			
Radiologic Technology	Radiographer	Associate Degree or Baccalaureate Student	Yes	Yes	No
Rehabilitation	Audiologist	Predoctoral Extern	Yes	Yes	Yes
Rehabilitation	Audiologist	Predoctoral Clinical Rotation	Yes	Yes	No
Rehabilitation	Blind and Visual Impairment Professions	Baccalaureate or Masters Student	Yes	Yes	Yes
Rehabilitation	Creative Arts Therapist (Art)	Baccalaureate or Masters Student	Yes	Yes	Yes
Rehabilitation	Creative Arts Therapist (Music)	Baccalaureate or Masters Student	Yes	Yes	Yes
Rehabilitation	Exercise Physiologist	Masters Student	Yes	Yes	No
Rehabilitation	Horticulture Therapist	Baccalaureate Student	Yes	Yes	Yes
Rehabilitation	Kinesiotherapist	Baccalaureate or Masters Student	Yes	Yes	Yes
Rehabilitation	Manual Arts Therapist	Baccalaureate Student	Yes	Yes	Yes
Rehabilitation	Massage Therapist	Post-secondary Student	Yes	Yes	No
Rehabilitation	Occupational Therapist Assistant	Post-secondary Student	Yes	Yes	Yes
Rehabilitation	Occupational Therapist	Masters or Doctoral Student	Yes	Yes	Yes
Rehabilitation	Physical Therapist	Masters or Doctoral Student or	Yes	Yes	Yes

Discipline	Sub-type (if applicable)	Educational Level	Super- vision Type - Room	Super- vision Type - Area	Super- vision Type - Available
		Postdegree Resident			
Rehabilitation	Physical Therapist Assistant	Post-secondary Student	Yes	Yes	Yes
Rehabilitation	Speech-Language Pathologist	Post-masters Clinical Fellow	Yes	Yes	Yes
Rehabilitation	Speech-Language Pathologist	Masters Student	Yes	Yes	No
Rehabilitation	Recreation Therapist	Baccalaureate or Masters Student	Yes	Yes	Yes
Rehabilitation	Recreation Therapist Assistant	Associate Degree Student	Yes	Yes	No
Rehabilitation Counseling	Alcohol and Drug Counseling	Masters Student	Yes	Yes	Yes
Rehabilitation Counseling	Vocational Rehabilitation Counseling	Masters Student	Yes	Yes	No
Social Work		Baccalaureate Student	Yes	Yes	No
Social Work		Masters Student/ Intern	Yes	Yes	Yes
Social Work		Predoctoral Student	Yes	Yes	Yes
Social Work		Post-masters Fellow	Yes	Yes	Yes
Social Work		Postdoctoral Fellow	Yes	Yes	Yes