CLINICAL TRAINEE REGISTRATION

- **1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policy for the collection of information that is necessary for the administration of VHA's affiliated clinical training programs. *NOTE:* This information will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs.
- **2. BACKGROUND:** To meet the requirements of the Government Performance and Results Act (GPRA), a national performance measure was established for VHA's teaching mission. Quantitative assessment of this performance measure occurs through an annual survey of trainees' perceptions of their clinical training experience. Attempts to identify all clinical trainees have been problematic because the Department of Veterans Affairs (VA) lacks a systematic way of capturing basic information on clinical trainees electronically.
- **3. POLICY:** It is VHA policy that all trainees who come to VA for their clinical training must be registered using the "New Person" file in the Veterans Health Information Systems and Technology Architecture (VistA). **NOTE:** This policy applies to all clinical trainees (e.g., medical and dental students and residents, associated health trainees, fellows, and any other students) regardless of type of appointment or pay status (i.e., paid directly by VA, paid via disbursement agreement, or without compensation) or length of training.
- **4. ACTION:** The facility Director is responsible for ensuring that:
- a. All current trainees are registered in VistA's "New Person" file no later than September 1, 2003. **NOTE**: The information required to register each trainee is provided in the attached Clinical Trainee Registration Form. This VA Form 10-0410 dated May 2003, may be used as a worksheet to collect trainee information for entering the data in the "New Person" file in VistA.
- b. A process is established to ensure that new clinical trainees are registered within 72 hours of their starting date.
- c. A VistA patch (XU*8*251) is installed for entering trainee information in the "New Person" file in VistA.
- 5. REFERENCES: None.
- **6. FOLLOW-UP RESPONSIBILITY:** The Office of Academic Affiliations (144) is responsible for the contents of this directive. Questions may be referred to 202-273-8380.
- 7. **RESCISSION:** This VHA directive expires on June 30, 2008.

Robert H. Roswell, M.D. Under Secretary for Health

Attachment

DISTRIBUTION: CO: E-mailed 6/18/03

FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 6/18/03

THIS VHA DIRECTIVE EXPIRES JUNE 30, 2008

Department of Veterans Affairs

CLINICAL TRAINEE REGISTRATION FORM

Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA). This form may also be printed from the OAA website: http://yaww.va.gov/oaa/policies.asp

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

First Name	MI	Last Name							
Social Security Number		Home	Ema	il Address					
Tionie		Lilla	III Addiess						
Street Address 1									
Street Address 2									
Street Address 3									
City		State			Zi	ip			
-									
Current Degree Level: (mark only one)									
O Certificate/Diploma O Associate				Post-master's fello Doctoral	ows	hip			
O Baccalaureate			_	Postdoctoral (other	er th	an residents)			
O Master's				Residency/Fellow					
Program of Study: (mark only one)									
(Discipline that best describes the current program of study									
•	J	,							
O Audiology O Chaplaincy			0	Medical/Surgica Tech, Biomedica			atory		
O Dentistry			0	Nurse Anestheti		cn, etc.)			
O Dietetics			0	Nursing					
O Health Information			0	Optometry					
O Health Services Research & Development			0	Other					
O Imaging (Radiologic/Ultrasound Tech, etc.) O Laboratory			0	Pharmacy Physician Assistant					
O Medical Student			ŏ	Podiatry					
O Medical Resident/Fellow			ŏ						
O Medical Post-residency Physician in a VA			0	, ,,					
Special Fellowship (Ambulatory Care, National			O Social Work						
Quality Scholars, Women's Health, etc.)			0	Speech-Langua	ge P	athology			
What is the LAST YEAR that you anticipate being in a training			0	2003	0	2004	0	2005	
program at this VA facility?			0	2006	0	2007	0	2008	
-									

VA FORM MAY 2003 10-0410