Manual M-6, DM&S Program Evaluation

(Veterans Administration, Department of Medicine and Surgery Manual)

Part II, Evaluation Criteria

Chapter 13, Psychology—Clinical, Counseling, Social, Physiological (Paragraphs 13.01 through 13.15)

Consolidates Chapter 13 and Chapter 14, both dated March 15, 1961

This document includes:

Title page and p. ii for M-6, Part II, dated **November 14, 1960** Rescissions page for M-6, Part II, dated **December 1, 1969** Contents pages for M-6, Part II, dated **December 1, 1969**

Text for Chapter 13, dated July 2, 1962 (Change 6)

Transmittal sheets located at the end of the document:

Change 6, dated **July 2, 1962**Change 1, dated **March 15, 1961**

Reference slip dated November 11, 1977 regarding all of M-6, Part II

DM&S PROGRAM EVALUATION



PART TWO EVALUATION CRITERIA

Department of Medicine and Surgery Veterans Administration Washington 25, D.C.

November 14, 1960

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is published for the compliance of all concerned.

WILLIAM S. MIDDLETON, M.D. Chief Medical Director

Distribution:

()

CO: Same as M-6, Part I. Field: HP: 5; CNR, CND: 6; AMO: 8 each.

RO w/Outpatient Clinics, VAOC, VAD, SD: 3 each.

(...)

RESCISSIONS

The following material is rescinded:

- 1. COMPLETE RESCISSIONS
 - a. Manuals

A. Town or since

1 : 11 : 12 : 1

Change 9, dated December 14, 1962, to M-6, part II

40

CONTENTS

PARAG	RAPH	PAGE
	CHAPTER 1. INTRODUCTION	
1.01	Principles and Philosophy	1-1 1-1
1.03 1.04 1.05	Considerations in Use of Evaluation Criteria	1-2 1-2
1.06 1.07	Other Resources	1-2 1-3 1-3
1.08	Conclusion	1-3
2.01	CHAPTER 2. CHAPLAINS	
2.01	Major Elements for Consideration	2-1 2-1
2.03 2.04	Criteria for Evaluation	2-1 2-1
2.05 2.06	Regularly Scheduled Services of Workship Integration Into Total Care and Treatment Program	2-2
2.07	Facilities and Equipment	2-2 2-2
2.08 2.09	Staffing	2-3
2.10	Relationship With the Community	2-3 2-3
	CHAPTER 3. DIETETIC SERVICE	
3.01 3.02	General	3-1
3.02	Major Elements for Consideration	3-1 3-1
3.04	Planning	3-1 3-1
3.05	Patient Treatment and Education	3-2
3.06 3.07	Nutritional and Cost Accounting	3-3
3.08	Food Service	3-3
3.09	Manpower Utilization	3-5 3-6
3.10	Education and Training	3-6
3.11	Internal and External Relations	3-8
	CHAPTER 4. NURSING SERVICE	
4.01	General	4-1
4.02	Major Elements for Consideration	4-1
4.03	Criteria for Evaluation	4-1
4.04 4.05	Organization and Administration of Nursing Service	4-1
4.06	Nursing Services to Patients	4-2
4.07	Extra VA Contributions to Professional Nursing	4-3 4-3
4.08	Systematic Review and Appraisal	4-3 4-4
4.09	Nursing Service 'Climate'	4-4
	CHAPTER 5. PHARMACY SERVICE	
5.01	General	5-1
5.02	Major Elements for Consideration	5-1
5.03	Criteria for Evaluation	5-1
5.04 5.05	Professional Service	5-1
5.06	Pharmacy Personnel	5-2 5-2
		J-4

ζ1⁹

PARAGRAPH		
	CHAPTER 5. PHARMACY SERVICE Continued	
5.07 5.08 5.09 5.10 5.11 5.12 5.13 5.14 5.15 5.16	Dispensing Practices	5-2 5-4 5-5 5-5 5-5 5-6 5-6 5-6
6.01 6.02 6.03	General	6-1 6-1 6-1
	CHAPTER 7. RADIOLOGY SERVICE	
7.01 7.02 7.03 7.04 7.05 7.06 7.07 7.08 7.09 7.10 7.11 7.12	General Major Elements for Consideration	7-1 7-1 7-1 7-1 7-2 7-2 7-3 7-3 7-3 7-4 7-4
8.01 8.02 8.03 8.04 8.05 8.06 8.07 8.08 8.09	General	8-1 8-1 8-1 8-1 8-2 8-2 8-3 8-4
	CHAPTER 9. BUILDING MANAGEMENT DIVISION	
9.01 9.02 9.03 9.04 9.05 9.06 9.07 9.08 9.09 9.10 9.11	General	9-1 9-1 9-1 9-2 9-3 9-4 9-4 9-6 9-7

PARAGRAPH		
	CHAPTER 10. DOMICILIARY SERVICES	
10.01 10.02 10.03 10.04 10.05 10.06 10.07 10.08 10.09 10.10	General Major Elements for Consideration Physical Facilities Supportive Facilities Organization and Staffing Management and Direction Congregate Living Activity Planning Board Member Employees General Operation Payment of Federal Aid	10-1 10-1 10-2 10-2 10-3 10-3 10-4 10-4
	CHAPTER 11. DENTAL SERVICE	
11.01 11.02 11.03 11.04 11.05 11.06 11.07 11.08 11.09 11.10	General	11-1 11-1 11-1 11-2 11-2 11-3 11-3 11-4
	CHAPTER 12. PSYCHIATRY AND NEUROLOGY	
	Section I. General	
12.01	Introduction	12-1
	Section II. Psychiatry (Inpatient)	
12.02 12.03 12.04 12.05 12.06 12.07	Major Elements for Consideration	12-1 12-1 12-2 12-4 12-4 12-4
	Section IIIA. Psychiatry (Outpatient) Mental Hygiene Clinics	
12.08 12.09 12.10 12.11 12.12 12.13	Major Elements for Consideration	12-5 12-5 12-6 12-6 12-7
	Section IIIB. Psychiatry (Outpatient) NP Examination Service	
12.14 12.15 12.16 12.17 12.18	Major Elements for Consideration	12-7 12-7 12-7 12-7 12-8
12.19	Program Support	12-8

 $\langle x^{p}\rangle$

PARAGRAPH		
	CHAPTER 12. PSYCHIATRY AND NEUROLOGYContinued	
	Section IV. Neurology (Inpatient)	
12.20 12.21 12.22 12.23 12.24 12.25 12.26 12.27 12.28 12.29 12.30	Major Elements for Consideration	12-9 12-9 12-9 12-10 12-11 12-11 12-13 12-13
	CHAPTER 13. PSYCHOLOGY (CLINICAL, COUNSELING, SOCIAL, PHYSIOLOGICAL)	
13.01 13.02 13.03 13.04 13.05 13.06 13.07 13.08 13.09 13.10 13.11 13.12 13.13 13.14 13.15	General	13-1 13-2 13-2 13-3 13-4 13-5 13-5 13-6 13-7 13-8 13-9 13-9
	Section I. General	
15.01	Introduction	15-1
15.02 15.03 15.04 15.05 15.06 15.07 15.08 15.09 15.10	Major Elements for Consideration	15-1 15-1 15-2 15-2 15-3 15-3 15-4 15-4

63

PARAC	RAPH	PAGE
	CHAPTER 15. PHYSICAL MEDICINE AND REHABILITATION SERVICEContinued	
	Section III. Industrial Therapy	
15.11 15.12 15.13	Major Elements for Consideration	15-4 15-4 15-4
	Section IV. Member-Employee Program	
15.14 15.15 15.16	Major Elements for Consideration	15-5 15-5 15-5
	Section V. Blind Rehabilitation	
15.17 15.18 15.19 15.20	Major Elements for Consideration	15-5 15-5 15-6 15-6
	Section VI. (Deleted by change 17.)	
15.21 th	rough 15.25 (Deleted by change 17.)	
	Section VII. Recreation	
15.26 15.27 15.28 15.29	Major Elements for Consideration	15-8 15-8 15-8 15-9
	CHAPTER 16. REGISTRAR AND MEDICAL ADMINISTRATIVE PROGRAMS	
16.01 16.02 16.03 16.04 16.05 16.06 16.07 16.08 16.09 16.10	General	16-1 16-1 16-1 16-1 16-2 16-3 16-4 16-7 16-9 16-12
17.01	General	17_1
17.02 17.03 17.04 17.05	Major Elements for Consideration	17-1 17-1 17-1 17-1 17-2

M-6, Part II Change 17

PARAGI	RAPH	PAGE
	CHAPTER 18. LIBRARY	
18.01	General	18-1 18-1
18.02	Criteria for Evaluation	18-1
18.03	- D D1ind	18-1
18.04	Dark Collection	18-2
18.05	- TO	18-2
18.06		18-3
18.07	Escilition and Fourment	18-3
18.08 18.09		18-3
18.10	To the second Tetrahamital Palations	18-4
18.11	Procurement and Cataloging	18-4
	CHAPTER 19. SPINAL CORD INJURY PROGRAM	
10.01	Introduction	19-1
19.01 19.02	at the Elements for Consideration	19-1
19.02	- C 14 de feu Production	19-1
19.04	Chattanian 1 Doto	19-1
19.05	0.66	19-2
19.06		19-4
19.07	TO A 17 A 1	19-4
19.08	Physical Facilities	19-6
	CHAPTER 20. ENGINEERING DIVISION	
20.01	Introduction	20-1
20.01	as the Discount for Consideration	20-1
20.02		20 - I
20.03	- Maring war and Administration	20-1
20.04	Descentive Maintenance Program	20-4
20.05	Dhesical Condition and Appearance of Plant and Equipment	20-4
20.06 20.07	Dhysical Condition and Appearance of Roads, Walks and Grounds	20-5
_	Safety, Fire Protection and Civil Defense Programs	20-5
20.08 20.09	/D-1-t-d has abanca 0)	
20.10	Automotive Vehicle Operations	20-6
20.10	To the Direct Operations and the second seco	20-6
20.11	The second Distribution Systems	20-7
20.12	111. A C	20-7
20.13	g and We ste Disposed	20-7
20.15	Personnel Quarters	20-8
	CHAPTER 21. LABORATORY SERVICE	
21.01	General	21-1
21.01 21.02	1	21-1
21.02		21-1
21.03	CL CC . A Chaffing	21-1
21.04	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	21-3
-		21-3
21.06 21.07	T 1 -4 Decedance	21-3
	σ σ . The potential and Evaluation Studies σ σ σ σ	21-5
21.08		21-5
21.09		21-5
21.10	Animal Housing	21-6
21.11	Motfae	

43

PARAGR	АРН	PAGE
	CHAPTER 22. FISCAL PROGRAM	
22.01 22.02 22.03 22.04 22.05 22.06 22.07	General	22-1 22-1 22-1 22-1 22-2 22-2 22-2
	CHAPTER 23. SUPPLY PROGRAM	
23.01 23.02 23.03 23.04 23.05 23.06 23.07 23.08	General	23-1 23-1 23-1 23-1 23-2 23-3 23-5 23-6
`	CHAPTER 24. SURGICAL SERVICE	
24.01 24.02 24.03 24.04 24.05 24.06 24.07 24.08 24.09 24.10 24.11	Major Elements for Consideration	24-1 24-1 24-1 24-2 24-3 24-5 24-5 24-6 24-7 24-8
21,11	CHAPTER 25. MEDICAL SERVICE	
	Section I. General	
25.01 25.02	Introduction	25-1 25-1
25.03 25.04 25.05 25.06 25.07 25.08 25.09 25.10 25.11 25.12	Patient Statistics	25-1 25-2 25-2 25-2 25-3 25-3 25-4 25-5 25-6
	Section III. Outpatient Clinics	
25.13 25.14 25.15 25.16	Patient Statistics	25-6 25-6 25-7 25-7

PARAGRAPH		
	CHAPTER 26. MANAGEMENT	
26.01 26.02 26.03 26.04 26.05 26.06 26.07 26.08	General	26-1 26-1 26-1 26-2 26-3 26-3 26-6
	CHAPTER 27. PERSONNEL DIVISION	
27.01	General	27-1
	CHAPTER 28. AUDIOLOGY AND SPEECH PATHOLOGY	
28.01 28.02 28.03 28.04 28.05 28.06 28.07 28.08 28.09 28.10 28.11	General	28-1 28-2 28-2 28-2 28-3 28-4 28-4 28-5 28-5 28-5
29.01 29.02 29.03 29.04 29.05 29.06 29.07 29.08 29.09 29.10	General	29-1 29-1 29-1 29-2 29-3 29-4 29-4 29-5 29-5

CHAPTER 13. PSYCHOLOGY

CLINICAL, COUNSELING, SOCIAL, PHYSIOLOGICAL

13.01 GENERAL

- a. This guide for supervisory review and evaluation of psychology attempts to use a common matrix of factors which encompass the functional activities and skills of psychologists in hospitals, clinics, and domiciliaries. It should not be perceived as a comprehensive checklist. In fact, using the evaluation factors as a checklist would be inappropriate, as the intent is to reflect functional activities as an integral part of an evaluative process. The suggested factorial elements constitute only a partial list of professional responsibilities and activities, and skilled judgment must be used in the process of evaluation and supervision. The quarterly psychology report will provide additional statistical information as to the scope of activities and should be considered concurrently with the criteria furnished hereinafter.
- b. Psychologists in the VA are engaged in performance, consultation, training, research, supervision, and administration of professional scientific work, each of which involves and relates to behavior, capacities, traits, interests, and actions of both human and animal organism. Comprehensive medical treatment includes rehabilitation or restoration to a social and economic status in harmony with an individual's capabilities, and if possible, to a level as high or higher than the veteran enjoyed prior to the onset of the illness or injury. Consistent with these concepts, all veterans are eligible for vocational counseling services without regard to service connection. Furthermore, vocational counseling should extend beyond the hospital or clinic environs as needed for accomplishment of complete medical treatment. This work may involve any one or a combination of the following functions:
 - Application of professional knowledge of psychological principles, theories, methods or data to practical situation and behavior problems (services);
 - (2) Experimentation with and/or systematic observation of organisms in an effort to develop scientific principles or laws concerning relationships of behavior to factors of environment, experience, biology, and physiology of with a view to practical application of findings (research);
 - (3) Provision of training in psychological principles, theories, methods and techniques to advance knowledge and appropriate use thereof (training);
 - (4) The furnishing of professional advice on the solution of problems, or on feasibility and evaluation of projects, program data or plans in connection with services, research or training (consultation).
- c. These four general and functional definitions of activities break down into fairly specific factors which pertain directly to the psychologist's role in a medical setting.

13.02 MAJOR ELEMENTS FOR CONSIDERATION

The factors outlined below provide a nationwide standard for program evaluation as well as criteria for use in supervisory review.

- a. Assessment and evaluation.
- b. Behavior modification.
- c. Placement.
- d. Followup.
- e. Consultation.
- f. Training.

- g. Research.
- h. Community relations.
- i. Administration.
- j. Principal staff psychologist (Chief).
- k. Other staff psychologists.
- 1. Staffing, physical facilities, equipment and supplies.

13.03 EVALUATION CRITERIA

Inherent in each major factor is a number of elements which contribute in importance to each factor. The elements will vary directly or indirectly in emphasis with the resources available, the nature and characteristics of the patient population, as well as the geographic and economic factors from which the patient population is drawn.

13.04 ASSESSMENT AND EVALUATION

The use of psychological methods, instruments and techniques for the purposes of measurement, understanding and prediction of behavior. This duty typically includes the administration and interpretation of instruments for assessing intelligence, achievement, aptitude, interest, personality, behavior characteristics and capacities, functional levels of individuals, social interaction, social maturity, interpersonal relationships, and vocational capability. Methods or instruments commonly utilized are objective and projective tests, rating scales, interviews, personal histories and observation.

- a. Citing and integration of pertinent historical data.
- b. Selection of appropriate psychological appraisal, diagnostic and assessment techniques.
 - c. Assessment of personality structure.
 - d. Presence or absence of personality disturbances.
 - e. Evaluation of the cognitive, abstractive, reasoning abilities.
 - f. Interplay of ideation and emotion.
 - g. Nature of dynamics of personal value system.
 - h. Astuteness to behavioral manifestations during psychodiagnostic study.
 - i. Judicious probing and followup of cues.
 - j. Configural analyses of psychological battery.
 - k. Integration of physical status and psychological data.
- 1. Appropriate relationship of psychological findings for treatment, diagnostic, adjudication and forensic purposes.
 - m. Interpersonal relationships.
- n. Adaptiveness of subject to stress, frustration, etc., related to individual assets and liabilities.
 - o. Definitiveness of psychodiagnostic findings.
 - p. Definitiveness of recommendations for treatment (psychotherapy, milieu, etc.).

- q. Appropriate reappraisal of patient during and at completion of treatment or in relation to patient disposition.
 - r. Adequacy of communication of information.
 - s. Discriminating use of consultants.
 - t. Discriminating use of data from other departments and services.
- u. Number and type of wards covered by psychology. Number and type not covered.
 - v. Utilization of trainees by year level.
 - w. Liaison and rapport with other departments.
 - x. Use of clinical data for training and research.

13.05 BEHAVIOR MODIFICATION

The utilization and application of psychological principles and appropriate techniques in individual or group psychotherapy/counseling, conditioning methods, group dynamics, milieu therapy, habit training and learning techniques which provide for improved motivation, communication, adjustment, adaptation and vocational attainment. In certain duties, traditional techniques or methods are adapted to the particular demands of the environmental situation or the needs of the patient population.

- a. Formulation of logical therapy plan.
- b. Application of therapeutic methods.
- c. Types and effects of individual therapy.
- d. Types and effects of group therapy.
- e. Ward milieu therapy.
- f. Appreciation of therapeutic milieu.
- g. Psychologist-patient relationships.
- h. Adequacy of therapeutic notes and progress reports.
- i. Appreciation and judicious use of patient government.
- j. Relation to other services and programs.
- k. Staff and therapeutic ward conferences.
- 1. Therapeutic programming--intraward and interward.
- m. Relation to industrial therapy, etc.
- n. Utilization of psychology trainees by year level.
- o. Discriminating use of consultants.
- p. Liaison and rapport with other departments.
- q. Teaching of therapeutic processes.

- r. Adaptation of therapeutic methods to meet patient needs and characteristics.
- s. Integration of all therapeutic procedures.
- t. Discriminating use of other services.
- u. Use of clinical data for evaluation of therapeutic effectiveness.
- v. Adequate planning for posthospital adjustment.
- w. Transition from hospital, clinic, or domiciliary to the community.
- x. Special exit programs, motivation clinics, member-employee programs, etc.
- y. Day or night care programs, halfway houses, etc.

13.06 PLACEMENT

A unique feature of counseling psychology is the systematic scrutiny of a patient's assets and personality dynamics in relationship to vocational and employment potential and opportunities.

Areas of Inquiry:

- a. Placement in appropriate work situation.
- b. Utilization of hospital industries.
- c. Use of community, State and Federal resources.
- d. Liaison with PM&R therapies.
- e. Participation on Medical Rehabilitation Board.
- f. Adequacy of occupational information.
- g. Graduated work assignments.
- h. Job availability information.
- Training and assistance in forms of job attainment.
- j. Assistance as needed in visits to employment agencies, training centers or places of business.
 - k. Use of industrial institutes, seminars, etc.
 - 1. Providing potential employers with pertinent information.
 - m. Employers and community education regarding patient placement.
 - n. Use of sheltered employment.
 - o. Supportive transitional employment.

13.07 FOLLOWUP

Continuation of patient contacts as needed in order to optimize independent work functioning and community adjustment as related to work performance.

Areas of Inquiry:

a. Maintenance of patient contacts.

- b. Maintenance of employer contacts.
- c. Evaluation of rehabilitation procedures relating to work performance.
- d. Guidance and counseling as needed.

13.08 CONSULTATION

This involves the providing of expert professional opinion, advice, assistance or knowledge in the application and use of psychological methods, theories and techniques. Such activities are performed for purposes of facilitating and adapting methods of approach for purposes of increasing efficiency of work, providing knowledge which enchances the assessment, evaluation and behavior modification results with individual or groups of patients, and in the utilization of specific research methods, design techniques in problem solving or training of others.

Areas of Inquiry:

- a. Nature of consultation.
- b. Breadth of consulting activities.
- c. Breadth of consultation on diagnostic problems.
- d. Discriminating opinion presented in assessment, evaluation, and psychodiagnoses.
 - e. Therapeutic consultation.
 - f. Relation of consultation to therapeutic milieu.
 - g. Research consultation.
 - h. Management consultation.
 - i. Consultation on training programs and procedures.
 - j. Discriminating use of outside consultants.
 - k. Consultation to universities.
 - 1. Consultation with Federal, State, or community agencies or groups.
 - m. Consultation with employers.
 - n. Consultation on automatic data analysis methods.
 - o. Recognition of expertness of knowledge.
 - p. Administrative consultation.

13.09 TRAINING

The provision of instruction in psychological principles, methods, and techniques for purposes of increasing and advancing knowledge, and appropriate use of such information. Training activities will also involve the coordination and/or evaluation of the effects of training on changes in performance or behavior. In addition to training being given at the intraprofessional level, instruction is provided at interprofessional levels as well as to a wide variety of persons involved in direct services, research, management, administration and community relations.

- a. Station participation in teaching psychological knowledge.
- b. Teaching of psychology trainees.

- c. Teaching of other professional and nonprofessional personnel.
- d. Coordination and integration of training activities.
- e. Discriminating use of consultants.
- f. Training of variety in assessment and evaluation.
- g. Training in psychotherapeutic modalities.
- h. Judicious use of clinical data.
- i. Multidisciplinary training.
- j. Teaching conferences, seminars, symposiums, etc.
- k. Liaison with other departments and services.
- 1. Relations with universities.
- m. University and college affiliations.
- n. Teaching rounds.
- o. Outline of training resources.
- p. Intensity of utilization of training resources.
- q. Fostering of maturation and responsibility in psychology trainees.
- r. Psychologist-trainee relationship.
- s. Training in research knowledge.
- t. Nature of supervision.

13.10 RESEARCH

The systematic investigation and study of human beings and/or animals by the use of experimental, statistical and other research techniques. The purpose is to collect accurate data under controlled or known conditions in order to increase or advance psychological knowledge, to solve theoretical or practical problems, or to furnish a basis for the application of psychological data, methods, principles or techniques to problems encountered in direct services such as psychodiagnostics, psychotherapy, counseling, human relations, communications, personnel requirements, occupational requirements, training, etc. Specific research activities involve the identification and defining of a problem, hypotheses development, planning and experimental design, instrumentation, collection and analyses of data, interpretation and reporting. In addition to straight psychological research, the interrelated aspects of chemical, electrical, physiological, environmental, social and occupational adaptation are studied.

- a. Scope of research program.
- b. Emphasis on programmatic research in which a variety of research projects are undertaken.
 - c. Emphasis on project research rather than programmatic.
 - d. Adequacy of problem definition.
 - e. Nature of hypotheses.

- f. Nature of research planning.
- g. Quality of research design.
- h. Nature of instrumentation.
- i. Facility and accuracy of data analyses.
- j. Interpretation and generalization of results.
- k. New hypotheses development.
- 1. Nature of individual and multidisceplinary research.
- m. Basic and theoretical research.
- n. Applied research.
- o. Ingenuity in theoretical and applied research.
- p. Adequacy of controls in research.
- q. Cooperative research participation.
- r. Undisciplinary cooperative research.
- s. Multidisciplinary cooperative research.
- t. Liaison with other services and departments.
- u. Teaching of research knowledge.

13.11 COMMUNITY RELATIONS

Professional activities involving contacts with a wide variety of community officials, heads of civic and service organizations and officials of State and Federal programs as appropriate in the development and implementation of procedures for the work placement and followup of patients, professional relations with college and university faculty and officials, participation in professional and scientific organizations as well as the general public.

- a. Nature of psychology-community interaction.
- b. Variety and nature of contacts with civic, service, professional, State, and Federal program officials.
 - c. Relation of contacts to program implementation.
 - d. Impact of contacts for training, research, and direct services to patients.
 - e. Relation to colleges, universities, and other formal educational programs.
 - f. Participation in professional and scientific organizations.
 - g. Member of organizational boards.
 - h. Community lectures.
 - i. Academic appointments.
 - j. Offices held.

k. Committee appointments.

13.12 ADMINISTRATION

Responsible performance of activities which pertain to planning, developing, organizing, and execution of a psychology program in an installation or among a variety of installations such as hospitals, domiciliaries, clinics or research laboratories. Inherent in administration is the provision of supervision and guidance. The psychology program for which there is administrative responsibility encompasses direct services, research, training, consultation and community relations.

Areas of Inquiry:

- a. Adequacy of program plans.
- b. Status of program development and organization.
- c. Providing of leadership and guidance.
- d. Acceptance of responsibility for patient services, research, training, consultation, etc.
 - e. Balancing of program activities.
 - f. Interpersonal relationships.
 - g. Effectiveness in problem solution.
 - h. Maintenance of morale.
 - i. Dependability and consistency.
 - j. Decision-making ability.
 - k. Coordination of program activities with other services and departments.
 - Interdisciplinary relations.

13.13 PRINCIPAL STAFF PSYCHOLOGIST (CHIEF)

- a. Diagnostic skills.
- b. Therapeutic skills.
- c. Training and experience in field.
- d. Variety and levels of experience.
- e. Personal participation in teaching.
- f. Personal participation in research.
- g. Personal participation in consultation.
- h. Supervisory and administrative skills.
- i. Relation with other services.
- j. Acceptance in community, hospital, clinic or domiciliary, and university as a recognized psychologist.

- k. Maturity.
- 1. Leadership qualities.
- m. Health status.
- n. Intraprofessional and interprofessional relationships.
- o. Patient or member relationships.
- p. Relations with management officials.

13.14 OTHER STAFF PSYCHOLOGISTS

Areas of Inquiry: Same as for principal staff psychologist, paragraph 13.13.

13.15 STAFFING, PHYSICAL FACILITIES, EQUIPMENT, SUPPLIES

- a. Adequacy and distribution of staff
 - Adequacy of staffing to provide service to all patients for whom need is indicated.
 - (2) Proper distribution of staff and available time for effective accomplishment of services to patients and of special functions.
- b. Centralized or decentralized office locations.
- c. Proximity to the patient care area.
- d. Proximity to the responsible ward physician.
- e. Variety and adequacy of equipment.
- f. Adequacy of supplies.

July 2, 1962

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to consolidate Chapter 13, "Psychology (Clinical, Social, Physiological)" and Chapter 14, "Vocational Counseling," into a new Chapter 13, "Psychology (Clinical, Counseling, Social, Physiological)."

Pages v and vi: Remove these pages and substitute pages v and vi attached. (Contents brought up to date.)

Pages 13-1 through 14-6: Remove these pages and substitute pages 13-1 through 13-9 attached. (Ch. 13 revised; ch. 14 deleted.)

WILLIAM S. MIDDLETON, M. D Chief Medical Director

Distribution

Same as DM&S Manual M-6, Part II.

Veterans Administration Washington 25, D.C.

M-6, Part II Change 1

March 15, 1961

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: The purpose of this change is to publish chapters 11 through 18, furnishing evaluation criteria for additional DM&S programs.

Page v: Remove this page and substitute pages v through viii attached. (Contents brought up to date.)

Pages 11-1 through 18-4: Insert new pages attached. (Chs. 11 through 18 added.)

Chief Medical Director

Distribution:

Same as DM&S Manual M-6, Part II.

VETERANS ADMINISTRATION

REFERENCE SLIP

TO (Name or t	title—Mail routing sýmbol)	INITIALS-DATE	
Miss. A. B. Ha	hn (101B2)		
z.			
3.		`	
4.			
5.	-		
REASON FOR REFERENCE AS REQUESTED FOR YOUR FILES NOTE AND RETURN INFORMATION PER CONVERSATION CONCURRENCE NECESSARY ACTION SIGNATURE			

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

- ()al 111 a	
FROM HOUND whean	DATE
JOHN MULHEARN, Chief, Quality	11-7-77
Assurance Division, Health Care	TEL. EXT.
Review Service (174)	275-0301

VA FORM 3230

EXISTING STOCKS OF VA FORM 3230, OCT 1956, WILL BE USED.

\$ U.S.GPO: 1976—220-019