

Department Of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

M-8, Part IV
January 26, 1990

1. Transmitted is revised Manual M-8, "Academic Affairs," Part IV, "Continuing Education for VHS&RA Employees." Brackets have not been used to indicate changes.

2. Principal changes are:

a. **Chapter 1:** Chapter 1 has been revised to reflect RMEC realignment.

b. All other changes are primarily editorial.

3. **Filing Instructions**

Remove pages

Cover through v
1-1 through 4-3

Insert pages

Cover through iv
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4. **RESCISSIONS:** Part IV, dated October 27, 1986

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ACADEMIC AFFAIRS
CONTINUING EDUCATION FOR VHS&RA EMPLOYEES

M-8, Part IV
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Veterans Health Services and
Research Administration

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RESCISSIONS

The following material is rescinded:

a. **Manuals**

M-8, part IV, dated August 14, 1978, changes 1 through 5.

b. **Interim Issues**

II 10-83-10 and supplement No. 1.

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CHAPTER 1. CONTINUING EDUCATION

1.01 PURPOSE

The purpose of this chapter is to describe continuing education activities and responsibilities.

1.02 AUTHORITY

Authorities for, and limitations on, the conduct of continuing education programs are contained in 5 U.S.C. 41; 38 U.S.C. 4121 through 5054; FPM chapter 410; MP-5, part I, chapter 410; and other authorities cited in M-8, part I, chapter 1.

1.03 DEFINITIONS

a. Continuing education is defined as that education and training which provides job relevant learning experiences for VA employees, on either a postgraduate or inservice basis. It includes administrative and career development training. It does not include education and training conducted as part of a residency, apprenticeship, or any other program which is designed to prepare an individual for an occupation or profession.

b. Continuing education activities are work related, centered around the acquisition or update of knowledge or skills, and are expected to result in better patient care or improved health care administration. Specifically, continuing education activities:

- (1) Improve employee performance of current duties;
- (2) Aid employees in maintaining specialized proficiencies;
- (3) Keep employees abreast of the state of the art; or
- (4) Provide employees with the skills, knowledge, and attitudes necessary for implementing changing policies and technology.

1.04 FACILITY CONTINUING EDUCATION RESPONSIBILITIES

a. Facility management is responsible for developing a program of staff continuing education. Assistance in various phases of developing this program (needs assessment, program design, and evaluation) can be provided by the appropriate RMEC (Regional Medical Education Center). In all these efforts, the hospital Education Committee, and appropriate subcommittees, provide advice to the facility Director. (See M-8, pt. I, ch. 3.)

b. The first step in developing a continuing education program is an assessment of the learning needs of the individual staff and the needs of the organization which can be met through educational activities. This needs assessment can be accomplished through a variety of activities, including self-assessment examinations, medical audits based on patient care appraisal, and individually perceived needs.

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c. Educational activities to meet these needs are then identified or designed. Every effort should be made to use the continuing education programming available at nearby

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university health science centers, schools of allied health professions, and other education institutions and agencies. In addition, each health care facility should develop its own inservice education and training programs. Educational programs should be planned in such a manner that appropriate credit can be obtained by attendees, whenever feasible, from recognized national, state, or local accrediting agencies.

d. Educational experiences should be evaluated to determine whether the activity has effected any change in the participants' attitudes toward patients, in skills or abilities in performing assigned duties, or in ability to discharge newly assigned responsibilities.

1.05 MANAGEMENT DEVELOPMENT PROGRAMS

The Management Support Office (10A5) and the Office of Academic Affairs (145) cooperate on executive and mid-level management training activities which are directed toward providing a continuing source of competent managers at all levels. Additional information on the following programs is available from the Office of Academic Affairs (145):

- a. Career Field Manager Programs,
- b. Hospital Administration Residency Program,
- c. Cooperative Education Program, and
- d. Systemwide mid-level management training and development activities.

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**CHAPTER 2. ADMINISTRATION OF PIT (POSTGRADUATE AND
INSERVICE TRAINING) FUNDS**

2.01 GENERAL

a. Facility Directors or their designees are authorized to approve requests for educational activities to be supported from CORE PIT funds allocated to the health care facility except as otherwise noted in the following paragraphs. The Director, through the Hospital Education Committee, is responsible for assuring that the funds allocated to the facility are economically utilized and appropriately shared to address the education and training needs of the facility. (See M-8, pt. I, ch. 3.)

NOTE: *CORE PIT funds were previously identified as Program 813 funds. In fiscal year 1987, VA budget incorporated the transfer of the PIT Program (813) funds, MAMOE Appropriation, into the Medical Care Appropriation, Program (870) funds. In order to maintain appropriate monitoring capabilities and to oversee administration of these funds, they have been identified as "CORE PIT" within the Medical Care Appropriation.*

b. PIT funds are available for the necessary maintenance and updating of employee knowledge and skills which benefit VA and the employee. Sharing of costs will always be a consideration.

2.02 POLICIES

a. Continuing education programs offered under the sponsorship of academic institutions and agencies, and scientific sessions conducted at professional organization conferences, conventions, and congresses are appropriate for funding from PIT funds.

b. PIT funds may not be used for trainees who are at VA facilities in fulfillment of their academic requirements or for medical and dental graduate education.

c. Unless advantageous or necessary to the facility, the following priorities will be adhered to in approving requests:

- (1) Local details over distant details
- (2) Intra-VA assignments over extra-VA assignments
- (3) Local or regional conferences over national conferences.

d. The Hospital Education Committee will oversee facility continuing education and staff development activities and the distribution of PIT funds. Priority should be given to full-time employees (See M-8, pt. 1, ch. 3.).

e. The cost of self-assessment tests which are unrelated to a specific course may be supported when it is proved to be an appropriate learning activity.

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f. Selection for specialized management development programs will be made by appropriate programming officials in Central Office. Such selection will attempt to match candidate needs with appropriate development activities.

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g. Assignments to intra-VA and extra-VA educational programs:

(1) Approval/Disapproval Authority

(a) For 29 or fewer continuous calendar days, approval/disapproval is by the facility Director (see subpar. (2)).

(b) For 30 to 89 continuous calendar days, approval/disapproval is by the ACMD for Academic Affairs (144C) (see subpar. (2)).

(c) For 90 or more continuous calendar days, a request for extended educational leave must be submitted under the provisions of M-8, part V, chapter 7, for review by the Chief Medical Director's Foreign Travel and Extended Leave Panel (144C).

(2) Limitations

(a) Absences in excess of 15 continuous calendar days will not be granted for employees having fewer than the equivalent of 12 months full-time VHS&RA service.

(b) Absences for 30 to 89 continuous calendar days require the same periods of VHS&RA service as outlined in M-8, part V, chapter 7.

(c) Cumulative absences which will exceed 30 days in a calendar year must be approved by the ACMD for Academic Affairs (144C).

(3) Exceptions to the limitations in subparagraph (2) may be requested from the ACMD for Academic Affairs (144C), if there are unusual circumstances.

h. Facility Directors may approve authorized absence for travel to Canada and Mexico using VA funds (see MP-1, pt. II, ch. 2, app. A), and may approve travel to other foreign countries only under the specific conditions contained in VHS&RA Manual M-8, part V, chapter 6. Otherwise, all foreign travel requests must be submitted to the Chief Medical Director (144C).

i. Instructions for educational assignments to courses and workshops at the Dental Education Centers will be provided by the respective centers.

j. If the requested travel is for research (e.g., to present a paper at a research meeting as well as for education purposes) the necessary funds will be allocated from PIT (870) and research funds on a pro rata basis to be determined by representatives of the Hospital Education Committee and the Research and Development Committee.

k. Meetings for administrative purposes are not considered to be educational in nature and, therefore, do not qualify for PIT funding.

l. RMECs have been established to provide continuing education opportunities for medical and health personnel of VHS&RA. Attendance at programs will be authorized and can be funded by RMECs. If class space is available in RMEC programs, additional VHS&RA personnel may attend subject to the availability of facility-directed or other funds.

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m. Requests for support of costs incident to fabrication, shipment, and presentation of scientific exhibits will be submitted to the ACMD for Academic Affairs (142) in

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accordance with current directives. (See M-8, pt. III, ch. 3, and MP-1, pt. II, ch. 11.) The request may also cover the cost of one exhibitor to include travel and per diem during the time of presentation. If approved, requests will be supported to the extent possible by centrally directed funds.

n. Training provided by manufacturers as part of the normal service incident to initial purchase or lease of their products under procurement contracts will normally not be supported by PIT funds.

o. It should be noted that there are special prohibitions which involve training for promotion, training to qualify for positions with degree requirements, and training solely to provide opportunities for obtaining a degree (see FPM ch. 410). In addition, any employee receiving training through non-Government facilities must meet certain eligibility requirements (See FPM ch. 410, subch. 5, and MP-5, pt. I, ch. 410, par. 8c.). These requirements should be reviewed with the facility personnel office, if there are questions.

**2.03 POSTGRADUATE AND INSERVICE TRAINING REPORT, RCS 10-0163
(OLD RCS 15-14)**

The purpose of this report is to supply the basic budgetary and program data required by Central Office, and provide a mechanism by which local management and education committees can review and evaluate the distribution of funds and individual educational opportunities within the Postgraduate and Inservice Training Program. Information covering fiscal year activities will be entered on VA Form 10-5367 in accordance with current instructions (issued annually).

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CHAPTER 3. CONTINUING EDUCATION FIELD UNITS

3.01 PURPOSE

The purpose of this chapter is to describe the Continuing Education Field Units and their role in providing continuing education for VHS&RA staff. The CE Field Units include two CECs (Continuing Education Centers), seven RMECs (Regional Medical Education Centers), eight CHEPs (Cooperative Health Manpower Education Programs), two DEC's (Dental Education Centers), and the ETC (Engineering Training Center).

3.02 ADMINISTRATION

a. The Continuing Education Programs Service, Office of Academic Affairs, is responsible for the operations of Continuing Education Field Units. All communications regarding the operation of these units are sent to the ACMD for Academic Affairs (145). The Continuing Education Programs Service (145) is responsible for administering and coordinating CE Field Unit programs. This responsibility includes:

- (1) Developing annual budgets and staffing patterns;
- (2) Determining educational needs and programming;
- (3) Coordinating activities to assure that systemwide needs are being met, that programs are directed toward identified educational needs, and that duplication of effort is avoided; and,
- (4) Providing technical assistance and direction on matters pertaining to VHS&RA policies and procedures.

b. OAA and CE Field Units have defined administrative and reporting arrangements with VA medical centers within which they are located. The CEC, RMEC, and DEC Directors report directly to the ACMD for Academic Affairs, although they are located in "host medical centers" which provide space and administrative support. Professional leadership is provided by the ACMD for Academic Affairs for the CEC and RMECs; from the ACMD for Dentistry for the DEC's. The CHEP and ETC Directors report to the Directors of VA medical centers in which they are located for administrative purposes. Professional leadership for the CHEPs is provided by the ACMD for Academic Affairs and for the ETC by the Director, VA Central Office Facilities Engineering Service.¹

c. A RMEC Council advises the ACMD for Academic Affairs on continuing education policies and practices and coordinates joint RMEC and CEC operations and practices. The council membership is:

- (1) Two permanent members from each RMEC and CEC: the Director and a designee, and
- (2) Two non-voting members from the Office of Academic Affairs.

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¹Direction of the ETC is the responsibility of Engineering Service, with Academic Affairs providing technical assistance regarding continuing education.

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The Council elects a chairperson from among the Directors every 3 years and meets at least twice each fiscal year. Minutes of each meeting are published by the chairperson.

3.03 REPORTING REQUIREMENTS

All CE Field Units participate in the following systems:

- a. The Continuing Education Field Unit Reporting System which provides financial and administrative information;
- b. The CAR (CE Field Unit Activity Report) which records program activity and participant data; and
- c. The COP (Cost, Output, and Productivity Report) which provides cost/activity information.

3.04 CONTINUING EDUCATION FIELD UNITS

a. CECs (Continuing Education Centers)

The CECs, located at VA Medical Centers, Washington, DC and St. Louis, MO coordinate and develop continuing education activities to address needs which are national in scope. They plan, implement, evaluate, and coordinate educational interventions that are not confined to a single RMEC region. They also administer a coordinated program of continuing education for rehabilitation personnel.

b. RMECs (Regional Medical Education Centers)

(1) Title 38, United States Code, sections 4121-4124, authorize the establishment of RMECs. RMECs provide continuing education opportunities for VHS&RA staff employed at VA medical centers in their regions. Each RMEC serves medical centers within a given region. The seven RMECs and their host facilities are:

- 1) Northport RMEC, VA Medical Center, Northport, NY (Region 1)
- Durham RMEC, VA Medical Center, Durham, NC (Region 3)
- Birmingham RMEC, VA Medical Center, Birmingham, AL (Region 3)
- 2) Cleveland RMEC, VA Medical Center, Cleveland, OH (Region 2)
- Minneapolis RMEC, VA Medical Center, Minneapolis, MN (Region 2)
- 3) Long Beach RMEC, VA Medical Center, Long Beach, CA (Region 4)
- 4) Salt Lake City RMEC, VA Medical Center, Salt Lake City, UT (Region 4)

(2) RMECs provide and support continuing education opportunities for VHS&RA career personnel, supplementing and complementing facility-directed CE

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programs. While the legislation authorizing RMECs is designed specifically to provide education for VHS&RA career personnel, non-VA medical and health care personnel may, on a space available and cost reimbursable basis, attend RMEC programs.

(3) Each RMEC is responsible for designing, developing, implementing, and supporting continuing education programs in its region. RMECs conduct needs identification and analyses to guide the development of educational offerings; they provide educational activities (e.g., conferences and workshops), products (mediated materials), and services (e.g., consultation regarding educational needs assessment, design, and evaluation) to meet identified needs; and they determine the impact of continuing education projects.

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(4) A RMEC liaison representative is appointed by each VHS&RA field facility to coordinate RMEC/VAMC activities and serve as the primary contact for the facility. The liaison representative is the person responsible for the coordination of continuing education for health care personnel in the medical center (ACOS/E, Education Coordinator, etc.)

(5) The RMECs administer VA Medical Center Initiated Program which provides VA medical centers with funds and assistance to meet some education and training needs locally. Individual medical centers, clusters of medical centers, medical centers comprising a medical district, and independent outpatient clinics are eligible to participate in the program. Each RMEC announces the program to its region and establishes guidelines for proposal submission.

c. CHEPs (Cooperative Health Manpower Education Programs)

(1) CHEPs are authorized by 38 U.S.C. 5054(c) which provides that VA may enter into agreements with public and nonprofit private institutions, organizations, corporations, and other entities in order to participate in cooperative health care personnel education programs within the geographic area of any VA health care facility located in an area remote from major academic health centers. Such CHEPs serve remote VA medical centers and work with local health care organizations to promote and provide educational activities for health professionals through cooperative sharing arrangements. There are currently eight CHEPs located at VA Medical Centers in Togus, Maine; Saginaw, Michigan; Erie, Pennsylvania; Tuskegee, Alabama; Lincoln, Nebraska; Boise, Idaho; Dublin, Georgia; and Fort Meade, South Dakota.

(2) CHEPs work through consortium arrangements with community educational and health care institutions under their own administrative structures. It is recommended that the administrative authority be vested by member institutions in an executive committee and delegated to a full-time coordinator.

(3) Activities of individual CHEPs are determined locally and reflect the identified health care personnel needs and available resources of the community. They are designed to achieve the following:

(a) Development of cooperative working relationships and resource sharing mechanisms among VA medical center and community health and education organizations;

(b) Provision of undergraduate and graduate health professions education and continuing education programs to meet health care personnel needs of the area; and

(c) Coordination of the educational programs and activities of the host VA medical facility.

d. DECs (Dental Education Centers)

Two DECs, located at VA Medical Centers in Washington, DC (DEC/East) and West Los Angeles, CA (DEC/West), provide continuing education opportunities for

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professional and technical VA dental staff, to maintain and upgrade their capabilities, and to ensure that they stay abreast of the latest developments in dental care. The DEC's produce a variety of educational programs, including in residence short courses and workshops and

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facility-based activities. Dental Services are sent brochures for upcoming courses. In addition, there is a yearly announcement of the opportunity to co-sponsor facility-based programs.

e. ETC (Engineering Training Center)

The ETC, located at VA Medical Center, Little Rock, AK, provides continuing education programs for Engineering Service staff systemwide. Short courses and correspondence courses are designed to keep employees up-to-date with engineering and technological developments in health care and to improve and maintain their technical and management skills. A major concern of the ETC is the development, implementation, and evaluation of educational activities for biomedical engineers. Programs also are designed for other Engineering Service personnel, including engineer officers and their assistants, staff engineers, safety engineers, technicians, and craftsmen. Annual course listings, distributed throughout the system, are supplemented by program brochures and telegraphic messages announcing special offerings.

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CHAPTER 4. PATIENT HEALTH EDUCATION PROGRAM

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CHAPTER 4. PATIENT HEALTH EDUCATION PROGRAM

4.01 PURPOSE

The purpose of this chapter is to describe the Patient Health Education Program which is designed to improve the planning, coordination, management and quality of patient health education services in Veterans Health Services and Research Administration.

4.02 AUTHORITY

The authority for patient health education services is contained in 38 U.S.C. 601, 612, 651, 661-664. These sections authorize patient health education services, including health promotion for the veteran population, and consultation and training for the veteran's family or guardian.

4.03 DEFINITIONS

Patient health education is defined as any combination of activities designed to facilitate voluntary change in patient behavior for good health. Activities typically focus on keeping patients informed about their health status, their rights, their treatment plans, and developing their self-care skills. The following principles are inherent in the above definition:

- a. The audience for patient health education interventions consists not only of the patient, but often the patient's family or guardian.
- b. Educational and behavioral interventions are considered a treatment modality and are incorporated into treatment and documentation protocols.
- c. Delivery of patient health education services is interdisciplinary.
- d. The assessment of patient need, documentation of interventions, and evaluation of progress are recorded in the medical record by all disciplines involved.

4.04 MISSION AND GOALS

a. The mission of the Patient Health Education Program is to improve and maintain the health of veteran beneficiaries through provision of patient health education services, and to coordinate information on program development within VA and the community.

b. The program operates on two fronts: the facility planning, coordination, and management of patient health education; and the delivery of patient health education services.

(1) The goals of facility management are to improve a VA medical center's:

(a) Internal policies and procedures governing patient health education activities;

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(b) Structures and processes for decision making and resource allocation for patient health education;

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(c) Long-range planning for both the provision of patient health education services and the staff development needs of medical care providers; and

(d) Information to Director, Chief of Staff, and chiefs of services regarding the status of patient health education services.

(2) The goals of delivery of patient health education services are to increase the number of patients who:

(a) Understand their health problems;

(b) Adhere to treatment plans;

(c) Are skilled in self-care; and

(d) Understand what health services are offered by the facility.

4.05 ADMINISTRATIVE AND PROGRAM ACTIVITIES

a. **National.** The Continuing Education Service, Office of Academic Affairs (142), administers the Patient Health Education Program and has the following systemwide responsibilities:

(1) Planning and evaluating;

(2) Policy and standards development;

(3) Program monitoring;

(4) Staff assessment and development; and

(5) Consultation and technical assistance.

All communications regarding the VHS&RA program of patient health education/health promotion should be directed to the National Coordinator for Patient Education (145C).

b. **Regional.** Each RMEC (Regional Medical Education Center) has a full-time Patient Health Education Coordinator who provides technical assistance and staff development programs for VA medical centers in the region in the areas of facility assessment and planning, educational design and evaluation, and patient education counseling.

c. **Local.** Patient health education services at the medical center are designed to enable patients, and their families or guardians when appropriate, to make informed decisions about their health, to manage their illnesses, and to implement followup care at home. A medical center seeking guidelines for planning patient health education services may refer to the booklet, A Model for Patient Education Programming, published by the American Public Health Association, 1979. VA medical centers also may request consultation from the RMEC Patient Health Education Coordinator.

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(1) Each medical center should establish an administrative structure to enable it to meet its responsibility to provide patient health education services as an integral part of high-quality, cost-effective care. It is recommended that the responsibility

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for planning and coordinating patient health education services be in the Office of the Chief of Staff, and delegated to the Patient Health Education Coordinator or the Associate Chief of Staff for Education or to a facility, interdisciplinary patient health education policy committee.

(2) Field facilities may use local resources to establish a full-time or part-time position to direct facility planning of patient health education services. Recruitment and selection of candidates will conform to agency and local merit promotion policies where applicable.

(a) The title, "Patient Health Education Coordinator," (official classification title, Health Care Education Officer) is reserved for those positions which are full-time; are supervised by the Chief of Staff or Associate Chief of Staff for Education; are described in terms of the prototype position description developed by the Office of Academic Affairs; and for which the qualifications of candidates are evaluated against the X-118 Qualification Standards, GS 1701, General Education and Training Series; and the relevant knowledge, skills, abilities, and other characteristics identified by the job analysis conducted by the Office of Academic Affairs (145C) for Patient Health Education Coordinator positions. Copies of this job analysis may be obtained from that office. All proposed selectees are reviewed by the Office of Academic Affairs.

(b) The Patient Health Education Coordinator is responsible for overall management, guidance, coordination, development, and evaluation of the medical center's Patient Health Education Program. This responsibility includes policy development and recommendations, facility planning, consultation and technical assistance, program development for target populations, training and continuing education related to patient health education, and evaluation of patient health education services. Patient health education as a direct intervention is an integral component of health care services and is provided by those who care for the patients. The coordinator does not serve as patient teacher.

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