



## Office of Academic Affiliations

### COVID-19 Frequently Asked Questions (FAQs)

#### REIMBURSEMENT & LEAVE

**Q1: Please clarify the guidance on reimbursing the affiliate if a trainee is reassigned to another site?** If an HPT is pulled from VA and reassigned to a non-VA clinical site, the VA will not reimburse for the HPT's activity. If a different trainee is then assigned to cover the original trainee's duties at VA, that HPT's time will be reimbursed. If an HPT is sent home from VA for lack of clinical duties or to form a backup team, the HPT must be available to be called back for duty. While at home, the HPT should perform VA related activity including telehealth care (VVC), scholarly activities, board preparation, and quality improvement activities. VA will not reimburse for HPTs who are sent home and not performing activity on behalf of VA or performing duties at other locations [e.g., covering call/working at the affiliate hospital(s)].

**Q2: If a *direct VA paid HPT* or those *WOC HPT paid on disbursement agreement* has to self-quarantine, are they to use their own leave or can they use the authorized absence leave status?**

The guidance for self-quarantine are as follows:

**A. Direct VA Paid HPT:**

- i. If the quarantine is due to exposure while performing VA duties, the HPT will be assigned to TW status and perform remote clinical duties (telehealth) or scholarly activities (literature reviews, board preparation, quality improvement research, etc.) if the HPT is not ill and able to work. If the HPT is ill, the quarantine days should be taken as SL.
- ii. If the quarantine is due to non-VA related exposure (e.g. required quarantine after travel) and the HPT is not ill, the HPT will be assigned to telework or must take AL/LWOP if TW is not approved. If the HPT is ill, the quarantine days should be taken as SL.

**B. Those WOC HPT paid via disbursement agreement:**

- i. If the quarantine is due to exposure while performing VA duties, the HPT will be assigned to TW and perform remote clinical duties (telehealth) or scholarly activities (literature reviews, board preparation, quality improvement research, etc.) if the HPT is able to work. Activities involving telework will be reimbursed. During such days, the HPT may only perform duties on behalf of VA. If the HPT is ill, the quarantine days should be taken as SL.
- ii. If the quarantine is due to non-VA related exposure (e.g. required quarantine after travel) and the HPT is not ill, the HPT should be assigned to a TW status or must take AL/LWOP if TW is not approved. If the HPT is ill, the quarantine days should be taken as SL.

In addition, VA medical centers with WOC HPTs on disbursement agreement may choose to use their sick leave pool as needed for trainees requiring additional sick leave due to COVID-19.

**Q3: If a fellow can be drafted to serve as an attending up to 20% of their time per ACGME guidance in emergency situations, do we pay them as a fellow or as staff?** As these fellows are in accredited training programs, they are still paid at a fellow salary.

**Q4: Is there ever a time when a VA Medical Center SHOULD NOT pay for current HPT rotations considering the current national health emergency? And similar question, the VA academic affiliate pulled their HPTs from the clinical rotations. Should VA continue paying their stipends?** OAA has identified the following situations where VA would not reimburse for HPT activity:

1. The affiliate has reassigned the HPT from the VA facility to the affiliate without providing a replacement trainee. Discussions should be occurring between the DEO, training directors, and the affiliate about the best path forward for their HPTs. Many facilities have successfully utilized telehealth so that HPTs can safely continue to care for Veterans during this time.
2. The affiliate unilaterally and without VA consent has sent the VA HPT home (e.g., there is still work to be done at the VA in person). DEOs should discuss the disagreements with the program director in these cases and see if an understanding for VA work can still be reached, perhaps with the HPT on TW status.
3. The HPT is not available for call-back to VA assignment having left the local commuting area to be with friends or family.
4. The HPT is sent to another non-VA facility and is performing non-VA work.

For direct stipend trainees in Associated Health and Nursing: VA will not pay stipends in AHE or Nursing if trainees cannot perform VA work, either at the VA facility or from home. Since AHE and Nursing HPT stipends are calculated and disbursed at hourly rates, the site may temporarily suspend the training experience and stipends, bringing the HPT back later in the academic year once there is increased stability. If the HPTs return, the stipends would resume. If the training is discontinued for the rest of the academic year, then the funds should be returned to OAA via the Needs & Excess process. Some categories of AHE HPTs may have the option to exhaust all leave and be put in LWOP status until training activities can resume. Please reach out to the OAA AHE team if this option is being considered.

## ROLE OF THE HPT DURING COVID

**Q5: If a facility experiences emergency level staffing and resource shortages due to COVID-19, would it be appropriate and allowed (with approval of the affiliate Program Director, VA Site Director, and/or Training Director and DEO) to have trainees help in other areas of the hospital. For example, could an Optometry resident help with screening questionnaires in triage areas in the ER?** Yes, HPTs, like staff, may be re-assigned to other priority duties in any area of the hospital. The DEO, Training Director and/or VA Site Director and affiliate Program Director should be consulted.

Many HPTs are in training to receive an “optional” credential. These HPTs may already have full licensure in their profession. If HPTs have already met the requirements of the pertinent VA Qualification Standard, they may be given privileges or scopes of practice and permitted to practice independently. Below is a list of AHE professions that might be able to function as LIPs during the COVID-19 national emergency. Some professions require licensure during training (Pharmacy) while for others it may be optional (Speech Pathology,

Psychology), so only HPTs who have licensure may be eligible to practice independently. (Chiropractic residents, Clinical Pastoral Education residents (if already completed 2 units), OT fellows, Optometry residents, Pharmacy residents (PGY1 and PGY2), PT residents, PA post-graduate residents, Psychology residents, SW post master's fellows, Speech Pathology Clinical Fellows)

**Q6: How may psychology trainees be assigned for coping assistance for patients (e.g. direct staff/patient interaction, or as telephonic support, or from home/other sites)?** Psychology HPTs may participate in coping assistance onsite (face-to-face) or via telephonic/video support from their home or alternate work site.

**Q7: May HPTs participate in volunteer activities not related to their training?** HPTs may volunteer to provide additional non-clinical services outside of the scope of their training programs, such as performing housekeeping tasks. In this case, the volunteer should be registered through the Voluntary Office and may participate outside their regular training hours. Medical students, according to AAMC guidance, may volunteer to serve at the affiliate or at the VA. Since HPTs who wish to volunteer have already been onboarded, they do not need an additional volunteer appointment.

**Q8: What is the guidance for VA assigned trainees displaced from VA facilities, due to decreased educational and training experiences that were part of VA trainee rotations as a result of the Covid-19 national emergency?** VA intends to be a good partner during this national emergency. OAA provides additional flexibilities to allow for strategic and local workforce planning in the reimbursement for trainee activity for HPTs on disbursement agreements. HPTs displaced due to lack of training activity may be reassigned to other clinical duties (e.g. triage, testing stations, Veteran telehealth). They may also perform academic activities such as research, quality improvement activities, case study writing, or other scholarly activities. While these activities may or may not count towards clinical training requirements, they allow HPTs to do meaningful work, and potentially meet graduation requirements. The Designated Education Officer must approve these options. Trainees may also serve as part of a reserve staffing pool available for call back for VA clinical duties. The above activities may take place from home if there is a bona fide prohibition to being at VA for these activities (e.g. unnecessary infection exposure). Note that VA will not reimburse for non-VA activities, so that if a trainee is also assigned affiliate duties from home, the assignment should be viewed as a split rotation.

**Q9: I am concerned about HPTs not having enough clinical hours to successfully complete their training program. What should I do?** Many HPTs and training directors are concerned about what this crisis means for HPTs completing their clinical education. There is no simple answer. Some accrediting bodies indicate they are aware of the concern and are considering options. The ACGME has temporarily allowed Program Directors to determine if graduating HPTs have met the qualifications for graduation, even if case numbers are below required quotas. OAA's recommendation is to continue to preserve as much of the training experience as possible during this time of crisis. As noted in other FAQ responses, there are increased flexibilities with TW and telehealth. Facilities must ensure that HPTs have opportunities to continue engaging in healthcare activities. This is important to serving Veterans and enhancing their training experiences. Distance learning for didactic training and tele-supervision can also be utilized to assist in maintaining critical aspects of clinical training.

**Q10: If a resident has not completed the United States Medical Licensing Examination (USMLE) Step 3 examination due to the COVID-19 pandemic-related closure of testing sites, is the resident eligible for promotion to the next year of the educational program?** The ACGME has no requirement regarding HPTs taking or passing licensure examinations (i.e., USMLE or COMLEX-USA).

Promotion is dependent upon the completion of milestones and determined by the program director with input from the affiliate's Clinical Competency Committee.

## TELEHEALTH/TELEWORK & SUPERVISION

*OAA SharePoint: [Additional Telehealth Guidance](#)*

**Q11: Guidelines from the Occupational Safety and Health Administration (OSHA) direct employees to telework without a signed agreement in place following the procedures outlined in 5 CFR § 550.409. However, an agreement should be completed as soon as practicable. Nothing was said about a TMS training waiver. How are resident/fellows performing TMS training for telework or telehealth?** OAA is the responsible office for all trainee assignments in TMS. OAA authorizes only a single TMS training for trainees called the Mandatory Training for Trainees course (MTT) or the annual Refresher. OAA has created a two page telework/telehealth primer for trainees which is sufficient. Supervisors are responsible for ensuring that trainees understand the ground rules of telehealth and telework. An email was transmitted on November 17, 2020 outlining the availability of telehealth information relevant for MTT training. In addition, this correspondence indicated that HPTs DO NOT need to complete any additional TMS modules in order to participate in telehealth. This official statement can be found on the [Office of Connected Care](#) website.

**Q12: In deciding what trainee rotations should be stopped or moved to telework/telehealth, what are OAA recommendations for Associated Health Trainees who have stipends like Social Work Interns and Audiology/Speech Pathology trainees? If VA is paying the salary for the HPT, and the HPT can be an extender in the care process may the HPT continue their training in this capacity?** Depending on local circumstances, HPTs may be retained to work in the clinical environment. HPTs are capable of a wide array of duties that would be of assistance in this emergency. If the local facility has no current need for certain HPTs, they may be sent home on TW status and perform clinical activities (such as telehealth) or academic work.

**Q13: Have WOC (non-paid or those paid on disbursement agreement) HPTs been approved for virtual access (telehealth) to gain clinical hours?** Unpaid HPTs (WOC trainees) may be given remote access in order to continue their clinical work on TW status using telehealth modalities. All HPTs on disbursement agreements are VA employees, appointed as WOCs, and paid through disbursement, which is considered an "alternate payroll mechanism". TW is not an educational detail; TW agreements authorize HPTs to perform work activities from an "alternate work site" outside of the home VA facility. For reimbursement purposes, the telework location during the Covid-19 national emergency is considered part of VA.

**Q14: VA cannot supply enough phones for folks at home. Can HPTs who might be calling patients etc. use their own phones?** HPTs can use their own phones but should block their personal cell numbers such as with Doximity Dialer which has been made available for free. Also, \*67 before you dial blocks your number from being seen and is free for regular phone calls. HPTs are also permitted to use Face Time, Skype, or Zoom, but should not use public facing video like FaceTime Live. Further information may be found in the [Telework for Trainees handout](#).

**Q15: With the announcement of allowance for tele-supervision, can VA provide disbursement support for those activities if the trainee is not on VA grounds?** If the HPT continues to see VA patients via telehealth (e.g., from home during a quarantine) and has appropriate mechanisms to seek and receive supervision for these clinical encounters, the trainee time is still eligible for VA reimbursement.

The important criteria are that the HPT must be on approved TW status, must be doing only VA work during the time frame in question, and must be adequately supervised for that work. In addition, the HPT must not be on either sick leave or administrative (Weather & Safety) leave. Those leave statuses would not allow the HPT to continue to participate in patient care.

**Q16: Can an HPT now provide telehealth across state lines?** Yes; this changed on November 12, 2020. However, all HPTs must be appropriately supervised for all telehealth services.

**Q17: Is there any specific guidance pertaining to telework and tele-supervision for Advanced Fellows?** Advanced Fellows (AFs) are usually LIPs and are already given privileges/scopes of practice. As with all HPTs, Advanced Fellows are TW-eligible. However, in this time of crisis, AFs may also be reassigned as LIPs to areas of need at the facility.

**Q18: If a trainee is on-call for the VA, does the time at home count as tele-health? Or does the trainee still have to come into the VA in order to allow for reimbursement?** VA does not pay for on-call time. During this COVID-19 emergency, if the VA has determined that the trainee should work from home (because of infection risk, space constraints, lack of PPE, etc) a trainee must be performing VA duties such as clinical, scholarly, quality improvement, or academic for VA to reimburse such time. However, if VA reimburses for such at-home work, the HPT may not be assigned to cover any other non-VA duties unless adjustments are made for equitable reimbursement. This would be considered a split rotation. If there are no restrictions for coming into the VA facility, the HPT must be participating in activity physically at the VA facility for such activity to be reimbursed. On days such as weekend days without VA assigned duties for VA assigned HPTs, VA will pay its proportionate share of days. HPTs must be assigned only to VA for those days.

## NURSING RN RESIDENCY SPECIFIC

### **PB-RNR's Role During COVID 19**

- Our PB-RNR HPTs are licensed, highly skilled, and valuable RNs. They can and should contribute to caring for our patients during these critical times. There are many ways on how our PB-RNR HPTs can contribute during this National Crisis.
- The decision on the utilization of PB-RNR HPTs is made locally between the Designated Education Officer (DEO), the ADPCS/Nurse Executive (NE), and the PB-RNR Program Director (PD).
- Clinical reassignments to areas outside of the previously planned rotations/training blocks are also permitted during this time. Reassignments must be discussed and approved by the DEO and the ADPCS/NE.
- Please note that PB-RNR HPTs must always continue to be supervised regardless of their place of assignment.

### **Per CCNE:**

“CCNE does not dictate method of program or content delivery in its accreditation standards. It is up to each program to determine how to deliver course content. Varied course delivery technologies, including but not limited to utilizing online modalities, even if these were not previously used by the program, are acceptable.”

“Institutions are encouraged to employ a variety of teaching-learning practices that will support residents as they transition to their first professional nursing role and meet the program outcomes. Institutions must ensure that teaching-learning support services are in place to accommodate any transition in delivery.”

### **PB-RNR Leave Options**

PB-RNR HPTs have all the same leave options as staff RNs, with the exception to Annual Leave (residents accrue AL based on their federal leave service computation date as follows: less than 3 years of service – 4 hours per pay period; between 3 and 15 years of service – 6 hours per pay period; and 15 years of service or more – 8 hours per pay period. All nurse residents also accrue 4 hours of SL for every 80 hours in pay status.)

- Sick Leave (SL): If an HPT is not feeling well or needs to care for a sick family member, sick leave should be taken. Options for advanced sick leave are also available.

- Administrative Leave (AA) / Weather and Safety Leave: HPTs who are quarantined (exposure or possible exposure) but not infected may be placed on telework so that they can continue to provide clinical care to Veterans through telehealth modalities. Administrative leave (weather and safety leave) is the less preferred option.

- Annual Leave (AL): HPTs who are not on SL, quarantined, or placed on approved telework, MUST take annual leave for any absences.

- Please consult with your Designated Education Officer and the ADPCS/NE to ensure the plan for PB-RNR leave and telework is aligned with the VAMC staffing contingency plan and is approved and communicated appropriately among all stakeholders.

## ACRONYMS

AA	Authorized Absence
AAMC	Association of American Medical Colleges
ACGME	Accreditation Council for Graduate Medical Education
ADPCS	Associate Director for Patient Care Services or Nurse Executive
AF	Advanced Fellows
AHE	Associated Health Education
AL	Annual Leave
CCNE	Commission on Collegiate Nursing Education
CLC	Community Living Center (VA Nursing Home)
COMELEX-USA	Osteopathic Medical Licensing Examination of the United States
DEO	Designated Education Officer
ER	Emergency Room
FAQ	Frequently Asked Question
FTEE	Full-Time Equivalent Employee
HPT	Health Professional Trainee
IT	Information Technology
LIP	Licensed Independent Practitioners
LWOP	Leave Without Pay status
MTT	Mandatory Training for Trainees
NE	Nurse Executive
OAA	Office of Academic Affiliations
OSHA	Occupational Safety and Health Administration
OT	Occupational Therapist
PA	Physician Assistant
PB-RNR	Post-Baccalaureate-Registered Nurse Residency
PGY	Post Graduate Year

PT	Physical Therapist
RN	Registered Nurse
SL	Sick Leave
SW	Social Worker
TMS	Talent Management System
TW	Telework
USMLE	United States Medical Licensing Examination
VVC	VA Video Connect
VHA	Veterans Health Administration
WOC	With Out Compensation (these HPTs may be paid on disbursement agreement or not paid at all)