**SAPIC Policy 8: Telesupervision**

**AIM**: It is the aim of this statement to clearly outline the utilization of telesupervision.

**Rationale**:

Telesupervision will be utilized to encourage consistency of supervision: when the supervisor (primarily) is out of town, or not available on the premise at which the intern is providing services. Telesupervision will only be utilized when in-person supervision cannot be provided, and will be utilized only as a back-up/failsafe alternative (it is not the intent of this policy to allow supervisors to rely on telesupervision as the *primary* mode of supervision).

* Telesupervision is consistent with SAPIC’s model and philosophy of developmentally focused training, with a sequential increase in independence.
* Telesupervision is utilized in clinical training only when the supervisor is not available on site: due to travel and/or scheduling conflicts. If a telesupervision is to replace a scheduled in person supervision, the scheduling will occur between intern and supervisor prior to the appointment. If the telesupervision is to provide ad-hoc supervision, it will happen if/when the intern calls the supervisor.
* As the intent is to ensure consistency of supervision, as well as supervisor availability (especially for emergent issues), all interns will be allowed to participate in telesupervision. The supervisor, however will be responsible for determining if the Training Director needs to be available in-person as a follow-up and/or extra support.
* Provision if telepsupervisoin does not change how supervisors should establish relationships with supervisees.
* Telesupervision does not change the process of off-site supervisors maintaining full professional responsibility for clinical cases; this occurs through a clear line of reporting at each site/intern position, the SAPIC faculty’s name and contact information is on all client-related paperwork, and unless there is an emergency (needing immediate response by intern/site), the contracting process ensures clarity that the intern should only make clinical decisions in collaboration with his/her SAPIC faculty primary supervisor.
* Non-scheduled consultation and crisis coverage are managed by:
  + The intern attempting to find his/her primary supervisor on site,
  + If not available on site, calling the primary supervisor,
  + If the primary supervisor is not available by phone, calling the SAPIC Training Director.
  + If non SAPIC-faculty are available, the site clinical supervisor/coordinator may be utilized as a decision-making resource.
  + If the Training Director or a non-SAPIC faculty person is utilized, the intern will inform the primary supervisor of the situation, decision-making process, and outcome as soon as the emergent situation allows.
* Privacy and confidentiality of the client and trainees are assured via policies held by La Frontera Center and the UA SALT Center.
* The technology and quality requirements and any education in the use of technology for telesupervision required by either trainee or supervisor is provide through standard New Employee Orientation and the Training Director.