



Providence Health and Services
and
George Fox
Integrated Care Internship Handbook

APA Accredited, Doctoral Internship in Health Service Psychology

2023 – 2024

Providence Health and Services

4400 NE Halsey St
Portland, OR 97213

George Fox University

414 N Meridian St, RC #104
Newberg, OR 97132

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Program Overview

The Providence Health and Services and George Fox Integrated Care Internship operates under the auspices of the George Fox University Graduate School of Clinical Psychology (GSCP), which offers a PsyD degree in Clinical Psychology accredited by the American Psychological Association's Commission on Accreditation and Providence Medical Group, a division of Providence Health and Services (PHS). PHS is a not-for-profit Catholic network of hospitals, care centers, health plans, physicians, clinics, home health care, and affiliated services guided by a Mission of caring that the Sisters of Providence began more than 150 years ago.

The doctoral internship program was initiated in 2011 and became APA accredited in 2015. The internship has developed to its current state through the close partnership and collaboration between both PMG and GFU. George Fox University has historically hosted and supported didactic related components of the internship and Providence Medical Group, an original consortium partner, hosts trainees within integrated primary care settings, and supporting training and development as Behavioral Health Providers.

The internship was developed through a shared value in innovative models of professional practice, especially those involving integrated services in primary care settings and short-term psychotherapy interventions. In addition to providing training for a cohort of interns each year, the internship contributes to workforce development for integrated healthcare settings. Nationally, there is a shortage of trained psychologists functioning as Behavioral Health Providers in the primary care medical setting. This internship directly strives to help meet this need through the education and training.

The internship provides training for assessing and treating a wide range of psychological problems, including mood and anxiety disorders, trauma, co-occurring disorders, eating disorders and other behavioral health conditions. Interns receive training at various medical clinics operated by Providence Medical Group, located in Portland, Oregon, and the metro area.

The aim of the internship is to equip interns to be generalist clinicians with competence in behavioral health integration, including aspects unique to health care of diverse populations. Didactics focus on the nine competency areas established by APA, and application of clinical skills will take place virtually or onsite within PMG Clinics.

Providence Medical Group (PMG)

As part of the larger PHS system, Providence Medical Group – Oregon (PMG) adheres to the PHS mission which states: *As expression of God's healing love, witnessed through the healing ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.* Additionally, the core values of PHS are Compassion, Dignity, Justice, Excellence, and Integrity also apply to PMG. The aims of the psychology internship program fit well within the holistic notion of healing communicated by the PHS mission statement. The emphasis on care for poor and vulnerable people compliments the program emphasis on training interns to serve a diverse range of patients regardless of their life circumstance.

There are more than 70 primary care clinics and 550 providers within the PMG system. The Providence clinics have implemented the Patient Centered Medical Home Model of primary care, which includes the integration of behavioral health services provided by licensed psychologists. As an early adopter of behavioral health integration, PMG began the process of embedding psychologists in primary care over 10 years ago, at this time licensed psychologists are embedded in nearly every primary care clinic throughout the Portland Metro region.

The pre-doctoral program is administered through the Department of Psychology within Providence Medical Group. The Department of Psychology is headed by the Senior Psychologist Medical Director for the Department of Psychology. The Senior Psychology Medical Director is responsible for the provision of behavioral health integration services throughout the Oregon region, including primary care integration in PMG clinics throughout Oregon. The Senior Psychology Medical Director is supported by the Psychologist Medical Directors for the Oregon region (3) and Lead Psychologists (8), including Training leads (2). The Senior Psychology Medical Director is responsible for overseeing the training continuum and supporting the Training Leads in the overall administration, provision of supervision/training, selection, placement, and curriculum for psychology doctoral practicum, intern, and postdoctoral trainees. The Training Leads will support the internship in all day-to-day management and training considerations.

George Fox University (GFU)

George Fox University (GFU) is a nationally recognized university, providing students with personal attention, global opportunities to learn and serve, and a supportive community that encourages academic rigor and spiritual growth. George Fox offers bachelor's degrees in more than 40 majors, adult degree programs, five seminary degrees, and 12 master's and doctoral degrees. George Fox is accredited by the Northwest Commission on Colleges and Universities, and has grown rapidly in the last two decades - both in reputation and facilities. *U.S. News & World Report* for 25 years has named George Fox "One of America's Best Colleges." *Forbes* ranked George Fox in the top 150 colleges in America and among the nation's top Christian colleges. National recognition was also received from the John Templeton Foundation, which selected George Fox as one of 100 in its Honor Roll of Character-Building Colleges. GFU strives to prepare students spiritually, academically, and professionally to think with clarity, act with integrity and serve with passion. More than 3,400 students attend classes on the

university's residential campus in Newberg, at its Portland and Salem centers, and at other teaching sites in Oregon.

The Doctor of Psychology (PsyD) program is a broad and general training program designed to prepare licensed, health service psychologists. While the PsyD degree provides training in the scientific foundations of psychology and in research methods and statistics, it places greater emphasis on the development of clinical skills. Since the initial endorsement of the Doctor of Psychology degree by the American Psychological Association in 1979, the doctoral program uses an ongoing program evaluation and improvement process which led to the decision to fund a partially affiliated pre-doctoral internship program that received APA-accreditation in 2015.

Ryan Thompson, PsyD will serve as the Internship Training Director for the George Fox Consortium and partner with PMG Training Leads to support the psychology intern training experiences.

Location

Interns are placed in PMG primary care clinics in the greater Portland metropolitan area and small communities outside of the metro area. The administrative, staffing, and operational structure of the clinics are all similar. Providence Health Systems patient care facilities utilize the EPIC electronic health record system. Each clinic is staffed with multidisciplinary teams of health care providers and support staff, although staffing patterns will be determined at the time of service. Working within interdisciplinary teams provides the intern with opportunities for case consultation, staff education, and program development. Interns also have the opportunity for mentoring to and from other healthcare professionals.

The patient populations are representative of the general demographics of the communities where they are located and represent a wide demographic and diagnostic range. Consistent with the Providence Health System mission, PMG clinics place an emphasis on caring for the poor and vulnerable in their communities. PMG clinics serve patients with Medicare, Medicaid, and commercial insurance as well as patients without healthcare insurance coverage. The diverse patient populations served by the PMG clinics provide a rich service delivery experience for the interns. The services provided by interns afford them the opportunity to develop specialized assessment, intervention, consultation skills in integrated care settings. Interns are considered valued members of the multidisciplinary care team.

George Fox University is situated in the heart of the Willamette Valley, 23 miles south of Portland which is Oregon's largest city and cultural center. Newberg is a semi-rural community of approximately 20,000 residents. Portland is Oregon's largest city, with a population nearing 600,000. Providence Medical Group is housed out of the Providence Office Park in Northeast Portland. Portland is a progressive city with a variety of museums, coffee shops, Saturday Market, the Waterfront, and the Portland Trailblazers (see <http://www.portlandonline.com/> for more regional specific information). Mount Hood is approximately one hour east of Portland, offering a variety of winter sports. The Oregon coast is a 75-minute drive west of Portland. The state of Oregon features 96,981 square miles of diverse terrain such as the Columbia River Gorge, the Cascade Mountain Range and high-desert country.

Facilities

Providence Medical Group clinics are in Portland and the surrounding metro area. Within the clinics, they have developed an integrated care model where providers share exam rooms, and a limited number of offices, for Behavioral Health Providers and interns. Staffing patterns will be determined at the time of service, each internship placement has at least one full-time psychologist co-located with the trainee in their respective clinic. The GSCP is located within the Roberts Center on the Newberg campus.

Partnership Update

For the 2023-2024 training year, PMG and GSCP continue to partner for the consortium.

Given the growth and expansion of PMG services across time and the depth and breadth of psychologist providers currently employed by PMG, the decision has been collaboratively made with George Fox University for Providence Medical Group to seek independent internship accreditation.

During the 2022-2023 training year, PMG initiated the process of actively seeking independent APA accreditation. Both programs are working intentionally to ensure that this accreditation process will be supportive and enhance the training experience for our incoming interns. Currently, PMG is scheduled for an APA accreditation site visit on September 19 and 20, 2023.

The consortium continues to maintain full APA accreditation and will remain in effect until PMG achieves its own independent, full, accreditation.

Training Model and Program Philosophy

The Graduate School of Clinical Psychology (GSCP) training model and the Providence Medical Group approach to training are aligned with American Psychological Association's newly revised Standards of Accreditation (SOA) for training in health service psychology. Like the doctoral curriculum, the internship is designed to promote the competency training model described in the SOA. Those successfully completing the internship should know and exemplify high standards of legal, ethical, and professional conduct. They should be able to provide a wide variety of clinical services, including assessment and psychotherapy, for individuals across the lifespan and from diverse ethnic, cultural, religious, and social backgrounds.

The Integrated Care Internship became APA accredited in 2015. We are members in the Association of Psychology Postdoctoral and Internship Centers (APPIC) directory and follow all APPIC guidelines.

For the 2023-2024 training year, PMG is actively seeking APA accreditation. Both programs are working intentionally to ensure that this accreditation process will be supportive and enhance the training experience for our incoming interns.

The consortium continues to maintain full APA accreditation and will remain in effect until PMG achieves its own independent, full, accreditation.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: 202.336.5979

Email: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

Diversity, Equity, and Inclusion

As psychologists who are committed to ethical principles which bar us from supporting or engaging in maleficence or injustice and require us to respect the dignity and worth of all people, and, as employees of PSJH, an organization whose core values of Compassion, Dignity and Justice complement these ethical principles, the PMG Psychology Department is committed to standing in solidarity against the institutional and societal structures of inequity that result in oppression and racism. As such, our department is committed to providing an inclusive home for all trainees and licensed Providers regardless of race, religion, age, gender identity, sexual orientation, ethnicity, or religion. This is also enforced in our PSJH HR policies and procedures. In addition to our promise to adhere to these

professional ethics and values, we have committed equally, as caregivers of PSJH, to the organization’s mission of “...serving all, especially those who are poor and vulnerable.”

It is in this spirit that we act on those ideals yielding our privilege in service to the cause of anti-racism, anti-oppression, and social justice. We stand firmly against those structures and biases that repeatedly and relentlessly allow for oppression, exclusion, and inequity. We work to demand accountability and systemic change in our own work and in the work of the systems we encounter. The urgent, but enduring action we take beyond our words includes enacting and influencing policy including, but not limited to, addressing the racial inequities that affect the health of our patients and the wellbeing of our caregivers. We invite you to join us and help to address the racism we have failed to recognize in our communities and in our country for far too long. A few of the highlights of the actions and initiatives we are engaging in as a department and organization include:

Didactics: Intentionality will be brought to all didactic trainings to include diversity considerations. All presenters throughout the course of the training year will specifically be asked to include identity centering, as well as intentional incorporation of specific learning objectives related to both DEI and lifespan considerations.

Diversity Seminar: All Intern and Resident Psychologist trainees will participate in monthly Diversity Seminars. These seminars will be a combination of psychology-specific trainings as well as participation in the Providence Behavioral Health quarterly ‘Diversity Journal Club’.

Behavioral Health Provider Diversity Workgroup: A workgroup led by Behavioral Health Providers – licensed and trainees – that serves as a liaison to other organizational Diversity, Equity, and Inclusion committees to promote education, awareness, and advocacy related to diversity, equity, and inclusion within the department, organization, and our communities. Trainees are encouraged to participate in this workgroup if they desire.

Recruitment: The Psychology department works to ensure recruiting trainees and licensed providers from sources that ensure diverse talent. In reviewing applicants, the training committee and leadership team perform a holistic review that takes into consideration the whole person. To ensure we are actively recruiting from underrepresented minority groups, we not only focus on academic excellence and preparation, but we also look for qualities such as leadership and contributions to the community. We seek diversity in background and experience and potential for positive contributions to our department.

System DEI Engagement:

In addition to the DEI focused work within the Department of Psychology, Providence Medical Group prioritizes DEI initiatives under the leadership of Anthony Herrington, the Regional Chief Diversity, Equity, and Inclusion Officer for the Oregon region. Providence views DEI as an essential business imperative and necessity across all ministries and lines of business. DEI focused work includes regional initiatives, strengthening culture and engagement through caregiver resource groups, and Health Equity focused initiatives.

Caregiver Resource Groups (CRGs) are voluntary, employee-led groups designed to create a more inclusive workplace. CRGs are groups of employees who come together based on shared characteristics or life experiences. Any intern interested in joining or connecting with a CRG available to all Providence employees and interns are encouraged to connect with a CRG Chair or join a CRG platform for additional information. Information regarding CRGs can be found on the [CRG resource group link](#) through the Caregiver Services Portal and interested individuals can connect to CRG leaders through Teams.

- Asian American and Pacific Islander (AAPI)
- BIPOC
- Black
- Disability
- LatinX
- LGBTQIA+
- ProvNext (Professional Development)
- Veterans
- Women's
- Working Moms

Training Overview

Interns are embedded as an active member of the multidisciplinary PCBH teams in one of Providence Medical Group primary care clinics within the Portland-Metropolitan area. Interns spend 32 hours per week in the primary care setting. This time includes direct service provision for patients from a wide demographic and diagnostic range, opportunities for case consultation, observation of psychologists and primary care physicians, and professional mentoring by the supervising psychologists. The onsite Providence psychologist provides a minimum of two hours of individual supervision each week. Each clinic also has a large staff of medical and behavioral health providers that includes physicians, advanced practice providers, clinical pharmacists, medical assistants, licensed social workers, coordinated care counselors and nurses. These staff are also available to help interns with issues that may arise.

As part of the internship training program, each intern will develop and demonstrate internship level competencies in supervision by providing oversight to one practicum student serving in Providence Medical Group (PMG). Each week the interns provide one hour of supervision to a practicum student providing clinical services within PMG. Every Wednesday there is supervision of supervision, which provides guidance as interns learn supervisory skills and acquire competence within this domain.

Weekly didactics will be hosted at a centralized Providence location. Topics covered will be centered around evidence-based practices, ethical considerations, and service delivery as a BHP to support development and enrichment of the programs identified core competencies. Additionally, trainees will receive formal training in research and program evaluation.

In addition to didactic trainings, interns will participate in a monthly Diversity Seminar, 'Space for Conversations' dialogue and a quarterly Diversity Journal Club.

Orientation to Internship

Orientation will occur during the first few weeks of internship and includes orientation and overview of internship goals and processes, orientation to Providence system, and covering initial foundational knowledge for the role.

Interns will meet with the Providence Leadership and current providers during the first 2 weeks of training to review the handbook and be made aware of program policies and procedures to successfully complete internship.

Interns begin providing professional services after they complete their onboarding process and the intensive training in integrated care. Interns will ramp their patient care visits across time consistent with their developmental level and consultation with their clinical supervisor.

Goals and Competencies

The PMG/George Fox Integrated Care Internship Consortium and Providence Medical Group Training programs are guided by the Standards of Accreditation (full document can be found [here](#)). These standards articulate the expectations for competency-based training in nine areas essential to the development of psychologists in training. These nine areas guide our competency-based approach to training. Interns participate in the following combination of activities that are designed to work synergistically to develop generalist profession-wide competency as clinical health service psychologists functioning in integrated healthcare settings.

Interns work as Behavioral Health Providers embedded in Providence Medical Group clinics for the service delivery component of their training for 32 hours per week. This experience gives them the opportunity to build generalist skills and competency in:

- Application of the foundational knowledge base and current evidence to the implementation/provision of behavioral health services in primary care.
- Functioning as a "go to" consultant and knowledge expert in ethical/legal issues encountered in health care settings.
- Provision of behavioral health integration services to broad ranges of patient populations within a diverse multidisciplinary healthcare provider team.
- Effective application of screening-oriented assessment tools commonly utilized in medical settings to guide the provision of behavioral health integration services and facilitate population-based healthcare goals and initiatives.
- Development of focused concise consultation skills that are well suited for primary care and other medical settings.

Program didactics and clinical training experiences provide interns with:

- Working knowledge of the foundational and current empirical evidence base that provides the rationale for behavioral integration services and informs strategies for their effective implementation.
- Specialized training in healthcare ethics and cultural competency through the internationally recognized Providence Center for Health Care Ethics.
- Knowledge of the evidence base regarding the promotion and development of culturally diverse, multidisciplinary teams.
- Knowledge of culturally congruent clinical care for populations and individuals presenting with a variety of diversity markers. Awareness of social justice and DEI considerations as contextual considerations for all clinical care.
- Knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care and other medical settings.
- Knowledge of consultation models that inform effective behavioral health consultation in integrated care settings.

All interns receive individual and group supervision that:

- Provides clinical oversight of their direct service.
- Integrates didactic knowledge with the development of service delivery, consultation, and leadership roles.
- Provides mentorship in the development of service delivery, consultation, and leadership roles.

Programmatic competencies: The following are the goals and competencies specific to our program:

Profession-Wide Competency #1: Research
Training Objective: Produce new professionals who can independently access research and apply scientific methods to practice.
<p>Competencies Expected:</p> <ol style="list-style-type: none"> 1. Independently accesses and applies scientific knowledge & skills appropriately and habitually to the solution of problems, 2. Readily presents own work for the scrutiny of others, 3. Demonstrates advanced level of knowledge of and respect for scientific knowledge of the basis for behaviors, 4. Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization,

<ol style="list-style-type: none"> 5. Effectively Applies EBP concepts in practice, 6. Critically Compares and contrasts EBP approaches with other theories and interventions in the context of case conceptualization and treatment planning.
<p>PWC #2: Ethical and Legal Standards</p>
<p>Training Objective: Produce new professionals who can independently identify ethical and legal concerns and effectively respond to them.</p>
<p>Competencies Expected:</p> <ol style="list-style-type: none"> 1. Independently recognizes and manages special circumstances and potential ethical issues, 2. Uses good judgment about unexpected issues, such as crises, confrontation, etc., 3. Demonstrates awareness of potential conflicts in complex ethical and legal issues when conducting supervision, 4. Spontaneously and reliably identifies complex ethical and legal issues when conducting supervision and analyzes and proactively addresses them, 5. When unsure of how to proceed when confronted with an ethical dilemma, will reliably seek consultation with supervisor or other appropriate expert, 6. The intern is familiar with the relevant laws and statutes pertaining to the practice of psychology in the setting and region they are working in.
<p>PWC #3: Individual and Cultural Diversity (ICD)</p>
<p>Training Objective: Produce new professionals who can independently monitor and apply knowledge of self and others as an ICD-being and consider the intersecting and complex dimensions of diversity.</p>
<p>Competencies Expected:</p> <ol style="list-style-type: none"> 1. Independently articulates, understands, and monitors own cultural identity in relation to work with others, 2. Regularly uses knowledge of self to monitor and improve effectiveness as a professional, 3. Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues content, 4. Regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional, 5. Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others, 6. Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care), 7. Uses culturally relevant best practices.
<p>PWC #4: Professional Values, Attitudes, and Behaviors</p>

Training Objective: Produce new professionals who behave in responsible and professionally effective ways that represent the field of psychology with honor.

Competencies Expected:

1. The Intern follows the policies of their clinic/agency,
2. The Intern is consistently on time to appointments and meetings and communicates well about absences and time-off,
3. The Intern finishes their paperwork in a timely fashion,
4. The Intern's written work is at a professional-level of quality,
5. The Intern is prepared for all meetings and appointments,
6. The Intern demonstrates the appropriate professional presentation (clothing, posture, language, hygiene, politeness) for the setting in which they are working,
7. Habitually adapts one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm,
8. Regularly uses knowledge of others to monitor and improve effectiveness as a professional.

PWC #5: Communication and Interpersonal Skills

Training Objective: Produce new professionals who can effectively function within a clinical setting.

Competencies Expected:

1. Communicates effectively with individuals from other professions,
2. Independently articulates, understands, and monitors multiple cultural identities in interactions with others,
3. Seeks consultation with regard to addressing individual and cultural diversity as needed,
4. Writes a high-quality case summary incorporating elements of evidence-based practice and presents it for peer review and discussion,
5. Seeks consultation when necessary,
6. The intern can create effective working relationship with all the staff at their site(s).

PWC #6: Assessment

Training Objective: Produce new professionals who can effectively perform comprehensive assessments and screenings and clearly report the results.

Competencies Expected:

1. Accurately assesses presenting issues taking in to account the larger life context, including diversity issues,
2. Effectively selects appropriate assessment/screening tools that fit the presenting issue,
3. Effectively and accurately performs various screening and assessment procedures,
4. Uses assessment data to conceptualize cases independently and accurately,

5. Writes a professional-caliber report that correctly and clearly integrates the assessment data into a diagnosis with patient-specific recommendations.

PWC #7: Intervention

Training Objective: Produce new professionals who can independently plan and provide effective interventions.

Competencies Expected:

1. Presents rationale for intervention strategy that includes empirical support and can defend their reasoning well,
2. Independently selects an intervention or range of interventions appropriate for the presenting issue(s),
3. Develops rapport and relationships with wide variety of clients,
4. Effectively delivers interventions,
5. Independently and effectively implements a typical range of intervention strategies appropriate to practice setting,
6. Terminates treatment successfully,
7. Independently assesses treatment effectiveness & efficiency,
8. Critically evaluates own performance in the treatment role.

PWC #8: Supervision

Training Objective: Produce new professionals who can independently provide supervision to others.

Competencies Expected:

1. Articulates a philosophy or model of supervision and critically reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives,
2. Creates an effective supervision contract,
3. Demonstrates knowledge of limits of competency to supervise (assesses meta-competency),
4. Constructs plans to deal with areas of limited competency,
5. Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients,
6. Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client(s), supervisee, supervisor)
7. Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it,
8. Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process.
9. Identifies impact of aspects of self in therapy and supervision
10. Provides competent supervision to less advanced trainees, peers, or other service providers in typical cases appropriate to the service setting

PWC #9: Consultation and Interprofessional/Interdisciplinary Skills
Training Objective: Produce new professionals who have knowledge of interdisciplinary teams and can collaborate with other professionals and who can critically evaluate a program's functioning.
<p>Competencies Expected:</p> <ol style="list-style-type: none"> 1. Demonstrates ability to articulate the role that others provide in service to clients, 2. Appreciates and integrates perspectives from multiple professions, 3. Displays ability to work successfully on an interdisciplinary team, 4. Systematically collaborates successfully with other relevant partners, 5. Demonstrates skill in interdisciplinary clinical settings, working with other professionals to incorporate psychological information into overall team planning and implementation, 6. Provides supervisors with insightful and useful reflections on what is working well and what can be improved at their different consortium sites at the mid-year evaluation. In the second half of the year, these reflections are presented via the program evaluation project (see handbook), 7. Collaborates effectively with other providers, or systems of care, to coordinate continuity of care for the patients.
<p>How Outcomes are Measured: All competencies are rated using supervisor ratings on a 5-point Likert scale 1= Cannot Demonstrate, 2= Needs extensive supervision to demonstrate, 3= Can demonstrate in most situations, requires some supervision in more complex situations, 4= Can demonstrate, even in complex situations, without supervision, 5 = Can demonstrate with advanced skill (similar to licensed clinician). Self-reports by interns will be collected at the beginning and end of training as a discussion tool for supervision purposes. Supervisor ratings will be collected at the middle (February/March) and end (July/August) of the internship training.</p>
<p>Minimum Thresholds for Achievement for Expected Competencies: Within each objective, the intern is expected to achieve mastery of all competencies and must achieve a score of at least 3 by the end of the year. If any competencies are at a 2 or less at the mid-year evaluation, the intern, their onsite supervisor and the Training Director will create a remediation plan to improve these skills. If any competencies are below 3 at the end of the year, then the intern will fail the internship.</p>

Professional Areas of Focus

In addition to our nine areas of competency (which are the major focus of the internship) interns will also engage in the additional training opportunities:

Comprehensive Assessment: Completion of one comprehensive assessment. The intern will administer, interpret, and write a written report. The final document will include a review of history, comprehensive clinical interview, and the administration of objective assessment measures (minimum of 3 from the following categories: personality measures, intellectual tests, cognitive tests and/or neuropsychological tests). See the Integrated Psychological Assessment Rubric in the Appendix A.

- This comprehensive assessment is required to be completed no later than June 30, 2024
- Interns must complete a 3 or higher on the associated competency rubric.

Formal Program Evaluation: Completion of a formal program evaluation collaboratively selected by the intern and their respective supervisor. The interns will complete formal research and/or program evaluation project. Work will include utilization of a structured model of program development, review of literature, needs assessment, implementation, data collection and outcome. Specific activities will be based on program and clinic needs and interns' areas of interest and expertise. Interns are encouraged to discuss specific opportunities that may arise at their clinical placements. See the Integrated Program Evaluation Rubric in the Appendix B.

- This formal research/program evaluation is required to be completed no later than June 30, 2024.
- Interns must complete a 3 or higher on the associated competency rubric.

Population Health or Culturally Congruent Care Focused Activity: The intern will participate in 1 additional population health or Culturally Congruent Care activity throughout the course of the training year consistent with their training goals. Interns will be provided with several options. Alternatively, the intern and their clinical supervisor may propose an alternative, independent activity that meets the spirit of this clinical goal. Possible examples include:

- Participation in a PMG Culturally Congruent Care Clinic.
- Offering a smoking cessation class through the Population Health Team.
- Exposure to adolescent populations through the School Based Health Center.
- Participation in Trans+ Care Service Development.

Completion will be documented through submission of a brief (approximately 1-3 page) SBAR overview of the clinical work that was done to support culturally congruent care and/or population health.

- This brief write-up is required to be completed no later than June 30, 2024.
- Interns must complete a 3 or higher on the associated competency rubric.

Patient Presentations: As a component of group supervision, trainees will alternate presenting a clinical case for team discussion and feedback. Trainees will complete one formal presentation per quarter. Trainees should include the following: overview of reason or referral, biopsychosocial conceptualization, meaningful identity markers, cultural and contextual considerations, evidence-based considerations for the care provided to this point, therapeutic considerations and specific questions or points of discussion for the group to consider. This formal presentation will be evaluated consistent with the PMG case presentation rubric (Appendix C)

- Formal case presentations should be completed no later than June 30, 2024.
- Interns must complete a 3 or higher on the associated competency rubrics.

Estimated Weekly Schedule

Interns work normal business hours, 8am to 5pm, Monday through Friday. Some PMG clinics offer extended evening or weekend hours. Interns can flex their schedule to see patients for evening and/or weekend appointments but are not required to do so. All schedule changes must be discussed and agreed upon with their direct supervisor, clinic leadership and training director prior to their implementation.

The overall duration of the program is 52 weeks with an average of 40 total program hours per week. It requires 12 months or one full calendar year to complete the program.

In a typical week, interns spend Monday through Friday at their assigned PMG primary care clinics. With two ½ days focused on didactics and supervision activities. These training periods will be spent at a central Providence location. The training day is a priority and will be facilitated by the Providence Psychology Training Leads with intermittent support from the George Fox Clinical Training Director.

An approximation of an intern's weekly training activities is shown below.

Monday Afternoon, Tuesday, Wednesday Morning, Thursday, Friday:

- Two hours of individual supervision provided by onsite Providence supervisor.
- Service delivery as a Behavioral Health Provider.

Monday Morning

- Didactic Training (2hrs)
- Group Supervision (1hr)

Wednesday Afternoon

- Supervision of layered supervision (1hr)
- Program development, quality improvement and/or professional career development (1hr)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Home Clinic(s)	Home Clinic(s)	Home Clinic(s)	9am-11am: Didactics 11am-12pm: Group Supervision	Home Clinic(s)
PM	Home Clinic(s)	Home Clinic(s)	1pm-3pm: Layered Supervision 3pm-5pm: Program Development	Home Clinic(s)	Home Clinic(s)

In addition to training activities, the internship year begins with a 2-week orientation and onboarding period. This orientation additionally includes an intensive “Primary Care Bootcamp” training in primary care psychology hosted by Providence Medical Group. Trainees have ongoing opportunities to participate in Providence Grand Rounds and other supplemental trainings through an extensive library of training resources throughout the course of the training year.

Working Hours

Working hours, established by the Training Leadership, are typically normal business hours, Monday through Friday. Occasionally, the interns will have the opportunity to lead a group or participate in an activity that starts later in the day. This may lead to a later end time, but often interns will be able to adjust their schedule to start later subsequent days. These schedule fluctuations should be discussed in advance with the clinical supervisor and Training Lead.

Interns are asked to be flexible in their scheduling where possible. This is particularly for psychological testing, which will sometimes require a rapid response for timely feedback.

Interns will not complete more than 40 hours of clinical service per week.

Hours Monitoring

To successfully complete the internship, A minimum of 2000 hours of program participation is required. This includes a minimum of 500 hours (25%) of direct clinical work.

To ensure successful completion of this hours requirement. Trainees are requested to submit a monthly Teams Hours Tracking Form outlining time spent in direct patient care, didactics, supervision, assessment, and clinical support activities (e.g., note writing, documentation, consultation, etc.).

A monthly Microsoft Teams Form will be submitted to monitor and track interns’ successful completion of all required hours. See Appendix D for details.

Supervision and Didactics

An internship is an organized training program, and as such, supervision and regular participation in the didactic seminars are required components of the internship. A probable schedule of training activities is included within this handbook. Interns will participate in a two-hour didactic, led by the Training Lead, focusing on relevant topics within the primary care setting. They will also participate in group supervision, supervision of supervision and research/professional development trainings. These trainings will focus on professional career development, program evaluation, and increasing scientific knowledge base as a psychologist. Interns will have the opportunity to present the findings from their program development research projects, as well as a topic of choice. This program evaluation information will also be disseminated to the Internship Training Committee, Providence Department of Psychology leadership, and Providence BHP's including interns and residents as indicated.

Supervisory Meetings

The intern's weekly schedule includes two hours of virtual or in-person face-to-face individual supervision with an Oregon licensed psychologist. The intern's primary supervisor is clinically and professionally responsible for services provided by interns. Attendance at all supervision sessions is required unless otherwise scheduled in advance. In the event of vacation, illness, emergency, pandemic, inclement weather, or other situation approved by the Oregon Board of Psychology guidelines, supervision may be conducted via telephone or Microsoft Teams (which is consistent with Providence Privacy guidelines) or may be rescheduled within 14 days of the missed supervision session. Additional supervision can be scheduled to meet clinical needs.

Interns meet weekly for one hour of group supervision, two hours of didactics, supervision of supervision and professional development activities 4 times per month. They also meet monthly with neighboring Behavioral Health Providers from 4-5 nearby Providence clinics for "Geopod meetings" to discuss clinical cases, refine workflows, exchange community resources, etc. Finally, interns will attend a monthly meeting (3 hours) with Behavioral Health Providers from their geographic region facilitated by one of the Psychologist Medical Directors.

Interns are matched with an individual supervisor who will work with them for the duration of the internship year. Individual supervision is provided by a psychologist who works in the same Providence Medical Group clinic when possible. In rare instances where there may not be a psychologist located at the intern's placement clinic, individual supervision is provided by a licensed psychologist working as a Behavioral Health Provider in a clinic like that of the intern's home clinic.

Supervisors will submit a monthly intern update indicating if there are any developmental concerns that need to be addressed (see Appendix E).

Review of Work

Initially, the supervisor will shadow the intern for direct assessment and review of their work with patients. During the early stages of the internship placement, there will be greater emphasis on review of all cases and documentation. As the supervisee progresses, the intern will discuss all active cases and prepare, in advance, the cases they wish to focus on in supervision. The supervisor may also select cases to explore in supervision. After the initial training period, intermittent observation will occur throughout the year for formative and summative feedback and ongoing review of intern's progress and patient care. Furthermore, the intern will be offered multiple opportunities to shadow the supervisor and other multidisciplinary professionals throughout the training year.

Per Oregon law, the individual supervisors assume professional and legal responsibility for the work of the interns including monitoring patient care, ensuring the quality of practice, overseeing all aspects of patient services, and mentoring the intern. As part of their supervisory responsibilities, each supervisor engages in live observation of the intern's direct patient care *at least* quarterly during the training year. This direct observation adds to and informs the individual supervisors' evaluation of their intern trainee.

Notes and Written Communication

Consistent with PMG policy, all patient communication should be completed and documented exclusively through the EMR.

The trainee will document using templates as outlined by supervisors and will add their licensed supervisor to all documentation for attestation and review.

The trainee will complete all documentation within 24 hours. Urgent notes or notes with any form of risk will be completed same-day and will be sent to the licensed psychologist via cc'd chart (red flag) in addition to the 'co-sign note' requirement. Supervisor will work to complete all chart reviews and provide feedback within the same week. Notes returned to the trainee with feedback indicating necessary changes will be revised and resubmitted by the end of the following week. Finalized notes will be attested to by the licensed psychologist.

Interns will utilize all standard Providence documentation for risk assessments and safety planning.

All documents and formal communication under the trainee's name will be reviewed and attested by the supervisor. It will be the trainee's responsibility to provide these documents that require signature to the supervisor in a timely manner.

Supervision and Professional Development

Supervision focuses on the professional development of intern in the context of the Profession Wide Competencies. It involves open communication, two-way feedback, and focus on an exploration of clinical issues as outlined in the competency evaluation tools and includes an exploration of personal

factors such as emotional reactions, values, beliefs, biases, and conflicts as they relate to the Intern's professional growth.

Since the intern works under the license of the supervisor, it is an expectation that the intern shares complete information regarding patients, records, and consultations, and abide by the supervisor's final decisions. The welfare of the patient is tantamount. The supervisor encourages the intern to express disagreement and differences of opinion with the supervisor and to discuss any conflicts that might arise in the supervisory relationship.

Responsibilities of Supervisor

Overall, the supervisor upholds and adheres to the APA Ethical Principles of Psychologists, Code of Conduct, and the Guidelines for Clinical Supervision in Health Service Psychology (which are provided to the intern during the first supervision session). Within these guidelines, the supervisor oversees and monitors all aspects of supervisee patient care. Related to supervision, the supervisor fosters a supportive supervisory alliance and establishes an appropriate emotional tone. Supervisors assist in the development of goals and tasks to be achieved in supervision specific to assessed competencies.

The supervisor presents challenges to, and problem-solves, with the intern. The supervisor identifies their theoretical orientation(s) used in supervision and takes responsibility for integrating theory into the supervision process. This includes assessing the intern's theoretical understanding, training, and orientation(s). The intern's strengths (specific to assessed competencies) are identified and will be built upon. The supervisor introduces and models the use of personal factors including belief structures, worldviews, values, and culture. The supervisor ensures a high level of professionalism in all interactions and distinguishes (and maintains) the line between supervision and therapy. When strains or ruptures occur in the supervisory relationship, the supervisor is responsible for identifying and addressing them. The supervisor is also responsible for responding non-defensively to the intern's feedback.

All supervisors have a doctoral degree in psychology and are licensed in the state of Oregon. Supervisors are on-site at each assigned clinic and are clinically and professionally responsible for services provided by interns. Supervising psychologists within Providence Medical Group may retain an academic appointment with George Fox University and have regular and frequent contact with the University.

Staff

The Providence Department of Psychology is led by the Senior Medical Director for the Department of Psychology. The Psychologist Medical Directors, including Dr. Jeri Turgesen, PsyD, ABPP, MSCP (Director of Clinical Training, Assessment and Medical Specialty), Drs. Elisa Rudd, PsyD (West) and Tyson Payne, PsyD (East) serve as Psychologist Medical Directors supporting psychologists embedded in primary care throughout the Oregon Region.

Each PMG clinic has their own clinic leadership and administrative staff. There is additional administrative support through the PMG Department of Psychology. On-site supervisors at Providence Medical Group have ongoing contact with the intern, as well as weekly supervision.

Staff and faculty of the GSCP are in the Roberts Center of George Fox University.

Internship Completion Criteria

To successfully complete the doctoral Internship, interns are expected to fulfill the following requirements and demonstrate competence in each of the areas described in this manual.

- A minimum of 2000 hours of program participation, including 500 hours of direct clinical work.
- Approximately 32 hours weekly at Providence Medical Group, including two hours of individual supervision.
- Approximately six-eight hours per week spent in didactic and supervisory activities.
- Dissemination of findings from their program development research projects.
- Both the Training Director, Providence Medical Group supervisors and the Providence Clinical Training Manager will track interns' competence using self-evaluations and evaluations. These evaluations will occur at mid-year and at the end of the internship. With the exception of the self-evaluation, which is completed at the beginning and end of the year. Competencies that fall below a 3 will require a remediation plan. Successful completion of the internship requires a competency score of 3 or better, for each competency, by the end of the year. We predict that most interns will average scores between 4 and 5 by the end of their training year.
- If an intern is below a 3 in certain competencies by the end of the year, they will fail the internship. An intern can petition the Internship Committee to allow an extension of the internship and a second remediation plan to prove that they can perform the lacking competency at a satisfactory level (3) or to make up for any missing hours. However, allowing this is at the committee's discretion.

Each intern will receive a certificate of completion upon successfully finishing the internship.

Evaluations

Interns will be given frequent feedback from supervisors based on their professional work. Additionally, they will receive written and timely (mid and end of year) feedback via their competency-based evaluation completed by their supervisor (see Appendix F). The Internship Training Director follows the following procedure for the beginning of the year, mid-year, and year-end evaluation:

1. At the start of the year, the interns complete a self-evaluation for self-reflection and to establish their starting competency level and identify training goals for the year. This is the same competency-based evaluation form completed by their supervisors, which also provides an opportunity for a comparison to their supervisor's evaluation.
2. The Training Director requests the PMG supervisor completes the competency-based evaluation forms at the middle and end of the year.
3. Supervisors review the evaluation at mid-year and end of year with the intern and the intern is given opportunity for a written response, if desired.
4. All evaluations, and student responses, become part of the intern's file.
5. If any competencies, in the mid-year evaluation, are below a 3, a remediation plan will be created and implemented. Providing the intern ample time incorporate corrective feedback into their service delivery. If the intern cannot improve their score on the failed competency to a 3, or better, by the end of the internship year the intern will fail the internship.
6. The Remediation Plan can be found within Appendix G.

Self-Study

To maintain ongoing formative proximal and distal feedback, the Training Director, and the Internship Committee, routinely review the trainings offered to interns. This includes reviewing interns' evaluations of their training sites, supervisors, and didactic trainings (see Appendix H).

Interns will be asked to complete evaluation forms during the training year regarding their supervisor, training experiences and will regularly submit feedback related to didactic offerings.

Additionally, In the spirit of ongoing programmatic reflection and evaluation, additional forms, or updated evaluation processes may be incorporated during the training year to help optimize the intern training experience. Any adjustments will be communicated directly and clearly to all interns. Interns will be given the opportunity for communication and input into these adjustments should they arise.

Interns will receive a post-internship survey, sent two and five years after completing their internship, to improve the program for future interns.

Policies and Procedures

With the current Consortium, the internship is partially affiliated with the Graduate School of Clinical Psychology at George Fox University. A partially affiliated internship is one in which a portion of the interns admitted may be students from a specific accredited doctoral program. Meaning, equally qualified students from George Fox University may be ranked above similarly qualified applicants from other programs, pending a full review and considerations of all qualifications. However, a more qualified applicant from any program will be ranked above a less qualified George Fox University applicant. There are no requirements to rank students from George Fox University and the consortium regularly ranks and matches with candidates from other programs.

The Internship Committee follows the policies and procedures for doctoral internships, established by the APA's Commission on Accreditation. The Committee consists of: The Internship Training Director (who serves as the committee chair), the Director of Psychology, Psychologist Manager of Primary Care/Medical Specialties and the Primary Care Psychologist Managers from Providence Medical Group; the GSCP Program Director serves as a member of the committee as needed. In addition, monthly meetings are held at Providence Medical Group with the Providence Training Director and all acting supervisors for all trainees.

The Providence Internship Training Director manages daily operations and routine decisions pertaining to the internship, including didactic seminars, scheduling, and personnel matters. The Internship Committee oversees programmatic issues, including policies, goals of training, ongoing self-study, review of interns' progress, interviews of potential interns and intern ranking.

With the above noted transition of Providence Medical Group moving towards a fully accredited internship program, the Providence Medical Group Internship will not be directly affiliated with any university. Moving forward all policies and procedures established by the APA and APPIC will be adhered to for the internship match process.

Application for Internship

The internship abides by all APPIC guidelines and requirements, and applications should be submitted through the AAPI Online process. Details are available at the APPIC website (www.appic.org). No supplemental applications materials are required beyond the AAPI Online requirements.

Applications are due on November 15, 2023, by midnight Pacific time. In our mindful attempt to keep applicants safe during the global pandemic and for equity considerations for ease of access for candidates, all interviews will be conducted virtually for Phase I and Phase II.

All applications are screened by members of the Internship Committee and Providence's Behavioral Health Providers, as they are knowledgeable of the necessary skills to be successful as a BHP within the Providence system. Any applications received from the affiliated university will be screened by committee members, supervisors and BHPs not affiliated with the institution. Committee members and supervisors conduct interviews and provide recommendations to the Providence Internship Training

Director for APPIC match rankings. The Providence Training Director makes the final ranking decisions and submits them to the National Matching Service.

Once interns are matched to the site, a letter of agreement is sent within 48 hours. This letter includes information about start and end dates, internship salary, contact information for the Training Director and other relevant information about the internship.

Statement of Non-Discrimination

The program adheres to the Providence Health and Services – Oregon Equal Employment Opportunity/Diversity policy (Appendix C). Similarly, the GSCP has a non-discrimination policy as a component of its admissions process.

Every effort is made to ensure diversity in selected trainees. Providence Medical Group specifically encourages diverse candidates to apply for our training program. Selections are non-discriminatory based on age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, and socioeconomic status.

The program excludes collecting any information not relevant to intern success during the process of application, interview, and selection for offering of positions. Demographic data not relevant to intern success such as gender, race, and ethnicity is not gathered during the application process. Interview questions do not prompt for disclosure of any demographic information irrelevant to program success. Consistent with the Standards of Accreditation, we may show preference in selection of applicants aligned with the ethos of the sponsoring institution.

Requirements for Selection

An applicant must have completed at least three years of study in an APA-accredited clinical or counseling psychology doctoral program in the United States, with the student having successfully completed their academic coursework, comprehensive exams, supervised practicum experiences and must be in good academic standing.

Candidates with prior training in integrated primary care and interprofessional medical settings are highly preferred, as interns will provide services in medical clinics that highly utilize Behavioral Health Providers.

Within the APPI, applicants must also be verified as *ready to apply for internship* by the Director of Training at their home graduate program.

Start and End Dates

The internship begins on August 6, 2023, and August 5, 2024.

Salary, Benefits, and Administrative Support

Interns are employees of Providence Medical Group and are eligible for benefits as outlined in their employment letter. Interns have access to HR for support specifically related to salary or benefit related concerns.

Salary and Benefits

Interns receive a salary of \$35,817 annually. In addition, interns are eligible for 23 days of sick and vacation leave. Holidays observed by Providence are New Year's Day, Memorial Day, Independence Day, Martin Luther King Day, Labor Day, and Thanksgiving Day. *These holidays are included in the 23 days of time off.* Interns are additionally granted 40 hours of professional leave to attend scheduled CME activities, dissertation activities, and attend their graduation.

Medical, dental, vision and other insurance will be available for variable costs based on desired coverage levels.

Providence Medical Group and the GSCP both maintain an extensive library of psychological testing materials. The internship makes these materials available to interns, as required to complete psychological assessments and program development projects. Interns are additionally well supported by Providence administrative staff as needed throughout their internship year.

Other supplies and administrative support are available as appropriate.

Leave/Vacation Protocols

Interns are encouraged to proactively plan and use their PTA.

It is hoped that vacations and professional leave can be schedule with minimal need to reschedule patient care. Please proactively plan time away with your supervisor and clinic.

Interns receive 23 Paid Provider Time Away (PTA) days per year as part of their Providence Medical Group employee status. The 23 days include the following holidays: New Year's Day, Memorial Day, Independence Day, Martin Luther King Day, Labor Day, Thanksgiving Day, and Christmas Day. In addition, interns are allotted 40 hours per year paid time away from clinic for continuing education, dissertation activities, and to attend graduation.

Interns must inform the Training Director, their primary supervisor, clinic manager, and clinic team four weeks prior to any planned time away for vacation, continuing education, and examination study time. Interns may consult their clinical supervisor for exceptions to this timeline. Interns are also required to set up Microsoft (Teams/Outlook) notifications for any time away that adheres to department policies.

For PTA, interns must send their supervisor, clinic manager, and the Training Director a Microsoft Teams/Outlook 'all day' invite indicating time away for all days absent and indicating in the subject whether it is PTA, CE, etc. Additionally, please ensure that your Epic schedule is appropriately blocked.

Interns **must** also submit a 'Time Away Teams Form' to support the tracking of their PTA and Professional Leave Utilization (see Appendix I).

Providence does not 'pay out' for unused PTA remaining at the completion of the training year.

Sick Call-Outs: Interns must communicate intention of calling out sick to their primary supervisor, clinic manager, and Training Director in a timely manner, usually as early as possible, consistent with their clinic and department protocols. Trainees should follow up with Employee Health consistent with illness, clinic policies and/or COVID guidelines.

Please note that Providence COVID-19 guidelines are rapidly changing as new information and evidence becomes available and/or because of state regulations. Please consult with your clinical supervisor and clinical training director for all COVID-19 guidelines. Regular updates will be sent via email as they become available.

Extended Absence

An intern may be excused from service for parental leave or severe illness (physical or emotional). Providence abides by all Federal and State laws related to family and medical leaves of absence. Providence has partnered with Sedgwick, a third-Party Administrator who manages disability and Family Medical Leave Act (FMLA) claims. For absences of three days or more (or intermittent absences), interns request a leave through Sedgwick as follows:

Step 1: Contact Sedgwick, leave administrator, at 855-537-4470 or online by clicking the Sedgwick link on the Providence Intranet site.

Step 2: Notify the Training Director and primary supervisor. All subsequent absences under an intermittent leave must be reported to Sedgwick, the Training Director, and their primary supervisor.

Step 3: Provide required information and forms to Sedgwick.

Sedgwick will set up the appropriate claim and assign a specialist to the intern's case. Required forms will be sent to the intern and their health care provider to complete. A Sedgwick specialist will reach out within 24 hours to discuss the process and obtain additional information. The Training Director and health care provider also will be contacted to gather any required information. Sedgwick subsequently

confirms eligibility, makes an approval decision, and manages the claim through return to work or leave exhaustion.

Extended Absence and Internship Completion: Please Note, Extended absences ***do not*** reduce the overall number of hours or months required for completing the internship. In instances where an intern has required an extended leave, an intern may need to extend the length of their training year to successfully complete the required training hours. ***If this occurs, the salary and stipend end after the first 12 months of training.***

Maintenance of Records

Each intern has an intern file, which is kept electronically and maintained by the Training Director. The file begins when the intern becomes matched with internship. The file is maintained and updated throughout the internship year and is permanently kept as a record of training after the completion of internship. The purpose of the intern file is to document progress through the training year. The files contain information submitted by the intern, on-site supervisors, and Training Director.

The files are property of the Providence Medical Group Integrated Care Internship, but interns have access to their records as needed. Access to these files is governed by Providence policy.

Policy of Students with Disabilities

If an intern has a specific physical, psychiatric, and/or learning disability and requires accommodations, please contact the Internship Training Director as early as possible so learning and training needs may be appropriately met. Current documentation of the disability will need to be provided and will be maintained in the internship file.

Accommodations will be made consistent with Providence Medical Group Reasonable Accommodation Policy. The Director of training will submit the trainee documentation of disability through Sedgwick for appropriate review and documentation of accommodation requests to finalize eligibility for the requested accommodations.

Providence Oregon Reasonable Accommodation Policy

Policy Name: Reasonable Accommodation

Scope: All caregivers and applicants

Purpose: To support and promote our commitment to good faith efforts in making employment decisions in a non-discriminatory manner, the facility will follow this policy in regard to employment

practices, including, but not limited to, hiring, promotion, transfer, recruitment or recruiting advertising, layoff or termination, and compensation.

Terms:

Disability: A physical or mental impairment that impacts caregiver/applicant's major life activities as defined by applicable local, state, and federal law.

Major life activities include the following, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Reasonable accommodations are modifications or adjustments to the work environment or work procedures that enable a qualified individual with a disability to perform the essential functions of that position. Reasonable accommodations enable a caregiver with a disability equal opportunity of benefits and privileges of employment as similarly situated caregivers without disabilities. An accommodation may be considered reasonable if it is reliable, effective in eliminating the limitations, capable of being provided in a timely manner, and does not create an undue hardship for the facility.

Essential functions of the job refer to those job activities that are determined by the facility to be essential or core to performing the job; these functions cannot be eliminated.

Undue hardship: In general, with respect to provision of an accommodation, undue hardship means significant difficulty or expense. Some factors to be considered when determining whether an undue hardship exists are the nature and cost of the accommodation, overall financial resources of the facility, type of operations, and the impact of an accommodation upon the facility's operation and ability to conduct business.

Policy:

In keeping with our mission and values, the facility does not discriminate against applicants and caregivers with disabilities. In accordance with the Americans with Disabilities Act ("ADA"), the Americans with Disabilities Act Amendments Act ("ADAAA"), Section 503 of the Rehabilitation Act of 1973, and any applicable state or local laws, we provide reasonable accommodations to applicants and caregivers. Furthermore, it is our policy not to discriminate against qualified applicants or caregivers with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The facility also will consider reasonable accommodation outside of the context of caregivers with disabilities where otherwise required by local, state, and federal law.

As part of our commitment to make reasonable accommodations, the facility also wishes to participate in a good faith, interactive process with caregivers or applicants with disabilities to determine effective reasonable accommodations, if any, that can be made in response to a request for accommodation. Caregivers and applicants are invited to identify reasonable accommodations that can be made to assist them to perform the essential functions of the position they occupy or seek. Caregivers should contact their core leader, human resources or the third-party administrator as soon as possible to request the opportunity to participate in an interactive process. By working together in good faith, we hope to implement any reasonable accommodations that are appropriate and consistent with legal obligations.

State or Local Law. To the extent that applicable state or local law provides additional rights for caregivers than those rights provided under the ADA and/or discussed in this policy, the facility will fully comply with such state or local laws.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the facility.

[Caregiver Knowledge \(HR\) - Reasonable Accommodation Policy \(hrforcaregivers.org\)](https://hrforcaregivers.org)

Clinical Suitability Concerns

Providence recognizes the rights of interns to be treated with courtesy and respect. To maintain the quality and effectiveness of interns' learning experiences, all interactions among doctoral students, interns, internship faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see APA Ethical Principles of the Psychologists and Code of Conduct). The internship program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise regarding them. The remaining sections and listed guidelines in this manual are intended to assist interns if disagreements in conduct or concerns around professional behavior should arise.

Grievance Process

If concerns about a supervisor, Training Director, or staff emerge, the following steps will be taken:

Step 1: Informal Resolution

Informal resolution is encouraged and according to the guidelines established in the APA Ethical Principles, this form of resolution allows for direct communication between the intern(s) and supervisor about the problem and seeks resolutions. As stated within the remediation process, the Providence Internship community ethos is guided by an expectation for fairness and justice and it is expected that supervisors, staff, and interns express, and respond to concerns with respect and integrity.

Step 2: Informal Mediation

If an informal resolution is insufficient to address the concerns expressed by the intern(s), the following will take place:

- The Training Director (or appropriate designee) will mediate a subsequent meeting.

- If the concern involves the Training Director, the communication can initially be addressed to the Senior Psychologist Medical Director.
- The mediation meetings will be scheduled within two weeks of the request and will include both parties and the designated mediator.
- Discussion and problem resolution will be documented and may include interventions for both intern and supervisor, Training Director and/or staff.
- A one-month check-in will occur for a minimum of three months following the informal mediation.

Step 3: Formal Grievance

If the informal mediation process is insufficient to address concerns expressed by the intern a formal grievance will be addressed by the Internship Training Committee.

The Internship Committee includes the Training Director, the Senior Psychologist Medical Director, Psychologist Medical Directors, Providence Training Leads, and the Clinical Training Manager from George Fox University.

- All parties involved in the grievance will receive a letter from the Training Director (or Psychologist Medical Director if grievance involves the Training Director) notifying them of the referral to the Internship Committee with a description for the specific reasons of the referral and establishing a meeting date.
- During the meeting, the intern will be encouraged to provide additional information to fully understand their concern(s).
- Following this meeting, the Training Director (or designee) will work with the intern to develop a response plan to address the founded concern(s) of the grievance. The Training Director (or designee) will share the proposed plan with the Internship Committee who may make additional recommendations (e.g., change of supervisor, etc.)
- Following the consultation with the Training Committee, the Training Director (or designee) will meet with the intern to confirm the plan and all parties will receive a copy of the plan.
- A specific timeframe and a follow-up meeting within one month will be scheduled to assess the impact of the response plan and to determine next steps, e.g., resolution of grievance, ongoing maintenance of plan with one-month follow-up or the need to develop a revised plan which will follow the above process.
- The results of the meeting will be documented and entered in the training program's file.
- The Training Director (or designee) will remain sensitive to the power differential that may affect the intern's willingness to address their concerns. Weekly meetings with the Training Director (or designee) will allow additional informal check-ins to ensure the intern is experiencing support, with no evidence of retaliation, during this process.

If at any time an intern feels unsafe with their supervisor and/or believes that unethical or inappropriate behavior is occurring on behalf of their supervisor, the intern is advised to come immediately to the Director of Clinical Training and a formal Caregiver Relations and HR case will be initiated. If the intern's concern is related to any actions of the training leadership, Interns are encouraged to seek support from another member of the training committee or Psychology Department Leadership and submit a Caregiver Relations request immediately. The intern will be provided with an alternative supervision plan as appropriate throughout the investigative period. Upon conclusion of any investigation related to a supervisor, the Training Committee will partner with the intern to develop an appropriate training plan moving forward.

Intern Competency Concerns and Remediation Process

In 2006, the Board of Educational Affairs (BEA) of the APA collaborated with the Council of Chairs of Training Councils (CCTC) to clarify the requisite foundational and functional competencies for students in professional psychology programs.

The CCTC committee states, "Foundational competencies refer to the *knowledge, skills, attitudes and values* that serve as the foundation for the functions a psychologist is expected to carry out" (CCTC, 2007, p. 5). The document goes on to explain that foundational competencies are the prerequisite to the acquisition of functional competencies. Foundational competencies include reflective practice of self-assessment, scientific knowledge, relationship skills, and awareness of ethical-legal standards, individual-cultural diversity, and interdisciplinary systems.

If concerns about an intern's foundational or functional competencies emerge, the following steps will be taken:

Step 1: Informal Resolution

According to the guidelines established in the APA Ethical Principles, informal resolution allows for direct communication between the supervisor(s) and intern to resolve any competency concerns. As stated above, the Providence Internship community ethos is guided by an expectation for fairness and justice and it is expected that supervisors, staff, and interns express, and respond to concerns with respect and integrity.

Step 2: Informal Mediation

If an informal resolution is insufficient to address the competency concerns expressed by the supervisor, the following will take place:

- The supervisor will request the Training Director mediate a subsequent meeting.
- The mediation meeting will be scheduled within one week of the request and will include both the supervisor and intern.
- Discussion and problem resolution will be documented. Then a collaborative performance improvement plan with clearly defined goals reflecting the expressed concerns. This

improvement plan will be developed and signed by each member of the group. A follow-up meeting will be scheduled one month after the informal mediation meeting. At the follow-up meeting, progress toward goals will be discussed, reviewed, and documented. During this meeting the intern, supervisor, and Training Director will determine if:

1. The goals of the performance improvement plan have been met and therefore resolved with documentation that the student is meeting expectations.
2. The plan needs to continue as is, in which case a subsequent meeting will be scheduled in one month.
3. The goals of the plan have not been met and intervention needs to be increased to the next level, Formal Remediation.

Step 3: Formal Remediation

If the informal mediation process is insufficient to rectify competency concerns, a formal remediation plan will be established. At this point:

- The Training Director will schedule a meeting with both the supervisor and intern to discuss the specific areas of ongoing concerns and collaboratively revise the performance improvement plan accordingly.
- A period for expected remediation will be established, ensuring the intern has adequate time to make corrective changes; consequences of not rectifying these areas will be stated.
- The Director of Clinical Training of the intern's graduate program will be contacted, and a copy of the remediation plan will be provided. If any suspected difficulties with the intern is substantiated, seeking input from the academic program about how to address such difficulties will be obtained when necessary.
- A follow-up meeting will be scheduled one month from the formal remediation meeting with the Training Director, supervisor, and intern to discuss progress made within the plan. Like the process above, the remediation will be completed, continue for another month as is, or be revised to reflect new concerns.
- Documentation, in writing is made to all relevant parties regarding any final actions taken by the program, along with its rationale.

Please see the sample formal remediation plan available in the appendices (Appendix G).

If at any time during the intern competency and remediation process an intern would like to invite a mentor and/or training advocate from their Doctoral Training Program to actively participate in the remediation process in a supportive and constructive manner, they are welcome to do. Interns are requested to consult and collaborate with the Training Committee related to incorporation of a training mentor from the interns' home doctoral program.

Appeal Process for Intern Competency Concerns

Decisions by the Training Director and/or Internship Committee may be appealed. In the event of an appeal the following process must be followed:

Step 1: If the intern disagrees with the decision of the Training Director and/or Internship Committee, the intern can submit a written appeal to Chief Executive of Behavioral Health for Providence Medical Group within 10 days of receipt of the Training Director/Internship Committee's decision.

Step 2: The Chief Executive of Behavioral Health for Providence Medical Group will consult as appropriate and determine a final decision on the appeal. The decision may support the appeal and refer to the Training Director/Internship Committee or deny the appeal with written explanation. A written copy of the appeal decision will be sent to all parties, including the DCT of the intern's graduate program.

Complaints About Other Interns

Consistent with the APA Ethical Standards and Code of Conduct, it is recommended that informal resolution be the first step in resolving a conflict or concern with another intern. When concerns arise, the complainant should contact the intern in question and frankly discuss the concerns. If resolution is not reached, one may engage in the following formal complaint resolution process.

Complaints may be made against fellow interns for the following reasons:

1. Alleged violation to APA Ethical Principles and Code of Conduct, state, or federal laws.
2. Alleged violation of internship policies.
3. Concerns about an intern's clinical suitability for the practice of clinical psychology.
4. Concerns about an intern's physical, intellectual, or emotional abilities to perform the essential functions of a clinical psychologist.

Because of the nature of a formal complaint, and the subsequent investigation, complete confidentiality of the complainant may not be possible. It is desirable for the complainant to submit the complaint(s) in writing and be interviewed by the Internship Committee. Written documentation of the complaint and outcome are kept in the intern's permanent file. Typically, complaints against intern will be handled in the following manner:

1. Complaints against an intern should be written and are sent to the Internship Training Director.
2. The Training Director communicates the complaint to the Internship Committee within five working days of receipt of the complaint.
3. The Training Director notifies the intern that a complaint(s) against him/her has been made within five working days of receipt of the complaint.
4. The Internship Committee gathers necessary information from faculty, concerned students, site supervisors, or patients.

5. The Internship Committee provides the intern with written documentation of the specific complaint(s) and concerns of the Committee within 20 working days of receipt of the complaint from the Internship Training Director.
6. The Internship Committee interviews the intern, to obtain additional information and his/her response to the allegations, within 10 working days of written notification. The intern may bring another intern, a faculty member, or supervisor to the interview to serve as a support person. The student may offer to the Internship Committee names of persons who may provide information on behalf of the student. This is not a litigious process, and attorneys should not be involved at this level.
7. The Internship Committee recommends a decision within 10 working days of the student interview. Possible recommendations include, but are not limited to:
 - a. Dismiss complaint.
 - b. Letter of reprimand.
 - c. Remedial actions. The intern must submit documentation of satisfaction of remedial recommendations by a specified date.
 - d. Dismissal from the internship.
8. The Internship Committee decides on the committee course of action and the Internship Training Director notifies the student in writing within three working days.

Appeal Process for Complaints about Other Interns

Decisions by the Training Director and/or Internship Committee may be appealed. In the event of an appeal the following process must be followed:

Step 1: If the intern disagrees with the decision of the Training Director and/or Internship Committee, the intern can submit a written appeal to Chief Executive of Behavioral Health for Providence Medical Group within 10 days of receipt of the Training Director/Internship Committee's decision.

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Appeal Process Considerations

While every attempt will be made to closely adhere to and follow the above outlined due processes for 'Intern Competency Concerns and Remediation Process' and/or 'Complaints about Other Interns' there may be times where involvement of Human Resources and/or Caregiver Relations and associated HR due processes may necessitate a change in process or timeline. The Training Committee is committed to

ensuring appropriate adherence to Providence HR policies as well as legal/state employment guidelines as a component of addressing any concerns.

Providence HR Policies

The following HR policies are included here for easy reference. For any updates and full policy review, please visit the Providence [Caregiver Service Portal](#) on the Providence intranet page.

Policies as outlined on the Caregiver Service Portal page will be considered the full, enforceable policy for Providence Health Services.

Harassment Policies

The Providence Medical Group Internship endorses, and interns and supervisors must comply with, Section 3.02 and 3.03 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

(b) Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

1.12 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

Providence: Harassment Discrimination Retaliation Policy

Policy Name: Harassment Discrimination Retaliation

Scope: All workforce members

Purpose: In keeping with our mission and values, this policy establishes expectations for the work environment and standards for behaviors of all workforce members.

Terms:

Workforce Member means employees, caregivers, volunteers, trainees, interns, medical staff, students, independent contractors, vendors, and all other individuals working at the ministry whether or not they are paid by or under the direct control of the ministry.

Harassment may involve but is not limited to inappropriate behavior including comments, slurs, jokes, gestures, innuendoes, physical contact, graphics, writings, and pranks based on a legally protected characteristic such as those listed below. Harassment may involve a co-worker, a core leader, a customer or a vendor. Inappropriate behavior that is related to one of those protected characteristics rises to the level of harassment when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of the harassment is used as the basis for employment decisions affecting the individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual Harassment is a form of harassment that may include but is not limited to unwelcome sexual advances, requests for sexual favors and other visual, verbal or physical conduct of a sexual nature.

Discrimination is when a workforce member is subjected to an employment decision based on a protected characteristic, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, genetic information, and military and veteran status.

Retaliation is when a workforce member is subjected to an employment decision as a result of engaging in a protected activity, such as a good-faith report of discrimination harassment or illegal activity.

Policy: The ministry strives to provide a positive work atmosphere that reflects our core values. Workforce members are expected to demonstrate behaviors that create a supportive and inclusive work environment, and share responsibility for maintaining a positive workplace. The ministry strictly prohibits unlawful harassment or discrimination, and expects everyone in our workplaces to conduct themselves in a manner consistent with this philosophy. As such, core leaders, co-workers, third parties and other individuals with whom workforce members come into contact must not engage in harassing or discriminatory conduct. These standards of conduct apply in any situation where a workforce member is engaged in activities on behalf of the ministry, including off-site activities such as attendance at seminars, business travel and any business-related entertainment or social function. Allegations of unacceptable behavior will be taken seriously and investigated.

Procedures:

1. Workforce members should immediately report any concerns regarding sexual or other harassment or discrimination promptly to their core leader. If the core leader is unavailable or the workforce member believes it would be inappropriate to contact that person, the workforce member should immediately contact another core leader or the human resources leader or designee.
2. Core leaders must take appropriate action in response to all incidents or reported concerns. A co-worker or core leader who becomes aware of possible sexual or other harassment or discrimination or retaliation must promptly inform human resources so that the ministry may try to resolve the claim.
3. Reported concerns regarding potential harassment will be investigated to eliminate inappropriate conduct. Appropriate corrective action will be taken, as necessary, based on the outcome of the investigation. Confidentiality of the person reporting harassment will be maintained to the extent possible. Individuals who report a concern in good faith or who cooperate in an investigation will not be subject to retaliation.
4. Any workforce member who violates the expectations of this policy will be subject to corrective action, which may include termination of employment. Violations of the standards in this policy by any vendor, supplier, or other non-employee will be handled appropriately.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

This policy does not modify the express terms of any collective bargaining agreement. In the event of a conflict between this policy and the terms of a collective bargaining agreement, the collective bargaining agreement will prevail.

[Caregiver Knowledge \(HR\) - Harassment Discrimination Retaliation Policy \(hrforcaregivers.org\)](http://hrforcaregivers.org)

Substance-Free Workforce Policy

Policy Name: Substance-Free Workplace

Scope: This policy applies to all caregivers at the facility.

Purpose: In keeping with our mission and values, the facility is committed to providing a workplace free of illegal drug and/or alcohol use and to ensure consistency in the implementation of illegal drug and/or alcohol testing procedures for all applicants who receive conditional offers of employment and all caregivers reasonably suspected of being under the influence.

Terms:

Illegal Drug: Any drug whose use is prohibited or restricted by federal law to include marijuana/THC (including medically prescribed marijuana), cocaine, opiates, amphetamines, phencyclidine (PCP) hallucinogens, methaqualone, barbiturates, narcotics, and any other substance included in Schedules I-V, as defined by Section 812 of Title 21 of the United States Codes and prescription medications that are used in an unauthorized manner.

Impaired: Reduced cognitive or physical abilities which could include: poor judgment, impaired motor senses (sight, hearing, balance, reaction times, and reflexes), slurred speech, reduced fine motor skills, erratic behavior, appearing dazed or sedated.

Under the Influence: Caregivers are considered under the influence at work if they have a detectable level of drugs (in excess of trace amounts attributable to secondary exposure) or alcohol in the blood or urine or have any noticeable or perceptible impairment of mental or physical faculties. The symptoms of influence are not limited to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance.

Medical Review Officer (MRO): A physician with current MRO certification contracted to review and interpret laboratory tests measuring detectable levels of drugs or alcohol. The MRO can review test results, talk with the caregiver/applicant, and consider other information in order to make a reportable determination that a drug and/or alcohol test result is positive, negative, or inconclusive.

Policy:

1. The facility strictly prohibits the use, possession, transfer, distribution, manufacturing, sale, purchase or accepting of any illegal drug at any time while on its property and/or while on duty. The facility also strictly prohibits any attempt to engage in the conduct described above.
2. These restrictions also apply to the use of alcohol unless provided as part of an on-site facility-sponsored event for non-working staff. Gifts of alcohol are allowed as part of a gift exchange between caregivers provided the alcohol is not opened or consumed on facility property.
3. Caregivers are prohibited from reporting to work or remaining on duty while under the influence of or impaired by a drug(s) or alcohol.
4. Caregivers taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to determine whether the medication could impact the ability to safely perform their jobs. Prescription and over-the-counter drugs are allowed when taken in standard dosage and/or according to a physician prescription.
5. Caregivers must report any identified work restrictions to their immediate core leaders prior to commencing work and ensure they are able to safely perform their job functions without risk of harm to themselves or others.
6. Possession, sale, or being under the influence of marijuana is not authorized for purposes of this policy. The legality of marijuana is not a defense to violate this policy. The use of any substance containing detectable amounts of tetrahydrocannabinol (THC) is also prohibited.
7. Violation of this policy may result in corrective action, up to and including termination of employment.
8. Caregivers in positions that are subject to State Department of Transportation (DOT) laws or regulations may be required to meet additional requirements.

Procedures:

1. **Pre-Employment/Post Offer**
 - A. All job applicants will be informed of the Post Offer Drug Screening requirement.
 - B. All employment offers within the facility are conditioned upon completion of a drug screen exam and negative results from the exam. No applicant will begin working for

facility prior to completion of a drug screen exam and the receipt, review, and approval of the drug screen results by human resources.

- C. Applicants who test positive for prescription drugs will be informed of the test results and given an opportunity to provide, to a certified Medical Review Officer (MRO), medical evidence of the need for the prescription and compliance with the prescriptive directions. Failure to provide such evidence within a reasonable amount of time (7 business days) will be interpreted as a withdrawal of the employment application and any outstanding employment offer will be considered void.
 - D. Positive results as determined by a MRO will result in an immediate revocation of the employment offer. Applicants who test positive for the use of prohibited substances will be disqualified from consideration for employment with any affiliates for a period of twelve months dating from the exam date. Applicants with inconclusive test results due to dilution may also receive a revocation of the employment offer.
2. **Fitness for Duty:** The facility may require a caregiver to participate in a medical examination to determine fitness for duty. This examination will require the caregiver to provide a urine, breath and/or blood specimen for drug and/or alcohol testing. Caregivers who refuse to consent to testing will be considered to be under the influence and generally will face termination of employment, even for a first refusal. Consent to testing and search includes a caregiver's obligation to fully cooperate. Upon request, a caregiver must promptly complete any required forms and releases and promptly cooperate in the testing process. The fitness for duty examination may be initiated for any of the following reasons:
- A. When there is reasonable suspicion that a caregiver is using or under the influence of drugs and/or alcohol.
 - B. When a caregiver's conduct is a contributing factor in any accident occurring in the course of work and resulting in a reportable injury or incident.
 - C. As part of a caregiver's return to work.
 - D. When a caregiver is the subject of a drug diversion investigation and a fitness for duty examination is relevant to that investigation.
3. **Investigation and Searches.** The facility expressly reserves the right to search caregiver personal effects, work areas, lockers, desks or file cabinets without prior notice or consent if the facility reasonably suspects a violation of this policy.
4. **Confidentiality.** The results of any tests and/or information disclosed in the testing process will not be disclosed absent legitimate business reasons or unless otherwise required by law.
5. **Self-Referral - Caregiver Assistance**
- A. The facility encourages and expects caregivers who suspects they may have a drug or alcohol problem to seek assistance or treatment before it affects job performance.
 - B. Caregivers with job performance or conduct problems may be subject to corrective action, regardless of whether the problems are caused in whole or in part by the use of alcohol or drugs.
6. **Notice of Convictions**
- A. Any caregiver who is convicted of violating any federal or state criminal drug statute must notify the facility within 24 hours of the conviction.

- B. Any caregiver who is convicted of driving under the influence or driving while impaired must notify the facility within 24 hours of the conviction if driving is a requirement of their position, assignment, or as required by local/state regulations.

7. Caregiver Responsibility

- A. Unlawful or unauthorized possession or use of drugs or alcohol by any individual within the scope of this policy, or any failure to notify the facility of convictions as set forth in Section VI, will subject that individual to corrective or disciplinary action up to and including termination of employment. In addition, for licensed personnel, the facility may report the violation to the appropriate licensing agency.
- B. It shall be the responsibility of each caregiver who observes or has knowledge of another caregiver whose behavior exhibits an inability to perform job duties or poses a hazard to the safety and welfare of others to promptly report the observation to the immediate core leader. Concerns regarding possible violations by a core leader should be reported to human resources. Caregivers reporting concerns about a core leader or other staff will be protected from retaliation for reporting concerns in good faith and should notify their core leader human resources or the Integrity Line if they believe retaliation is occurring.

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the facility.

[Caregiver Knowledge \(HR\) - Substance-Free Workplace Policy \(hrforcaregivers.org\)](https://www.hrforcaregivers.org)

Providence Policies

A comprehensive repository of Providence's policies related to Harassment, Drug Free Environment, and other student rights and expectations can be found on the HR Caregiver Services Portal for Providence Health System: <https://www.hrforcaregivers.org/serviceportal>.

Academic Integrity

According to the APA Ethics guidelines, "Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally." This guideline applies to all work submitted in this program (electronic, written or oral). Submission of oral presentations or written work that include plagiarized material (text or data) is a serious infraction. Interns who plagiarize will be subject to disciplinary action, which may include being dismissed from the internship.

Mission, Values and Community Aspirations

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values

Compassion

Jesus taught and healed with compassion for all. –Matthew 4:24

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional, and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

Dignity

All people have been created in the image of God. –Genesis 1:27

We value, encourage, and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

Justice

Act with justice, love with kindness and walk humbly with your God. –Micah 6:8

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

Excellence

Whatever you do, work at it with all your heart. –Colossians 3:23

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe, and reliable practices for the care of all.

Integrity

Let us love not merely with words or speech but with actions in truth. –1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

Our vision

Health for a Better World.

Our promise

“Know me, care for me, ease my way.”

Training Year Aspirations

PMG Department of Psychology strives for an intentional community where kindness, compassion, and mutual respect are practiced daily. Every effort is made to provide an optimal training environment for interns.

We invite interns to be part of this learning community with the hope that we will contribute to their growth and shaping their career as a licensed psychologist, ultimately positively impacting, and expanding the field of psychology.

Internship is a time of transition, providing opportunity for trainees to further develop skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. We hope this internship provides many opportunities for personal and professional development.

Interns are valued colleagues. Please feel free to bring your questions, comments and concerns to the Training Director, faculty, staff, and supervisors.

We hope you enjoy your internship year!

Appendices

Appendix A: Integrated Psychological Assessment Rubric

Integrated Psychological Assessment



Rationale:

As a component of generalist training, the ability to perform a comprehensive assessment and use objective data to inform diagnostic considerations and treatment planning is an essential skill.

Incorporating a comprehensive assessment into your training will help to demonstrate competency in more traditional assessment processes, while simultaneously developing skills in brief, functional assessment, and diagnostic clarification processes traditional with the primary care setting.

Process:

- Interns must demonstrate a minimum score of '3' for each target area as part of the comprehensive assessment.
- A final report must be entered in to Epic and de-identified hard-copy submitted to Internship Training Director by the July 1st of the training year.
 - Use smartphrase '.inpatientassessment' (available under Jeri Turgesen smartphrases) to document your assessment as a documentation encounter within Epic.
 - Your supervisor must attest to the final submitted draft as they would for any other clinical documentation.
- Please partner with your clinic and supervisor in the identification of an appropriate assessment candidate.
- Your primary supervisor will supervise your comprehensive assessment unless otherwise arranged.
- Coordination of testing space and/or use of testing materials must occur with the assessment trainees located at Psychiatry West.

Requirements:

- Identified Reason for Referral
- Informed consent
- Clinical interview including:
 - History of presenting concerns.
 - Developmental or clinical interview consistent with reason for referral.
 - Symptoms/functional considerations.
- Review of history
- Risk Assessment
- Behavioral Observations
- Objective Assessment

- Administration of at least 3 psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests and/or neuropsychological tests.
- Interpretation
- Clinical impressions
- Diagnostic Impressions
- Recommendations

Assessment Rubric

Name:

Date:

Quarter:

Reason for Referral				
1	2	3	4	5
Not yet competent	Beginning Development	Emerging Competence	Competent	Proficient
Reason for referral not clearly identified or articulated. Missing objective rationale for assessment.	Identifies symptoms or points of concern, however rationale and need for testing not clearly highlighted.	Demonstrates ability. Able to complete with some inconsistencies or need for support.	Clearly articulates reason or referral using clear, objective language.	Clear mastery with ability to articulate reason for referral with clarity, accuracy and finesse that helps to frame the assessment process.
Comments:				

Informed Consent/Ethical Considerations				
1	2	3	4	5
Not yet competent	Beginning Development	Emerging Competence	Competent	Proficient
Not completed/clearly identified in document.	Basic informed consent completed, missing key components or ethical considerations.	Demonstrates ability to provide appropriate informed consent and ethical considerations. Able to complete with some minor inconsistencies or need for support.	Clearly articulates informed consent and ethical considerations as part of assessment process.	Clear mastery with ability to articulate informed consent with nuances around consent/assent, ethical/legal awareness, and appropriate processes.
Comments:				

Clinical Interview				
1	2	3	4	5
Not yet competent	Beginning Development	Emerging Competence	Competent	Proficient
Significant gaps in relevant hx, information gathered, sxs, presentation and fxing.	Relevant history and information are gathered, missing functional and contextual considerations, may not directly speak to reason for referral.	Appropriate documentation of presenting concerns, may be missing minor considerations for symptoms, impact in fxing, and essential history.	Appropriate documentation of presenting concerns, symptoms, impact in fxing, and clinical/developmental hx based on reason for referral.	Clear mastery with targeted hx outlining sxs, impairment in fxing, developmental considerations, cultural/contextual considerations appropriately targeting reason or referral and known concerns.
Comments:				

Review of History				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Chart history/review not completed.	Cursory review of medical record, salient history not clearly outlined.	Appropriate review of medical record with clear outline of biopsychosocial considerations from known hx. May need some coaching for incorporation of nuanced details.	Thorough medical review completed w/ appropriate, concise summary of salient details relevant to reason or referral.	Clear understanding and awareness of relevant details from medical record. Able to weave medical hx into understanding of pt's self-reported current presentation
Comments:				

Risk Assessment				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not completed/documented as part of assessment.	Brief inclusion of historical or recent risk and safety considerations.	Appropriate identification and documentation of current risk and safety considerations.	Appropriately identifies current and hx of risk and safety considerations.	Appropriately identifies current and hx of risk and safety considerations, NSSI and relevant risk/protective factors.
Comments:				

Behavioral Observations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not included/not objective.	Attempt at some objective documentation of patient presentation.	Provides thorough objective statement regarding patient presentation, meaningful considerations observed during testing and pt's orientation.	Provides thorough objective statement regarding patient presentation, meaningful considerations observed during testing and pt's orientation. Consideration of how presentation may impact testing results.	Robust documentation of pt presentation, nuanced considerations of approach to test taking, statements of effort and meaningful consideration that may impact testing outcome.
Comments:				

Assessment/Testing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Testing does not fit reason or referral and/or not	Rationale for test selection is unclear or may not fully tie to pt hx/reason for referral.	Evidence based administration of testing and scoring. Testing rationale is	Test-selection fits reason for referral, aligns with documented history/fixing	Clear rationale and evidence-based reason in test-selection,

administered/scored accurately.	Tests administered accurately with some help/support in scoring.	generally clear and fits reason for referral.	considerations, appropriately administered, and scored.	administration, and processes. Testing processes clearly target the identified reason for referral. Scoring takes into consideration contextual/cohort considerations.
Comments:				

Interpretation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Inaccurate interpretation and/or minimal use of diagnostic background/hx to interpret.	Minimal use of hx, diagnostic interviewing, or background information to interpret assessments.	Frequently uses hx, background and pt information as well as reason for referral to contextualize and interpret administered assessments.	Consistently uses hx, background, referral concerns and relevant background/information to conceptualize and interpret tests administered.	Clear mastery of interpreting tests in context of pt presentation, background, lived experience and relevant information. Incorporation of outside research to support testing results for minority identity markers.
Comments:				

Clinical Impressions				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not related to either history or objective testing data.	Impressions lean heavily on testing data.	Clinical impressions integrate both testing data and clinical hx.	Clinical impressions integrate both testing data and clinical hx. Attempt to weave information together in a narrative that highlights salient details of pt presentation.	Demonstrated mastery in report narrative that draws to natural impressions integrating clinical hx, testing and contextual considerations into a strong summary that can independently result in a reader's understanding of dxs and recommendations.
Comments:				

Diagnostic Impressions				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Diagnostic impressions not included or do not align with documentation.	Diagnostic impressions including but not fully supported.	Good diagnostic impressions drawing from both self-report/hx and objective testing data.	Strong diagnostic impressions, report includes information related to diagnostic differentials tied to information from clinical	Strong diagnostic impressions, nuanced interpretation, report includes information related to diagnostic differentials and diagnostic rationale.

			interviewing and objective testing.	Diagnoses are well supported by both clinical interview and objective testing. Take into consideration cultural/contextual components of presentation.
Comments:				

Recommendations/Plan				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not relevant to reason for referral and/or testing results.	Loosely tied to reason or referral and/or outcome of testing.	Recommendations clearly tied to results and diagnosis, will help to guide patient care.	Recommendations clearly target biopsychosocial considerations resulting from testing, including diagnostic impressions.	Recommendations clearly target biopsychosocial considerations resulting from testing, including diagnostic impressions. Guide not only pt but larger care team in best approaching and supporting pt's care needs moving forward.
Comments:				

Diversity Equity Inclusion				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No awareness of DEI/cultural considerations in testing.	Identifies relevant identity markers as part of standard background and hx gathering.	Identification of relevant identity markers. Consideration of cultural/contextual considerations in hx gathering/clinical background and pt presentation.	Identification of relevant identity markers. Consideration of cultural/contextual considerations in hx gathering/clinical background and pt presentation, clinical interpretation, diagnostic conceptualization and recommendations.	Clear identification of relevant identity markers. Nuanced consideration of cultural/contextual considerations in hx gathering/clinical backgrounds, assessment selection and interpretation. Actively seeks out and includes updated literature to support evidence-based interpretation of measures in context of pt's known identity markers.
Comments:				

Professionalism/Writing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient

Unorganized, writing is not professional and does not clearly convey relevant information.	Writing struggles to convey relevant information.	Report is organized and concise. Generally, conveys client information in a way that is meaningful to both pt and intended audience.	Report is well organized. Clear, concise writing. Appropriately and accurately describes the pt and conveys meaningful hx relevant to the assessment process.	Report is well organized, linear, and logical. Concisely describes pt and all assessments administered. Flow and writing logically draw reader and intended audience to through report to understandable conclusions and recommendations.
Comments:				

Additional Comments/Feedback:

Some reference markers adapted from:
 Wiener, J. & Costaris, L. (2012). Teaching Psychological Report Writing: Content and Process. *Canadian Journal of School Psychology*. 27(2). <https://doi.org/10.1177/0829573511418484>

Appendix B: Program Evaluation Rubric

Program Evaluation Rubric

Rationale:

As psychologists, our background, and skills in reviewing literature, evidence-based application of science, and research are significant competencies that help to guide our both our clinical work and advance our profession.

Specific activities for the program evaluation will be based on programmatic needs, clinic needs, and/or intern's areas of interest and expertise. Interns are encouraged to discuss specific opportunities that may arise at their clinical placements.

Process:

The interns will complete formal research and/or a formal program evaluation collaboratively determined by the intern and their respective supervisor.

The intern's research and/or program evaluation will include utilization of a structured, evidence-based model of program development, review of literature, needs assessment, implementation, data collection, data-analysis, and outcome.

Interns will present the results of their data to members of the Psychology Department, members of their clinic, and/or the audience most likely to benefit from their clinical work.

Requirements:

- Statement of problem or area of focus.
- Completion of Providence IRB if needed.
- Use of an evidence-based program evaluation framework
- Review of literature
- Development of hypothesis or area of exploration
- Data Collection
- Results
- Discussion/Implementation
- Consideration of social-justice and DEI related to area of focus/research/project.
- Written 5–7-page paper outlining project using appropriate APA formatting. SBAR style is appropriate.
- Reference page
- Formal presentation

Program Evaluation Rubric

Trainee Name:

Date:

Evaluator:

Statement of problem or area of focus.				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Statement of problem/area of focus is not clearly identified or articulated. Missing objective rationale for work.	Identifies an area of focus, however rationale or objective for work is not clearly highlighted.	Demonstrates ability. Able to clearly identify rationale or area of focus with minor inconsistencies or need for support.	Clearly identifies rationale and area for focus.	Demonstrates mastery in identification of focal area for review with identified rationale for work and formulation of research question.
Comments:				

Use of an evidence-based program evaluation framework				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No evident consideration or incorporation of an evidence-based program eval framework.	Aspects of a structured program evaluation framework incorporated. However, missing key components or aspects of the framework.	Demonstrates ability to provide appropriate implement and utilize and evidence-based program evaluation framework with minor inconsistencies or need for support.	Clearly and appropriately implements evidence-based program evaluation framework.	Clear mastery with incorporation and nuanced utilization of an evidence-based program-evaluation framework.
Comments:				

Review of literature				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No evident reference to or incorporation of peer-reviewed literature.	Literature or background provided is primarily opinion based with some reference to relevant literature.	Literature or background provided is generally clear and appropriate. Peer-reviewed sources used.	Clear, thorough review of literature. Relevant and most recent, up-to date, peer-reviewed sources cited.	Clear mastery subject and content literature. Concise, thorough review that expertly frames the focus of current work.
Comments:				

Development of hypothesis or area of exploration				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No hypothesis or clear direction.	Minimal hypothesis, inconsistent with area of focus.	Appropriate hypothesis, directly tied to statement of concern or area of focus.	Appropriate hypothesis, directly tied to statement of concern or area of focus. Alignment with Evidence-based models of program evaluation.	Clear, strong hypotheses that are directly tied to area of focus and consistent with evidence-based models of program evaluation.
Comments:				

Data Collection and Results				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not included/not objective.	Very minimal, rudimentary data considered.	Appropriate collection and analysis of data completed. Needed minimal guidance or support for completion.	Appropriate collection and analysis of data completed; appropriate statistics utilized.	Thorough, appropriate data collection consistent with stated objectives. Robust and thorough analysis of data.
Comments:				

Discussion/Implementation Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No discussion or implementation.	Minimal discussion. Does not effectively tie current work into literature.	Answers the research question. Needs some support or assistance in identifying limitations and making future recommendations	Answers research question. Embeds the results and information of this work into current literature. Highlights limitations. Makes some recommendations or areas of future focus.	Clear mastery with answering of research question, embedding the results and information of this work into current literature. Highlights significance of current work and any limitations. Areas for future focus or recommendations.
Comments:				

Consideration of Social-Justice and DEI related to area of focus/research/project.				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No awareness or reference to DEI/Social-Justice considerations related to this work.	Peripheral reference to DEI or Social-Justice related concerns. Not a focal awareness in project.	Appropriate consideration of social-justice and/or DEI related considerations. May need some coaching or support in implementation and inclusion.	Clear DEI and Social-Justice considerations as a component of work. Makes meaningful strides to address SJ/DEI considerations wherever possible.	Clear mastery of and thorough incorporation of DEI and Social Justice related considerations. Intentional work to address DEI/SJ considerations and thoughtful recommendations for improvements moving forward.
Comments:				

Professionalism/Writing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Unorganized, writing is not professional and does not clearly convey relevant information.	Writing struggles to convey relevant information.	Writing is organized. Generally, conveys information in a way that is meaningful and easy to read.	Writing is well organized, clear and concise. Appropriately and accurately describes the work done.	Writing is well organized, linear, and logical. Concisely describes work done. Flow and writing logically draw reader and intended audience to through report to understandable conclusions and recommendations.
Comments:				

References				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not included or not appropriate peer-reviewed content.	May have some references, not appropriate or APA formatted.	Appropriate list of references. APA formatting appropriate, may need some minor support.	Appropriate list of references. Majority are up-to-date and most recent. APA Formatting appropriate.	Full list of resources, all included are most relevant and recent. Complete APA formatting.
Comments:				

Professionalism/Presentation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Unprepared/Unprofessional presentation.	Unprepared, relevant information related to topic and content not covered.	Covers information well. Well prepared. Able to answer most questions. May need some coaching or guidance.	Strong presentation, answers questions from audience as they arise. Notable familiarity and comfort with content level.	Clear mastery of content, effectively engages audience in dialogue, professional level presentation.
Comments:				

Reflective Practice				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not yet competent - Did not engage in reflective practice. Was unable to devise a systematic approach or integrate feedback effectively. Project was not completed.	Outlined elements of a systematic approach to data collection. Was open to guidance on when new/improved competencies required. With support, was able effectively put feedback into practice.	Outlined systematic approach. Emerging ability to assess own competence. Able to seek consultation and used feedback to improve effectiveness and meet the general demands of this project.	Took a nuanced systematic approach to this project. Recognized when new/improved competencies were required and independently and skillfully sought and integrated feedback, shifting focus as needed to meet demands of the project. Modeled professional values of accountability and integrity.	Professional-level approach to project design. Able to evaluate progress of own activities, consulting as needed. Used self-reflection and feedback to monitor and adjust professional performance to meet demands of project as situation required. Values of accountability and integrity consolidated as part of professional identity.
Comments:				

Additional Comments/Feedback:

Case Presentation Rubric

Name:
Date:
Quarter:
Evaluator:

Reason for Referral / Patient Goals				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Not clearly outlined or identified and/or clearly inconsistent with clinic setting.	May be identified however inconsistent with clinic setting.	Reason for referral and patient goals identified, generally consistent with scope/model of care.	Reason for referral and patient goals identified; clearly consistent with scope/model of care.	Targeted referral question consistent with PCBH work and patient-centered consideration of pt's goals and consideration of clinic model of care.
Comments:				

Relevant History and Background				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Minimal or insufficient history provided.	General overview of history, however lacking sufficient details for clinical conceptualization.	Most major relevant areas of patient history and background provided. May need some mild prompting.	Covers all relevant aspects of history and background. History gathered is relevant to reason for referral and treatment goals.	Robust patient history provided, clearly conceptualizing patient and tying relevant information to reason or referrals and patient's self-identified treatment goals.
Comments:				

Biopsychosocial Framework				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No consideration; missing significant aspects.	Vague reference to biopsychosocial factors; missing salient details.	Appropriate consideration of social-justice and/or DEI related considerations. May need some coaching or support in implementation and inclusion.	Clear and comprehensive biopsychosocial conceptualization.	Clear and robust biopsychosocial consideration and conceptualization of patient. Awareness and articulation of bidirectional aspects of relevant factors.
Comments:				

Cultural/Contextual Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No awareness or reference to identity markers, contextual, cultural, considerations.	Peripheral/superficial reference. Not well incorporated into conceptualization.	Clear identification of salient identity markers, cultural and contextual considerations.	Clear identification of salient identity markers, cultural and contextual considerations. Culturally congruent adaptation of EBP and approach to care.	Clear identification of salient identity markers, cultural and contextual considerations. Recognition of intersectionality, personal identity markers and power/privilege dynamics that may be relevant to care. Culturally congruent adaptation of EBP and approach to care that meaningfully considers all the above.
Comments:				

Diagnostic Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No diagnostic consideration/thought process.	Minimal attention to diagnostic impressions.	Clear, thoughtful approach diagnostic impressions consistent with symptoms reported and impact on functioning.	Clear diagnostic process and diagnostic differentiation that takes into consideration relevant factors, symptom constellations, and impact in functioning.	Clear diagnostic process and diagnostic differentiation that takes into consideration relevant factors, symptom constellations, and impact in functioning. Additionally, evidence-based considerations of salient identity markers, cultural and contextual considerations, and social-justice considerations around diagnostic processes.
Comments:				

Page Break

EBP Selection and Implementation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No awareness or reference to EBP	Peripheral reference to EBP; EBP inconsistent with or not appropriate for scope/model of care.	Appropriate identification of EBP for patient and model of care.	Patient-centered approach to implementation of EBP, directly tied to reason for referral/patient goals.	Awareness of social justice/health equity considerations to intervention. Culturally congruent approach to care considering appropriate contextual/cultural or similar adaptations of EBP. Patient-centered approach to implementation of EBP.
Comments:				

Monitoring Outcome of Chosen EBP				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No monitoring of outcome.	Minimal consideration of outcome or response to treatment.	Monitoring of patient response to intervention.	Monitoring of patient response to intervention, making adaptations as appropriate to support outcome.	Clear awareness of patient's response to intervention. Using both subjective and objective considerations to monitor outcome. Making adaptations as appropriate to support outcome.
Comments:				

Addresses Ethical/Legal Consideration				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
No ethical/legal considerations included.	Some consideration of ethical/legal considerations.	Identifies both ethical and legal considerations.	Identifies ethical/legal considerations, identifies appropriate consultation and clinically appropriate response.	Thorough consideration of ethical/legal considerations, interaction considerations with organizational value and expectations. Consults appropriately and identifies best practices for management.
Comments:				

Professionalism in Presentation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Competent	5 Proficient
Lacking professionalism and/or unprepared.	Poor preparation. Concern with professional language and/or psychological integrity.	Prepared, professional	Professional, well prepared. Demonstrated critical thinking and incorporation of evidence.	Highly professional, clearly prepared. Demonstrated high level of psychological integrity and compassionate approach to patient care.
Comments:				

Trainee identified questions or points of discussion for consideration:

Group Process/Facilitation:

Feedback/Summary:

Appendix D: Hours Monitoring

Sample Final Hours Tracking Documentation:

Hours by Placement					
Placement	Intervention	Support	Assessment	Supervision	Total
GPSY 890-01 - Internship Full-Time at INTERNSHIP SITE (For use with Internship Hours Tracking ONLY) - Internship ONLY 2021-22 - 06/14/21 - 09/10/22	585.75	972.1	77.75	127.25	1762.85
Hours Completed 8/5/2022	689.25	1063.6	97.25	151.25	2001.35

Hours Monitoring Microsoft Teams Form

Hours Monitoring Form

To successfully complete the internship, A minimum of 2000 hours of program participation is required. This includes 800 hours of direct clinical work.

In order to ensure successful completion of this hours requirement, Trainees are requested to submit a monthly Teams Hours Tracking Form outlining time spent in direct patient care, didactics, supervision, assessment, and clinical support activities (e.g. note writing, documentation, consultation, etc).

^{*} Required

^{*} This form will record your name, please fill your name.

1. First and last name ^{*}

2. Date of Submission ^{*}

3. Total clinical hours completed in the past month? ^{*}

4. Total direct patient care hours? ^{*}

5. How many hours were spent in didactics? ^{*}

6. How many hours were spent in supervision? ^{*}

7. Total hours assessment? ^{*}

8. How many hours were spent in clinical support activities (e.g. note writing, documentation, consultation, etc)? ^{*}

9. I confirm these documented hours are accurate and true. ^{*}

Yes

No

Appendix E: Supervisor's Monthly Update: Intern Performance

Supervisor's Monthly Update: Intern Performance

* Required

* This form will record your name, please fill your name.

1. Supervisor's Name *

2. Intern's Name *

3. Were you concerned about your intern's CLINICAL performance this month? *

Yes

No

4. Were you concerned about your intern's PROFESSIONAL BEHAVIOR this month? *

Yes

No

5. Do you have any current training/developmental concerns for your intern? *

Yes

No

6. If you marked 'yes' to any of the above, please identify competency areas of concern.

Not Applicable/Did not mark 'yes'

Research

Ethical & Legal Standards

Individual & Cultural Diversity

Professional Values, Attitudes and Behaviors

Communication & Interpersonal Skills

Assessment

Intervention

Supervision

Consultation & Interprofessional/Interdisciplinary Skills.

7. Please provide additional details on identified areas of concern.

8. Have these concerns been addressed verbally with your intern through an informal resolution? *

Yes

No

N/A

9. Do you need support addressing any concerns (informal mediation, remediation plan, etc)? *

Appendix F: Supervisor Evaluation of Intern Form

2022-23 Providence Medical Group Integrated Care Internship

Supervisor Evaluation of Intern

* Required

1. Name of Intern *

Enter your answer

2. Name of Evaluator *

Enter your answer

3. Internship Site Name *

Enter your answer

4. Date of Evaluation *

Please input date (MM/DD/YYYY)

5. Is this the mid-year or end-of-year evaluation? *

Mid-year

End-of-year

6. Methods of evaluation for competencies (check all that apply): *

Direct observation

Video recording

Audio recording

Case presentation

Review of written work

Review of raw test data

Discussion of clinical interactions

Comments from other staff

Next

Instructions for Evaluator

Ideally, the intern's score will increase over the course of the year. Please rate the intern's performance in comparison to the attitudes, skills, and knowledge that should be exhibited by this developmental point in their training. All competencies are rated using a 5-point Likert scale:

1= Cannot Demonstrate
 2= Needs extensive supervision to demonstrate
 3= Can demonstrate this competence in most situations, requires some supervision in more complex situations
 4= Can demonstrate this competence, even in complex situations, without supervision
 5= Can demonstrate with advanced skill (similar to licensed clinician)

Supervisor ratings will be collected at the middle (February/March) and end (July/August) of the internship training year.

Minimum Thresholds for Achievement for Expected Competencies: Within each objective, the intern is expected to achieve mastery of all competencies and must achieve a score of at least 3 by the end of the year.

Please describe the Intern's strengths, growth areas, and recommendations for further development in the comment section. Please list the intern's developmental level in different competency areas and include supporting evidence.

Training Objective: Produce new professionals who can independently access research and apply scientific methods to practice.

Competencies Expected:

7. Profession Wide Competency #1: Research

Reviews scholarly literature related to clinical work and

Needs extensive supervision to demonstrate skill (similar to licensed clinician)

Can demonstrate with advanced skill (similar to licensed clinician)

8. Profession Wide Competency #2: Ethical & Legal Standards

applies knowledge to case conceptualization

Effectively applies RFP concepts in practice

Critically compares and contrasts RFP approaches with other theories and interventions in the context of case conceptualization and treatment planning.

Recognizes and manages special circumstances and potential ethical issues

When unsure of how to proceed when confronted with an ethical dilemma, will reliably seek consultation with supervisor or other appropriate expert

Is familiar with the relevant laws and statutes pertaining to the practice of psychology in the setting and region in which they are working

Needs extensive supervision to demonstrate skill (similar to licensed clinician)

Can demonstrate with advanced skill (similar to licensed clinician)

10. Profession Wide Competency #4: Professional values, attitudes & behaviors

Articulates, understands, and monitors own cultural identity in relation to work with others

Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issue content

Articulates an integrative conceptualization of diversity as it impacts clients, self & others (e.g., organizations, colleagues, systems of care)

Uses culturally relevant best practices

Follows the policies of the clinic/agency

Is consistently on-time to appointments and meetings and communicates well about absences and time-off

Cannot demonstrate

to demonstrate

with minimal supervision

without supervision

to licensed clinician

11. Profession Wide Competency #5: Communication & Interpersonal Skills

Completes paperwork in a timely fashion

Written work is at a professional level of quality

Regularly uses knowledge of others to monitor and improve effectiveness as a professional

Communicates effectively with individuals from other professions

Seeks consultation with regard to addressing individual and cultural diversity as needed

Needs extensive supervision to demonstrate skill (similar to licensed clinician)

Can demonstrate with advanced skill (similar to licensed clinician)

13. Profession Wide Competency #7: Intervention

Effectively selects appropriate assessment/screening tools

Effectively and accurately performs various screening and assessment procedures

Writes a professional report that correctly and clearly integrates the assessment data into a diagnosis with patient-specific recommendations

Presents and defends rationale for intervention strategy that includes empirical support

Selects an intervention or range of interventions appropriate for the presenting issue(s)

Develops rapport and relationships with wide variety of clients

Effectively delivers interventions

Terminates treatment successfully

Needs extensive supervision to demonstrate skill (similar to licensed clinician)

Can demonstrate with advanced skill (similar to licensed clinician)

Appendix G: Sample Remediation Plan

PMG and GSCP: Intern Remediation Plan

Date of Remediation Plan Meeting:

Name of Intern:

Primary Supervisor:

Type of Remediation:

_____ Developmental Plan _____ Probation

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s): ***

Check all competency domains in which the trainee's performance does not meet the benchmark:

_____ Research

_____ Ethical and Legal standards

_____ Individual and Cultural Diversity

_____ Professional values, attitudes, and behaviors

_____ Communication and Interpersonal skills

_____ Assessment

_____ Intervention

_____ Supervision

_____ Consultation and interprofessional/ Interdisciplinary Systems

Description of the problem(s) in each competency domain checked above:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

I, _____, have reviewed the above remediation plan with my primary supervisor, any additional supervisors/faculty, and the Training Director. My signature below indicates that I fully understand the above.

I agree/disagree with the above decisions (circle one).

My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Additional Supervisor/Team Comments (Feel free to use additional pages):

All supervisors/faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Student Name - Date

Primary Supervisor Name - Date

Internship Director Name - Date

Note: This form is based on the APA Competencies Initiatives in Professional Psychology: <http://www.apa.org/ed/graduate/competency.aspx>

Summative Evaluation of Remediation Plan

Date(s):

In Attendance:

Remediation Plan Progress Update

<i>Competency Domains/Essential Components</i>	
<i>Expectations for Acceptable Performance</i>	
<i>Outcomes Related to Expected Benchmarks (met, partially met, not met)</i>	
<i>Next Steps (e.g. remediation concluded, remediation continued and plan modified, next step in Due Process Procedures).</i>	
<i>Next Evaluation Date (if needed)</i>	

I, _____, have reviewed the above summative evaluation of my remediation plan with my supervisor, any additional supervisors/faculty, and the Training Director. My signature below indicates that I fully understand the above.

I agree/disagree with the above decisions (circle one).

My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Student Name - Date

Primary Supervisor Name - Date

Internship Director Name - Date

Note: This form is based on the APA Competencies Initiatives in Professional Psychology: <http://www.apa.org/ed/graduate/competency.aspx>

Appendix H: Intern Evaluation of Supervisor

Intern Evaluation of Supervisor

*** Required**

1. Your Name *

2. Year of Evaluation *

3. Name of Clinic *

4. Supervisor's Name and Degree *

5. Is this supervisor on site? *

Yes

No

6. Please rate the extent to which your supervisor: *

	Not at all	Slightly	Somewhat	Quite a lot	A great deal
Enhanced your self-confidence through support, encouragement, and granting you the right amount of autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed a strong working alliance with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave you effective feedback, including both affirmation and constructive criticism, as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated skill in various methods of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was adaptable and flexible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped you with case conceptualization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remained steady and predictable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a sense of humor, and expressed it appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was clear and direct, even if it meant discussing areas of conflict in your relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated an ability for					

self-evaluation and was open to feedback from others

Helped you understand and value human diversity

Demonstrated awareness of and commitment to ethical principles

Helped you become more aware of yourself, including your strengths and weaknesses and the impact you have on others

7. Please provide evidence to support your ratings above. *

8. Below you will find the 9 competency areas that guide our training model. Please rate the extent to which your practicum supervisor helped you grow in each competency area. Notice that there is a Not Applicable column, which should be used for competencies that were not relevant to your training site or your training level.

****Most of these items are adapted from the supervision competencies identified by Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. Washington, DC. American Psychological Association. ***

	Not helpful at all	Slightly helpful	Somewhat helpful	Quite helpful	Very helpful	N/A
Relationship Competency (e.g., facilitates therapeutic alliance, communicates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

empathy, demonstrates active listening, facilitates appropriate termination)

Assessment Competency (e.g., obtains psychosocial history, conducts mental status exam, provides case conceptualization, administers and interprets psychological testing, provides DSM diagnosis)

Intervention Competency (e.g., develops treatment plan, uses a variety of responses such as questions, reflections, and so on, implements specific treatment techniques, facilitates client skill development, attends to client's affect, tracks with client)

Research and Evaluation Competency (e.g., understands current research related to assessments and interventions, aware of psychometric standards related to assessment procedures)

Consultation and Education Competency (e.g., able to solicit and give feedback to others, communicates effectively, works well in collaborative relationships with other professionals)

Management and Supervision Competency (e.g., understands models of supervision, relates well with supervisee, provides appropriate support, useful

structure, and helpful feedback to supervisee)

Diversity Competency (e.g., demonstrates sensitive to client diversity issues, respectful of cultural differences, treatment plans and reports identify and address diversity issues)

9. Please provide evidence to support your ratings above. *

10. Additional comments (strengths and weaknesses) *

Submit

Appendix I: Time Away Form

Time Away Form

Interns **must** submit a 'Time Away Form' to support the tracking of their PTA and Professional Leave Utilization.

Please submit a completed leave request for **EVERY** instance of PTA, Sick, and/or Professional Leave.

* Required

* This form will record your name, please fill your name.

1. First and last name *

2. Type of Leave Requested *

Personal Time Away (includes sick, holiday, and vacation leave)

Professional Leave

3. Leave Dates: *

4. Total Hours Used: *

5. Epic Schedule Blocked? *

Yes

No

6. Outlook Calendar Invite Sent to supervisor and training director? *

Yes

No