



**Psychology
Doctoral Internship
in Developmental
Disabilities & Pediatric
Psychology**

2014-2015

Contents

INTRODUCTION.....	2
GOALS AND OBJECTIVES.....	3
INTERNSHIP ACTIVITIES.....	5
CLINICAL ACTIVITIES	5
PLACEMENT	8
NON-CLINICAL ACTIVITIES	9
SUPERVISION.....	10
ROTATION CLOSURE	13
DOCUMENTING TRAINING EXPERIENCE	14
BEHAVIORAL EXPECTATIONS	15
EXPECTED BEHAVIOR	15
INTERNS AND THE USE OF SOCIAL NETWORK/MEDIA SITES	15
DRESS CODE	16
EVALUATION PROCEDURES.....	17
SCHEDULE OF EVALUATION.....	17
EVALUATION FORMS USED	18
REMEDIATION, TERMINATION, AND FAILURE TO COMPLETE TRAINING PROGRAM	19
REMEDIATION PLAN.....	19
TERMINATION	20
INTERN APPEAL/DUE PROCESS PROCEDURES.....	21
FAILURE TO COMPLETE THE INTERNSHIP.....	21
PROGRAM COMPLETION REQUIREMENTS.....	22
GREIVANCE PROCEDURES.....	23
BENEFITS.....	25
STIPEND AND FINANCIAL SUPPORT.....	25
MEDICAL BENEFITS.....	25
LEAVE TIME	25
ADDITIONAL BENEFITS.....	26
CLERICAL SUPPORT	27
TRAINING RELATED SUPPORT	27
CLINICALLY RELATED SUPPORT	27
COMPUTER AND ELECTRONIC MEDICAL RECORD SUPPORT	27
STATEMENT OF NON-DISCRIMINATION	28
APPENDIX I.....	29
APPENDIX II	37
APPENDIX III	46
APPENDIX IV.....	54

INTRODUCTION

Welcome to the Division of Psychology Doctoral Internship in Developmental Disabilities and Pediatric Psychology at the Institute on Development & Disability (IDD), Oregon Health & Science University (OHSU), Portland, OR. This internship is a joint venture between the Division of Psychology, the Oregon Institute on Disability and Development (a University Center on Excellence in Disability), the Leadership and Education in Neurodevelopmental and Related Disabilities (LEND) Training Program, and OHSU and community partners designed to provide training in the care of youth with complex medical, developmental, and/or emotional/behavioral issues within a multi-/interdisciplinary, hospital-based context.

This training manual outlines activities that will be pursued over the course of the internship training, including overarching goals, objectives, and expected professional competencies. Information regarding evaluation procedures, expected performance, rotation closure, and continuance and termination procedures are also provided. Further, guidance on processes and procedures to follow for addressing any grievances is provided.

This training manual is provided as a guide to activities that will occur during the course of the training year. Although it will serve as a useful resource, importantly interns are expected to dialogue with the Director of Training as well as individual supervisors about expectations, performance, and other issues related to the training experience.

GOALS AND OBJECTIVES

The IDD Division of Psychology internship program has several overarching goals with associated objectives that serve as the foundation for training and intern performance expectations. Our training is designed to ensure that interns are able to demonstrate intermediate to advanced knowledge, skills, and competency in the following areas by the end of the training year:

GOAL 1: Prepare Interns to Demonstrate Intermediate to Advanced Professional Behavior in a Multi-/Interdisciplinary, Hospital Setting

Our training program emphasizes development of skills that are critical to being a psychologist in a hospital setting while providing interdisciplinary and/or multidisciplinary care. We strive to ensure that trainees are well prepared to step in to the role of a psychologist in such a setting, with an emphasis on the ability to function as an equal in a medical setting while offering a unique set of skills to the medical team. To that end, our training program focuses on skills development in the areas of functioning as a multi-specialty team member, group functioning, and consultation skills with other health care providers, all within a hospital setting.

Objective:

- 1) Interns will be competent to provide services that include single discipline (psychology), multi-disciplinary, and inter-disciplinary service delivery

GOAL 2: Prepare Interns to Demonstrate Intermediate to Advanced Knowledge, Skills, and Competencies in the Care for Complex Children, Adolescents, and Families

The mission of the IDD clinical care programs is to provide state-of-the-art services for children with special health care needs. As such, we serve a patient population that is complex in it's a) diversity of presenting issues; b) interplay between medical, developmental, and psychosocial presentation; and c) level of support and services needed. Interns receive training focused on conceptualization to guide assessment and intervention with complex cases, family-centered care, assessment and care for complex cases, and the management of difficult behavior in assessment and intervention contexts.

Objective:

- 1) Interns will demonstrate the ability to provide appropriate assessment and intervention services to youth with complex histories and presenting problems and their families

GOAL 3: Prepare Interns to Value and Engage in Ongoing Professional Development. Interns will Demonstrate Intermediate to Advanced Development in Multiple Professional Domains.

Faculty members of the Division of Psychology at the IDD strive to ensure that trainees experience professional growth toward independence through the course of their internship experience. We recognize that to be an effective, competent psychologist, one must receive training experiences in a broad array of areas, including those that go

beyond direct interactions with patients and their families. Therefore, we focus training on skill sets related to ethical behavior and thinking, critical thinking skills, written and oral expression of ideas and findings to diverse audiences (e.g., families, other health care providers), forward thinking/creative development (e.g., programmatic development), and work-life balance.

Objectives:

- 1) Interns will demonstrate an appropriate approach to life long learning
- 2) Interns will demonstrate knowledge, skills, and competencies related to effective consultation
- 3) Interns will demonstrate knowledge, skills, and competencies related to methods of supervision
- 4) Interns will demonstrate an ability to effectively communicate with varied constituents and audiences both orally and in writing

GOAL 4: Prepare Interns to Be Effective Producers and Consumers of Empirical Evidence. Interns will Demonstrate Intermediate to Advanced Knowledge, Skills, and Competencies in the Area of Scholarship, Including Evidence-Based Practice.

Scholarship is a critical component of the identity of a psychologist, whether one is a consumer or producer of scholarly activity. The core faculty within the Division of the IDD is actively involved in various aspects of scholarly activity, ranging from directing independent research, to collaborating on/supporting research, to consuming psychological research to guide practice. We fuse training in scholarship into the internship experience, including a requirement of involvement in research by trainees, opportunities to lead critical analyses of current research, presenting research findings, and so forth. Emphasis is on integrating attention to empirical data and the scientific method into one's identity as a psychologist.

Objectives:

- 1) Interns will demonstrate the ability to engage in the scientific research process
- 2) Interns will demonstrate competency in the use of empirical literature to inform and guide clinical practice, including engaging in outcome assessment

INTERNSHIP ACTIVITIES

The Division of Psychology Doctoral Internship in Developmental Disabilities and Pediatric Psychology is designed to provide a variety of value-adding training opportunities that combine into a coordinated, programmatic experience that is sequential, cumulative, and graded in complexity. Interns will complete both rotational and year-long training activities that are both clinical and non-clinical in nature. Below is a description of required activities as well as expectations for performance during those activities.

CLINICAL ACTIVITIES

1. Major Rotations:

All interns complete the same three major rotations (i.e., 4-month long experiences). These training experiences are designed to provide the core clinical training, helping interns develop mastery of important direct and indirect (e.g., communication) clinical skills.

During the 2014-2015 training year, the following major rotations are offered:

A. Child Development Clinic (LEND): This rotation involves intensive and interdisciplinary assessments of children with a variety of special needs. Referral questions often include cognitive delays, academic concerns, behavioral difficulties, emotional problems, social concerns, speech delays, poor motor skills, and medical disorders. Psychology interns, along with their supervisors, conduct extensive assessments and parent/child interviews, and consult with other professionals in a fast-paced clinical setting. As many as eight disciplines may be involved in the one-day clinic. The interns are also expected to serve as case coordinator, chair staff meetings, and conduct parent conferences. Staffing and parent conferences conclude the day and the entire process is completed within six to eight hours. The intern typically completes one or two assessments during the clinic, which occurs one day a week. Follow-up activities may occur outside of the clinic day.

B. Pediatric Psychology:

Interns will participate in one or several pediatric clinics serving children with complex and/or chronic medical conditions. Examples of clinics that potentially part of this major rotation include the Diabetes Center, which is a lifespan, multidisciplinary center designed to provide coordinated, state-of-the-art care to individuals with diabetes; Survivor's Clinic, an interdisciplinary long-term follow-up clinic for youth who have survived cancer; Hemophilia Clinic, a multidisciplinary program offering care and coordination for individuals with hemophilia and other bleeding disorders; Pain Clinic, an interdisciplinary assessment clinic for youth with chronic pain; and Healthy Lifestyles clinic, a multidisciplinary assessment and education clinic for youth who are overweight or obese. Interns, along with their supervisor, will provide services including assessments of psychosocial status, consultation with medical and other allied health professionals, and/or on-going behavioral health assistance to youth and their families. Focus of services is on wellbeing of the youth and optimizing individual and family

functioning. Ongoing services may emphasize issues such as adjusting to having a chronic medical condition, incorporating prescribed medical regimen into day-to-day life, and addressing psychosocial issues related to one's chronic medical condition.

C. Psychology-Only Assessment

Interns will participate in a full day of "psychology only" assessment including one full assessment and possibly an additional appointment for a diagnostic interview or feedback session. Children are typically referred to evaluate questions of ADHD, learning disability, developmental disability, and/or mental health or behavioral concerns. Most of these patients receive a cognitive and achievement (academic) assessment as well as an assessment of behavioral and emotional functioning. However, this clinic is arranged to provide many levels of psychological assessment based on the individual patient's needs and may include measures of memory, executive function and attention-specific measures. Goals of this rotation include promoting increased skills and independence with choosing appropriate assessment measures based on specific referral questions, expanding the number and types of assessment measures familiar to a trainee, diagnostic interviewing and providing feedback to families, making appropriate diagnoses and recommendations, and writing professional reports. Trainees will also be encouraged to learn about and participate in administrative aspects of assessment including working with scheduling coordinator, school teachers, and referring providers, and billing issues. Because child psychology assessments are a common part of practice for independent practitioners, this rotation is designed to refine existing assessment skills so that interns leave prepared to complete comprehensive psychological assessments independently.

D. Child Development/Developmental Evaluation Clinic:

Interns will rotate between two interdisciplinary assessment clinics. The Child Development Clinic involves interdisciplinary assessment of children referred for learning, behavioral, and developmental concerns. Team will typically include at least psychology and developmental pediatrics, although other professionals may be involved as appropriate. Training emphasizes standardized assessment and collaboration with other professionals. The Developmental Evaluation Clinic (DEC) services infants, toddlers, and preschoolers who were in the NICU following birth. The clinic provides monitoring of children at risk for developmental delay. Again, interdisciplinary assessment is emphasized. Interns master developmental assessment of infants, toddlers, and preschoolers.

E. Diagnostic Intake Clinic:

The Diagnostic Intake Clinic involves conducting relatively brief intake assessments of pediatric patients presenting for services through the psychological treatment program. Patients seen through this service present with a variety of complex psychological and behavioral issues. Given the tertiary nature of our services and our association with a major medical center, we often see patients with unusual or complex medical needs, developmental or physical differences, and/or other complicating or comorbid factors. The rotation provides an opportunity for intern/trainees to work with and supervise practicum students, and to evaluate results of screening measures, conduct complex differential diagnoses, provide families feedback and education, deliver brief treatment recommendations, and refer families for an appropriate course of treatment.

F. Neuro-Oncology Screening Clinic

Children who are under active surveillance or have recently completed treatment for cancer or tumors impacting the central nervous system are seen by their interdisciplinary neuro-oncology team for regular follow-up visits (pediatric oncologist, pediatric nurse practitioner, social worker, educator and pediatric psychologist). This rotation involves health and behavioral screenings regarding mental health, behavior and neurocognitive function. Psychology also assesses the patient's current psychosocial status, educational and/or work functioning, and current supports that may be in place. Recommendations regarding behavioral health issues are communicated to patients, families, and other members of the medical team; recommendations for additional assessments and/or services are provided.

2. Minor Rotations:

Minor rotation experiences are designed to supplement clinical training by offering additional, unique opportunities. Emphasis remains on strengthening skills for functioning as a psychologist within a hospital-based context. During the 2014-2015 training year, the following minor rotations are offered:

A. Behavioral Pediatrics Treatment Program: The Behavioral Pediatric Treatment Program is designed to respond to the needs of pediatricians and other pediatric health care workers to assist their patients with specific presenting concerns. Behavioral Pediatrics as a field involves short-term, focused treatment of emotional and behavioral difficulties from the perspective of normalcy, by avoiding over-pathologizing presenting concerns. Examples of patient concerns treated include, but are not limited to, elimination problems (e.g., delayed toilet training, enuresis, encopresis), bedtime and sleep problems, mealtime behavior problems, feeding difficulties (e.g., selectivity, refusal), habit and tic disorders, and common childhood difficulties (e.g., tantrums, noncompliance). The treatment model involves fluid scheduling and short-term care.

B. Inpatient Consultation/Liaison: Faculty members of the Division of Psychology provide consultation to children and adolescents receiving inpatient medical care at Doernbecher Children's Hospital. Focus of consultation is typically on evaluating psychosocial status, providing specific treatment recommendations regarding strategies to address acute (e.g., coping with painful medical procedures) or chronic (e.g., nonadherence to regimen) issues, offering recommendations for specific types of outpatient services that appear warranted, and consulting with medical providers regarding how to address psychosocial needs of youth. Inpatient intervention may be offered to youth hospitalized for extended periods of time. Requests for consultation come from many inpatient medical services, including Hematology/Oncology, the Pain Service, endocrinology, gastroenterology, and the general floors, to name a few.

C. Choice Rotation: Interns are given the opportunity to choose from available clinical activities, allowing for an opportunity for interns to consider experiences that best match their professional development goals. Examples of possible choice rotations include: NICU Follow-Up Clinic, Health Lifestyles Clinic, Behavior Analytic assessment & treatment with patients with ASD, Neuropsychology Assessment Clinic, Survivor's Clinic, and Autism Diagnostic Clinic, to name a few.

3. Outpatient Treatment:

Interns are actively involved in providing services through the Division of Psychology's Outpatient Treatment Program. In general, interns provide therapy services in the following areas: family therapy interventions; parent-child interactions and parent training; individual treatment of emotional and/or behavioral challenges, often associated with developmental/medical conditions; and psychosocial and behavioral interventions with individuals presenting with a wide variety of presenting concerns (e.g., anxiety, depression, behavioral challenges) and their families. Treatment tends to emphasize short term, goal oriented approaches.

Interns are expected to maintain a caseload of 3 to 5 cases at any one time. This will involve a blend of patients seen under direct, "live" supervision of a faculty member as well as patients seen in a psychology trainee clinic.

PLACEMENT

Each intern completes a year-long placement either through an internal or community partner program. The goal of this aspect of the training program is to expose interns to practice, policy/planning, and/or research-related activities in various contexts and to expand the application of one's skills.

Interns spend approximately six to eight hours per week in these activities, and remain in the same placement for the entire year. Specific placements can change year to year, and thus are not guaranteed; however, it is the goal of the IDD Division of Psychology to maintain ongoing relationships with community partners to ensure consistency in training. For the 2014-2015 training year, placements are as follows:

1. General Pediatrics:

This involves serving as a behavioral health consultation in general pediatric continuity clinics staffed by pediatric residents. The intern will a) provide brief psychosocial screening and behavioral recommendations to patients seen in clinic, b) foster skills development of pediatric residents related to addressing psychosocial challenges in an ambulatory pediatric context, c) provide brief educational trainings to pediatric residents, and d) develop other specialty projects of mutual benefit to the intern and pediatric residents. Direct patient consultation will be supervised by a member of the Division of Psychology and the behavioral pediatrics psychology resident; the intern will also work closely with attending physicians to define and implement training activities.

2. Children's Program:

This involves collaborating with clinicians within a group, multidisciplinary outpatient private practice. Interns will provide outpatient assessment of and group therapy to youth with a variety of referral questions and presenting issues; participation in school observations and/or consultation may also be available. Further, opportunity for program development (e.g., group therapy protocol development and/or revision) may exist. Emphasis of the experience is on clinical training and service provision within a group private practice environment as opposed to hospital setting.

3. OHSU Department of Anesthesiology and Peri-Operative Medicine/Pain Program:

This involves working with the Department to develop and implement educational materials and lectures for pediatric anesthesia fellows about research and developmental issues, assisting with the development and implementation of group programs for chronic pain patients, and supporting other research and/or educational initiatives that can lead to publication for members of the Pain group and/or the Division of Pediatric Anesthesia.

4. Pediatric Epilepsy Program (TBD):

This placement involves collaborating with the Division of Pediatric Neurology, emphasizing care for epilepsy patients. The intern will provide behavioral health consultation to patients including assessment for psychosocial status, adjustment and coping, adherence to medication/medical regimen, and possibly brief neuropsychological screening. The intern will also serve as a point person for OHSU pediatric neurologists who have questions about their patients. Emphasis will be on outpatient care, although opportunities to support inpatients exists.

NON-CLINICAL ACTIVITIES

1. Psychology Seminar Series:

These 1-hour, weekly sessions are given for psychology interns and post-doctoral residents by the psychology faculty and professionals from other disciplines at IDD or other hospital staff. They are generally organized into three general areas: foundational knowledge and skills, special topics, and professional development. Topics emphasize knowledge, skills, and competencies related to child/pediatric psychology such as assessment issues, legal and ethical issues, diagnostic techniques, specialty intervention training, interfacing with medical and allied health professional, medical topics relevant to clinical care (e.g., seizures, sleep disorders), and professional development topics (e.g., vita preparation, applying and interviewing, presentation skills, post-doctoral training versus a "real job"), as well as other topics based on expertise and interest. Interns participate in all scheduled psychology seminars. Additionally, they are expected to facilitate at least one seminar per year.

2. Psychology Journal Club:

All IDD psychology faculty, interns, and post-doctoral fellows, meet on the 2nd Thursday of the month for this presentation and discussion of relevant articles in various areas of interest. Interns both participate in and lead journal club meetings.

3. Psychology Research In Progress Meetings:

IDD Psychology Faculty, interns, and fellows meet the 4th Thursday of the month. Each month, someone is responsible for presenting research in progress. The goal of this meeting is to both assist and learn from each other to strengthen research activities within the division and to prepare trainees for scholarly activity in the future.

4. Interdisciplinary Training Curriculum (LEND):

This training curriculum is sponsored by the LEND Program and is offered to Oregon Institute on Disability and Development (OIDD) trainees of all disciplines. Psychology interns are expected to participate in this interdisciplinary curriculum, which includes both experiential and didactic training activities. The goal is to provide training and experience in twelve areas resulting in leadership competence. Some content is presented within an Interdisciplinary Seminar, a weekly seminar Thursdays from 3-5pm during which outside speakers and faculty members from IDD present information based on their area of expertise. Additional content is addressed through participation in community engagement projects, offering community-based trainings, family mentorship experiences, and potentially serving on committees and state planning groups.

4. Research:

One of the goals of the IDD Division of Psychology Internship Program is to ensure that trainees are well versed in the link between science and practice. To that end, we specifically involve all trainees in scholarly activity during the course of their training year to ensure familiarity with the scientific method. Each intern will plan, develop, and/or participate in a research project during the year. The specific focus of the research activity is tailored to the long term goals of the trainee as is possible (e.g., trainees with plans for entering academia afforded greater opportunities to take substantial lead on research leading to authorship on publications).

There are many ongoing clinical research projects in progress in which the interns may participate. An intern is also able to develop projects of his/her own, if a match between faculty expertise and trainee interest exists; however, most interns are encouraged to join an existing project given time commitments. Supervision by a core faculty member is provided for the planning and execution of the project; collaboration with researchers beyond the Division of Psychology core faculty is possible at times. Presentation of the project and results at the end of the academic year during the LEND Research Day is expected.

An intern may participate in additional, ongoing research projects as his/her interests and time dictates. Opportunities to work on grant projects and/or participate in the generation of new grant proposals are available. Further, opportunities exist to develop or expand prior experience in the peer review process by participating in mentored reviews of manuscripts submitted to journals for possible publication. Opportunities to co-author review articles or book chapters are often available for interested trainees.

SUPERVISION

Interns receive a blend of live and traditional supervision from multiple supervisors across the training year (often from several at any point in time). Supervision is designed to further interns' professional development consistent with the programs goals, objectives, and competencies. Supervision includes clinical supervision, professional development supervision, and research supervision/mentorship. Combining all forms of supervision, interns regularly receive more than the required 4 hours per week of supervision including at least 2 hours per week of individual supervision from a psychologist licensed in Oregon.

1. Individual Clinical Supervision:

Interns have an individual supervisor for each of the following: major rotation, minor rotation, outpatient treatment provision, and placement (if clinical work occurs in this activity). The supervisor is likely to be a different person for each of those training activities, though there may be some overlap. Based on specific clinical training activities and faculty preference, supervision is likely to involve live observation and immediate feedback, traditional “meet and discuss” style, and/or a blend of both.

2. Group Supervision:

Group supervision occurs for 1 hour weekly at 10am on Thursday and involves both doctoral interns and post-doctoral fellows. On the 4th Thursday of each month, group supervision emphasizes assessment processes, skills, and issues.

Group supervision involves a blend of scheduled, structured learning activities as well as “open” time for trainee-driven activities. Group supervision focuses on a variety of topics, including:

- A) Brief and in-depth discussion of clinical assessment and intervention cases
 - i. Case presentations considering varied audiences (e.g., psychologists, diverse crowd, medical providers)
 - ii. Case presentations highlighting different aspects of clinical decision making (e.g., theoretically grounded conceptualization, data-based decision making)
 - iii. Discussion of difficult cases
- B) Application of ethical principles to clinical and professional situations
- C) Professional identity and development discussions

Consistent with the overarching program training goals and objectives, group supervision is designed to foster growth in a variety of domains:

- A) Ability to develop and articulate case presentations
- B) Case conceptualization skills and linking this to clinical decision making (e.g., treatment planning, assessment-based recommendations)
- C) Oral presentation skills, centered on case-based presentations
- D) Goal setting and outcome monitoring, including emphasis on evidence-based practice
- E) Skills beneficial for serving in the supervisory role
- F) Advanced clinical, ethical, and legal decision-making
- G) Professional transition from “trainee” to “early career psychologist”

As part of group supervision, interns are afforded opportunities to develop and refine some skills that will be useful as future supervisors. These include but are not limited to:

- A) Demonstrating the ability to give feedback (positive and constructive) to others in a manner that is clear and likely to positively affect learning from the recipient
- B) Guiding supervision discussion(s) about clinical, professional, legal, and/or ethical issues

C) Demonstrating an ability to consider clinical, professional, legal, and/or ethical issues from the perspective of a supervisor rather than a direct provider

ROTATION CLOSURE

Major and minor rotation placements will be closed to interns when they do not offer quality learning opportunities. This may occur when, for instance, a supervisor plans a prolonged absence; there is significant administrative reorganization occurring within the Division, the IDD, and/or Doernbecher Children's Hospital such that previously offered training opportunities are no longer viable; financial variables make it a hardship to the Division and/or IDD to continue a specific training program; the supervising psychologist position is vacant; a new psychologist has just arrived and needs time to acclimate to the setting prior to providing supervision for an intern; when interns find that a particular placement does not provide an adequate training experience; or when the Director of Training or Chief Psychologist deem that a particular placement does not provide an adequate training experience.

When a rotation is to be closed, the supervisor involved generally makes the request for rotation closure. However, under some circumstances, the Director of Training, Chief Psychologist, or an individual intern or the intern group may be the initiator of the request for rotation closure. The Director of Training, supported by the Chief Psychologist, must consider all requests for rotation closure. The Chief Psychologist will be involved because requests for rotation closure involve both training and personnel matters. If the rotation is supervised by the Director of Training, then the Chief Psychologist will take the lead on determining whether a rotation should be closed, including appointing an additional training faculty member within the Division to assist in decision making. If the rotation at risk of closure is supervised by the Chief Psychologist, then the Director of Training will appoint an additional training faculty member to assist with decision making.

If a rotation is closed in response to complaints that the rotation does not provide a good learning environment, the Director of Training's recommendation for rotation closure should include written specifics of the complaint. The supervisor of that rotation then has the responsibility to formulate a plan to remedy those problems, with the assistance of the Director of Training and Chief Psychologist. Evidence of correction or sufficient improvement must be presented to the Director of Training and Chief Psychologist before that rotation may be reopened.

DOCUMENTING TRAINING EXPERIENCE

Doctoral interns who complete their training at IDD are likely to go on to varied post-degree training and/or professional experiences, including pursuing licensure to practice as a psychologist. The level of detail regarding documentation of training experience as a doctoral intern varies greatly across positions and professional jurisdictions for licensure.

To create a record of training completed while at the IDD, interns are expected to complete documentation of clinical and non-clinical activities weekly using the provided Excel spreadsheet. This spreadsheet is stored on the X:drive under the following path: X:\OHSU Shared\Restricted\cdrc\Psychology CDRC\Training Program\Intern Hour Tracking Sheets\YEAR_OF_INTERNSHIP.

Excel spreadsheets are reviewed by the Director of Training periodically for completeness and to identify any potential issues (e.g., potentially excessive number of hours of training completed, not receiving sufficient supervision).

Interns are reminded that documented hours of supervision include clinical supervision, professional development supervision, and research supervision/mentorship. Further, in addition to supervision by licensed psychologists, it may include supervision from other professionals who are appropriately credentialed for the scope of work they are supervising. If an intern is concerned that s/he is not receiving at least the required amount of supervision weekly (4 hours total, 2 of which must be individual supervision with a licensed psychologist), s/he should talk with the Director of Training immediately.

BEHAVIORAL EXPECTATIONS

Doctoral interns receive their training within an integrated academic medical setting and health care facility. As such, they are expected to behave and dress in a manner that is consistent with such a professional atmosphere.

EXPECTED BEHAVIOR

Interns are expected to conduct themselves in a professional manner during all aspects of their training activities, both clinical and non-clinical. Based on that, general expectations for interns while completing all training related activities are as follows (note, list is not exhaustive):

1. Demonstrate respect for patients and their families
2. Demonstrate respect for colleagues, supervisors, staff, and other employees at OHSU
3. Complete all activities in a timely manner (e.g., arrival at meetings, completing written documents)
4. Adhere to all OHSU policies and procedures regarding confidentiality
5. Complete all expected training activities as dictated by the Division of Psychology, IDD LEND Program, and/or OHSU
6. Demonstrate an open approach to learning via
 - a. self-initiated learning to master areas of clinical and professional practice
 - b. self-reflective and open approach to supervision
7. Be present at OHSU during normal business hours, unless otherwise arranged by the Director of Training
8. Wear OHSU name badge while on campus
9. Wear OHSU pager provided during normal business hours and respond to pages in a timely manner
10. "Ask, don't assume." In other words, always take the approach of checking with either the Director of Training or other relevant faculty members about specific issues about which one is unclear (e.g., working from home, taking time off)
11. Engage in training and professional behavior consistent with the most current ethical guidelines of the American Psychological Association

Note, all psychology interns are expected to adhere to the OHSU Code of Conduct, which can be accessed at

<http://www.ohsu.edu/xd/about/services/integrity/policies/coc.cfm>.

INTERNS AND THE USE OF SOCIAL NETWORK/MEDIA SITES

Given the current technological landscape, it is likely that some interns may utilize various social media outlets (e.g., Facebook, Twitter, MySpace, blogs) to communicate with others. Interns are expected to be conservative in how they represent their activities and training, as well as the training institution and supervisors, via social media outlets.

Using the APA ethic code as the guide, when using social media outlets interns must avoid any descriptions of training activities that involve confidential information. Further, consistent with OHSU's policies, interns may not provide web-links from their social media sites to any formal OHSU web-site without expressed permission from the Director of Training, documented in writing. In any and all communications via social media, interns are to ensure that they document clearly their status as trainees and their roles within clinical and non-clinical endeavors. Reasonable effort must be taken to avoid depictions that could be interpreted as indicating advanced or independent practice beyond the scope of internship training. For example, phrasing such as "in my professional work with Dr. XYZ, I am doing . . ." should be avoided because it implies equivalence among the intern and the licensed psychologist. Instead write a statement such as "in my supervised work as an intern, I am doing . . ." Any confidential or proprietary information (e.g., client information, intellectual property) is not to be discussed or referred to on such sites, even in private messages between site members who have authorized access to the site. Finally, interns are not to use social media outlets to raise issues of concern/grievance that should be addressed directly with training supervisors; doing so is unprofessional and inconsistent with APA Ethical Guidelines. Any personal posts/blogs should make it clear that the opinions expressed are solely those of the author and do not represent the views of OHSU or its representatives. Interns are to review the OHSU's Social Media Usage Policy and adhere to all policy guidelines: <https://www.aamc.org/download/46856/data/07socialnetworking.pdf>.

Any information posted on the internet is public information. Members of the psychology faculty may peruse public social media outlets authored by interns to ensure that interns are adhering to the intent of this guideline. Violations of this policy may result in disciplinary action, up to and including termination from the internship training program.

DRESS CODE

OHSU maintains a dress code to which all employees and students/trainees are expected to adhere. While generally speaking common sense prevails, specific guidelines are detailed in **Appendix I**. Highlights include:

1. No colognes, perfumes, or strong body lotions when in patient care areas (likely best to avoid in any setting at OHSU)
2. No open-toed shoes when in patient care areas
3. Wear at least business casual attire in all contexts, even when not providing clinical care; no shorts, jeans, or other similar casual clothing
4. Avoid wearing clothing with logos or other markings that potentially may be offensive or uncomfortable for others

When in doubt, discuss clothing options with a supervising faculty member or the Director of Training. Faculty members and staff at OHSU and IDD reserve the right to request that interns return home to change clothing should attire be deemed inappropriate. Repeated concerns about adherence to the Dress Code may be grounds for disciplinary action.

EVALUATION PROCEDURES

The faculty members within the Division of Psychology are committed to our mission to provide excellent training to the next generation of psychologists through our doctoral internship program. A critical component of this training is the exchange of feedback between supervisors regarding interns' performance across the broad spectrum of clinical and non-clinical activities that comprise the internship, and between supervisors and supervisees. To that end, a structured evaluation process is used to ensure adequate feedback is provided, and to document performance and progress of each intern.

SCHEDULE OF EVALUATION

1. Faculty evaluation of interns:

All faculty members within the Division of Psychology directly involved in the internship training program meet as a group at least monthly to discuss the training program including each intern's performance, and more often if needed depending on individual trainee performance and progress. The goal of these monthly meetings is to share experiences among supervisors to evaluate performance across various contexts, and to identify areas of strength and weakness as early as possible. For students demonstrating weakness or concerning performance in particular areas, discussion emphasizes whether this performance deficit is localized to a particular activity or is more pervasive in nature. The meeting also serves as a setting during which faculty members make decisions regarding steps that should be pursued to address any deficits that are observed.

At the end of each rotation period (roughly every 4 months), supervising faculty members complete written evaluation of supervisee's performance for that period of time. For non-rotational experiences (e.g., treatment, research), feedback is obtained considering the rotation time frame. Evaluation is completed by the supervising faculty members and reviewed directly with each trainee, using one standardized form that specifically addresses program goals, objectives, and competencies. The completed form is also shared with the Director of Training, who then provides summary feedback incorporating all evaluation information for each intern separately. Interns are provided a copy of all written evaluation forms.

Supervisors will provide the date when they completed the evaluation. The intern and Director of Training will sign and date the form at the time of discussion of the information contained within the document. An intern is able to provide written documentation disagreeing with any specific rating or evaluative comment provided by a supervisor. That document should include:

1. Identification of the specific evaluation rating(s) and/or evaluative comments with which the intern disagrees.
2. A self-rating or evaluative comment, accompanied by an explanation for why the intern believes his/her rating is more accurate of demonstrated competency(ies).

3. A statement about whether the intern is simply documenting a disagreement or whether s/he is requesting that the Director of Training investigate the discrepancy and mediate the issue. Note, if the rating/evaluative comment was provided by the Director of Training serving in a direct supervisor role, this form can be submitted to the Chief Psychologist.
4. Date that this form was completed.
5. Signature of the intern
6. The following statement “I acknowledge that I have received this document” followed by a place for the signature and date received by the Director of Training.

This form will be retained in the interns official file along with the corresponding evaluation form completed by the supervisors.

2. Intern evaluations of faculty and experiences:

Interns are provided multiple opportunities to provide positive and constructive feedback regarding the training they receive. Formal written feedback is provided by interns after each psychology and interdisciplinary seminar.

At the end of each rotation, interns are afforded an opportunity to provide written feedback to their individual supervisors regarding both the training experience generally and their supervision experience specifically.

Additionally, at the end of the training year, interns are asked to evaluate all aspects of the training program and to provide written ratings of how the opportunities fit within their expectations and how they contributed to their professional development. Interns are also again given the opportunity to provide written positive and constructive comments. These evaluation forms are shared directly with the Director of Training and s/he provides summarized feedback to supervising faculty members.

EVALUATION FORMS USED

See **Appendix II** for a copy of the evaluation form that will be used by core and supplemental supervisors to document their assessment of interns’ performance during the various training activities. See **Appendix III** for a copy of the evaluation forms interns will use to provide feedback regarding seminars and their clinical and supervisors.

REMEDICATION, TERMINATION, AND FAILURE TO COMPLETE TRAINING PROGRAM

The goal of the Division of Psychology faculty members is that all individuals selected to participate in our doctoral internship program do so successfully by meeting at least minimal level of competence in all core areas. We also recognize that it is our responsibility to evaluate whether trainees are demonstrating sufficient performance such that they are making adequate progress toward becoming independent psychologists. We take this responsibility seriously, as we view internship as the last opportunity prior to graduation to determine if someone is demonstrating requisite clinical and professional skills commiserate with the educational degree to be awarded.

While our efforts and practices focus on ensuring success of interns, there are instances in which intern performance is judged as sufficiently impaired and/or problematic in one or more critical areas of functioning to raise concerns that an individual may not successfully complete the training program. In these situations, faculty take active steps to collectively identify specific area(s) of deficit, develop specific goals for remediation, and identify strategies for remediation.

Determination of insufficient and/or problematic performance by an intern can be established individually by a particular supervisor, or, more typically, collaboratively via discussion and evaluation by a quorum of faculty members working directly with the intern whose performance is in question. **Note**, however, that performance by an intern in one specific training activity may be sufficient to deem performance as inadequate and/or problematic.

Based on faculty evaluation of an intern, the following possibilities may occur when insufficient and/or problematic performance is identified:

- 1) Meeting between the individual supervisor with concerns regarding intern's performance and the intern to discuss areas of relative poor performance and strategies for addressing those weaknesses.
- 2) Meeting between the individual supervisor who has concerns regarding intern's performance and the intern that results in a formal plan of action for addressing areas of deficit.
- 3) Development of a formal Remediation Plan, facilitated by the Director of Training in collaboration with faculty member(s) directly supervising the trainee.

REMEDICATION PLAN

If/when a formal Remediation Plan (i.e., a plan facilitated by the Director of Training) is warranted, the plan will include the following components individualized to the specific trainee issues:

- 1) Indication of observed strengths/capacities of intern.
- 2) Specification of areas of concern regarding inadequate, insufficient, and/or problematic performance on the part of the intern. This will include objective, behavioral examples of the concern(s).

- 3) Specification of steps that must be taken by the intern to attempt to address the intern's relative weaknesses. This will include specific activities that must be completed by the intern as well as strategies that will be used by faculty members to assist with remediation, as appropriate.
- 4) Specification of procedures to be used to evaluate progress toward remediation, as well as specific feedback mechanisms and timelines.
- 5) A date for re-evaluation of intern's performance and determination of whether performance warrants:
 - a) removal of remediation plan,
 - b) revision and/or extension of remediation plan, or
 - c) termination of the intern from the program.

The Director of Training will communicate formally in writing with the representative faculty member(s) at the intern's home institution about the need to develop a Remediation Plan, and will provide a written copy of the final remediation document, and any subsequent iterations of that plan, to that person. Further, formal documentation will be provided to the intern's home institution regarding the removal of a remediation plan.

TERMINATION

Termination of an intern from the training program will occur when a quorum of training faculty members involved in the internship program agree that the trainee's performance has been sufficiently deficient and/or problematic that his/her continuation in the program is likely to place consumers of services through the sponsoring agency at sufficient risk and/or when there is a clear indication that continued attempts at remediation are unlikely to resolve areas of concern. Deficient performance warranting termination may include deficiencies in multiple areas of professional practice or sufficiently egregious performance in one professional domain so as to have serious concerns about the intern's competence.

Termination will only be considered when:

- 1) A formal Remediation Plan had been developed and executed (but see exception listed in # 4 below).
- 2) Faculty members had fully supported the implementation of the Remediation Plan by utilizing strategies and evaluation measures and timelines specified in the plan.
- 3) A quorum of faculty members directly supervising the intern agree that the intern's performance remains deficient and represents deficiency in multiple critical areas of functioning or serious deficiency in one core area of functioning.
- 4) Regardless of whether a Remediation Plan has been developed or is actively in place, the Division of Psychology faculty members reserve the right to terminate an intern from the training program if his/her actions constitute a major breach of applicable ethical and/or legal principles governing the practice of psychology, pursuant to inter-university agreements established between OHSU and interns' home universities.

If an intern is terminated from the internship program, the Director of Training will inform in writing the appropriate faculty member representative(s) from the intern's home institution that this action has been/will be taken. Further, the Director of Training will provide the home university representative with all documentation used to support this decision.

INTERN APPEAL/DUE PROCESS PROCEDURES

Should the members of the faculty of the Division of Psychology decide that a student should be terminated from the internship program prior to the end of the training year, said intern may file a formal appeal of that termination. Should this occur, interns are to follow the OHSU procedures as outlined in **Appendix IV**.

FAILURE TO COMPLETE THE INTERNSHIP

The most likely processes leading to termination of an intern is described in the "Remediation Plan" and "Termination" sub-sections above. However, there may be instances when deficiencies in performance are identified at times during the training year that prevent execution of a formal remediation plan. Specifically, serious concern(s) about an intern's performance may be identified during the final rotation of the training year, or lack of progress regarding previously identified deficiency may be observed during that time period. The Director of Training will communicate to the trainee as soon as possible that a decision has been made by the training faculty to deem the intern as unsuccessful in completing the internship training. Depending on the nature of the performance problem that leads to the decision, the intern may or may not be allowed to continue training activities until the official end of the internship training year.

As soon as the training faculty decides that an intern will not successfully complete the internship, this will be shared in writing with the intern and the appropriate representative from the intern's home institution. This documentation will include:

- 1) Specific area(s) of problematic and/or deficient performance warranting decision.
- 2) Formal statement that the intern has failed to successfully complete the internship, regardless of whether the training continues until the end of the training year.

PROGRAM COMPLETION REQUIREMENTS

To successfully complete the doctoral internship, interns must meet the following requirements:

1. Achieve stated minimal levels of achievement by the end of internship (see evaluation form in Appendix II).
2. Be in good standing free from active remediation plan. If an intern was placed on remediation during the course of the training year, the issues leading to remediation must be successfully resolved for program completion.
3. Complete all outstanding tasks, assignments, and documentation including any related to clinical care provided as part of one's training.
4. Complete all necessary LEND and Division of Psychology exit procedures.

GREIVANCE PROCEDURES

Interns have the right to file a grievance against individual members of the faculty or against the entire training program. Such grievances must be submitted in writing within 15 days of the incident(s) that serve as the foundation of the grievance; if an intern could not have reasonably known about the event(s) that are the basis for the grievance, the intern must submit the grievance within 15 days of becoming aware of the information.

All formal written grievances must be submitted in writing to the Director of Training of the Division of Psychology, Dr. Kurt Freeman. Should the Director of Training be the focus of the grievance, a trainee must file his/her grievance with the Chief Psychologist for the Division, Dr. Michael Harris. If an intern is filing a grievance against the entire training program, then s/he is to file the grievance with the Director of the Oregon Institute on Disability and Development and Associate Director of Academic Affairs of the Institute on Development & Disability, OHSU.

In filing a grievance, interns must include the following information:

- 1) Specific date(s) of incident(s) leading to the grievance.
- 2) Description of incident(s) leading to the grievance. This should include:
 - a) Specific people involved, including witnesses or bystanders
 - b) Setting in which the incident(s) occurred
 - c) Specific description of the actual event(s), including timeline
- 3) Steps the intern has already taken to address the incident(s) (e.g. consulting with primary supervisor and/or Director of Training)
 - * Note this expectation is included because, according to the ethics code of the American Psychological Association, individuals should first attempt to resolve disputes directly with the individual involved.
- 4) Action steps desired by the party filing the grievance.

Any individual receiving a written, formal grievance will act in the following manner:

- 1) Within 5 business days of receipt of formal written grievance (complete with all required information), meet with the person filing the grievance to discuss the incident(s) further.
- 2) Within 5 business days of meeting with the individual filing the grievance, discuss the formal grievance with others who are relevant to addressing the concern (e.g., the Director of Training will talk with the Chief Psychologist)
- 3) Within 10 business days of meeting with the person filing the grievance, meet with any witnesses and/or bystanders to gain information about their perception of the incident(s).

- 4) Work with IDD and OHSU administration to address any specific personnel issues that are raised by the grievance.
- 5) Develop a formal, written document stating the outcome of the grievance investigation, including any specific action steps that will be taken to address the content of the grievance. This document will be shared with the grieving party and include an option for the party to indicate that the issue has been resolved in a manner that is either satisfactory or unsatisfactory.
 - a. If the person filing the grievance is not satisfied with the program's initial response, s/he must indicate in writing a) the reasons the outcome was not satisfactory and b) additional steps that are requested be considered by the program. This is to be submitted to the Director of the Oregon Institute on Disability and Development, who will serve as arbitrator to attempt resolution.

Steps will be taken to ensure that an intern does not experience any retaliation or negative repercussions as a result of filing the grievance. This may include, but is not limited to, facilitating a formal resolution plan between the intern and supervisor(s)/staff involved, reassigning supervisor(s), and/or collaboratively working with the intern to evaluate whether a change in the training plan would address the grievance while simultaneously meeting the program's and intern's training goals.

BENEFITS

STIPEND AND FINANCIAL SUPPORT

The Division of Psychology internship program is supported by a variety of sources. Specific financial support is provided by a training grant from the Maternal and Child Health Bureau of the Department of Health and Human Services (Leadership Education in Neurodevelopmental and Related Disabilities [LEND] Training Grant), contracts with internal and/or community partners for placements, and (at times) employment by OHSU. Portions of the financial support of interns provided by the LEND Training Grant and internal/community placements are provided in the form of a stipend. If applicable, financial support provided through employment at OHSU is in the form of hourly pay for services rendered. The total financial support for interns during the 2014-2015 training year, considering all sources of support, is \$22,032.

MEDICAL BENEFITS

Interns receive medical benefits at the expense of the IDD Training Program. Medical benefits are purchased through the OHSU Student Health Service. This plan requires that interns utilize the OHSU Student Health Service and OHSU health services for medical care. Interns are responsible for any and all deductibles and co-pays.

Interns with existing medical coverage that meets OHSU requirements may opt out of the OHSU plan. Specific information regarding opting out is provided by the LEND Project Coordinator.

LEAVE TIME

Interns receive two weeks of personal leave and two weeks of professional leave. Personal leave time includes scheduled vacations *and* sick time. Interns who experience health conditions that necessitate extended time off need to discuss this issue directly with the Director of Training in order to determine approaches to address the impact of this on training goals.

Professional leave is available for activities that directly relate to completion of graduate school responsibilities and activities, research activities, and/or professional development and progression activities. Examples of activities that are appropriate for use of professional leave time include, but are not limited to, returning to home university to collect dissertation data or defend dissertation, presenting research at a conference, attending a specialized training conference, and interviewing for a post-doctoral fellowship or professional position. Extending professional travel to engage in personal leisure activities requires use of both professional leave and personal leave time. Questions regarding whether a specific activity is appropriate for consideration as professional leave should be directed to the Director of Training. All vacation and professional leave time needs to be approved by the Director of Training; additionally, interns are expected to communicate directly with specific faculty members supervising activities affected by approved absences.

ADDITIONAL BENEFITS

In addition to the benefits described above, interns will receive a pass for use of public transportation paid for by the IDD Training Program.

CLERICAL SUPPORT

Interns have available to them various clerical supports for the successful completion of their training year.

TRAINING RELATED SUPPORT

The LEND Program supports a .80 FTE Project Coordinator, Nicole Valdivia-Nava, to provide assistance to faculty members and trainees associated with this program. She serves as the primary administrative contact for all LEND trainees, including psychology interns. She assists with all non-clinical activities associated with completing the doctoral internship. She is housed in the IDD building office # 3240; her telephone number is (503) 494-2734 (4-2734 from a campus phone).

CLINICALLY RELATED SUPPORT

Interns' clinical activities occur in conjunction with psychology faculty members. As such, the same individuals who support faculty clinical activities support trainee clinical activities. Specific individuals managing these supports change from time to time. Check with the Director of Training regarding specific contact information during the training year.

Clerical support covers the following areas:

- a) Intake and scheduling of patients
- b) Insurance authorization (managed care office)
- c) Coding and billing

COMPUTER AND ELECTRONIC MEDICAL RECORD SUPPORT

All faculty, staff, and trainees at OHSU have access to information technology (IT) support for activities and equipment related to their specific responsibilities. If calling from a campus telephone, the main support number for the university is 4-2222, option 1 for computer support, option 2 for assistance with the OHSU electronic medical record.

STATEMENT OF NON-DISCRIMINATION

No participant, employee, student, beneficiary, or potential beneficiary of the Oregon Health & Science University shall be discriminated against on the basis of age, color, handicap, marital status, national origin, race, religion, or sex. For such matters, direct inquiries to Mariann Hyland, JD, OHSU Director of Affirmative Action and Equal Opportunity Office at (503) 494-5148, or to the Office of Civil Rights, Washington D.C., 20201.

Interns placed at OHSU who feel they need accommodation for a specific disabling condition are expected to first submit in writing such a request to the Director of Training of the Division of Psychology. S/he will facilitate the intern contacting appropriate offices at OHSU, specifically the Affirmative Action and Equal Opportunity Office, the Office of Academic Affairs, and/or the Center for Diversity and Multi-Cultural Affairs. Through these offices, OHSU will evaluate the intern's request and will determine steps to be taken to provide reasonable accommodation.

APPENDIX I

OHSU Dress Code Policy

Policy # HC-HR-101-RR	Title: Professional Appearance	
Effective Date: 05/01/2014	Category: Human Resources	
Origination Date: 5/1998	Next Review Date: 05/01/2017	Pages 1 of 7

PURPOSE:

This policy outlines dress and grooming guidelines intended to promote a consistent professional image throughout OHSU Healthcare. OHSU Healthcare believes that the professional appearance of OHSU workforce members helps patients and visitors feel comfortable and confident in the care they receive. Patients’ perceptions of professionalism directly impact their confidence in the competence of OHSU staff. A high level of professionalism also enhances OHSU’s reputation as a leader in the community.

PERSONS AFFECTED:

This policy applies to all OHSU Healthcare workforce members. This includes all workforce members (faculty, researchers, represented and unclassified administrative), registered and visiting students, volunteers, board members, visiting healthcare practitioners, temporary workforce members, vendors while doing business with OHSU Healthcare and others working for or on behalf of OHSU Healthcare.

POLICY:

All OHSU Healthcare workforce members will maintain a professional appearance that contributes to patient, family, visitor, co-worker and other stakeholders’ experience of an orderly, clean, safe and professional atmosphere for care. OHSU Healthcare workforce members are expected to maintain a professional image while representing OHSU. Each supervisor will ensure compliance with this policy and consistently enforce its provisions.

DEFINITIONS:

1. Appropriate fit: Clothing that fits neatly without exposing body areas normally covered by undergarments. Clothing that is excessively tight, revealing, oversized or baggy is not acceptable. Shirts, sweaters and jackets with buttons or snaps should not expose the midriff, chest or any undergarments. Baggy pants worn below the hips or exposing underwear are prohibited.
2. Good condition: Clothing that is clean and free of odor, fading, stains, tears, shrinking or wrinkles.
3. Immediate patient care area: Any area where patients are present for clinical reasons. This includes the entrance to any unit or clinic, nursing stations, patient rooms, treatment rooms, corridors used by patients, and reception or waiting areas.
4. Supervisor: Any unclassified employee who has direct reports. Examples include but are not limited to: vice president, director, manager and supervisor.
5. Uniform: A type of clothing required by OHSU to Healthcare workforce members.
6. Workforce members providing direct patient care: Any Healthcare workforce member who directly touches a patient or spends significant time in an exam room or hospital room. Examples include but are not limited to: physicians (MD), physician assistants (PA), nurse practitioners (NP), registered nurses (RN), medical assistants (MA), certified nursing assistants (CNA), physical and occupational therapists (PT/OT), phlebotomists, technicians, housekeepers, room service associates and clinical managers.

8. Workforce members providing patient support services: Any Healthcare workforce member in clerical and office positions must comply with the same requirements as workforce members providing direct patient care due to their involvement in assisting with patients as needed. Examples include but are not limited to: health unit coordinators (HUC), patient access service specialists (PAS) and interpreters.

RESPONSIBILITIES:

It is the responsibility of all OHSU Healthcare workforce members to understand and comply with the professional appearance policy. Supervisors are responsible for ensuring compliance with the policy. Any dress and grooming issues that are not explicitly mentioned in this policy or aligned with the spirit of the policy are subject to a review by the supervisor. For guidance about policy interpretation and decision-making, supervisors should contact OHSU Healthcare Human Resources (503 346-0781).

Meeting professional appearance requirements is a condition of employment for all OHSU Healthcare workforce members. Any workforce member whose appearance does not comply with this policy may be sent home by a management representative or faculty member without pay and only authorized to return to the work setting when their appearance meets these requirements.

PROCEDURES:

1. Minimum standards and exceptions

- a. This policy outlines the minimum professional appearance requirements. A director may set higher standards for workforce members based on patient contact or job function by using the Professional Appearance Policy Addendum, available from Healthcare Human Resources (503 346-0781). Directors must obtain advance approval of higher standards from OHSU Healthcare Human Resources. These standards should be communicated in the department orientation and to all incumbent workforce members who are affected.
- b. This policy supersedes all existing departmental policies.
- c. If a department is considering requiring uniforms, HR must be consulted before any planning or implementation. Uniforms are a subject of bargaining and are addressed in the Collective Bargaining Agreement.
- d. Individuals who have a condition, practice or belief that conflicts with this professional appearance policy should speak with their supervisors about needed accommodations. For guidance about decision-making, supervisors and workforce members may contact OHSU's Affirmative Action Equal Opportunity Department (503 494-5148) to request an accommodation on the basis of disability, religion or other protected status.

2. Transitional clothing

- a. Workforce members may arrive on or leave campus wearing transitional clothing, e.g. biking, walking or less formal attire. During their shifts or scheduled work hours, workforce members must follow the professional appearance expectations relevant to their work areas.

3. Procedure for soiled clothing (Standard Precautions Policy, # HC-CLN-ICP-P042)

If a workforce member's uniform or clothing becomes soiled with blood or body fluids:

- a. Put on gloves and remove clothing immediately; handle clothing as little as possible.
- b. Do not rinse clothing.
- c. Wash contaminated skin with soap and water before changing into hospital scrubs. Paper scrubs are available from Logistics (503 494-5666) with a 24-hour notice.
- d. If skin or mucous membranes are contaminated, workforce member should contact Occupational Health (503 494-5271).
- e. Cloth hospital scrubs can be obtained through the following process:
 - i. Workforce member contacts the Logistics Warehouse (503 494-5666) to request a temporary surgical scrub station personal identification number.
 - ii. Workforce member uses the temporary PIN to access one set of hospital-owned surgical scrubs. The same PIN is used to return the scrubs within 48 hours or at the start of the next scheduled shift.
 - iii. Put soiled personal clothing in a plastic bag and seal immediately.

- iv. Once home, place hospital-furnished clothing in plastic bag, to be returned to the hospital for laundering.
- v. At home, wash soiled personal clothing separately from other laundry using 160°F (71°C) water and detergent. For water cooler than 160°F (71°C), use detergent and a product that contains bleach. Mechanical tumble drying of the clothing is recommended.

4. Acceptable and unacceptable clothing

This section outlines acceptable and unacceptable clothing for OHSU Healthcare workforce members.

Item	Acceptable	Unacceptable
Dresses and skirts	<ul style="list-style-type: none"> • Dresses and skirts with hemlines no higher than 2” above the knee when standing. • Sundresses and tank dresses worn under a jacket, cardigan, sweater or lab coat. 	<ul style="list-style-type: none"> • Flannel, denim, backless, strapless, sheer or revealing dresses or skirts with hemlines higher than 2” above the knee when standing.
Hats and head coverings	<ul style="list-style-type: none"> • Hats or head coverings worn indoors if approved by department management based on working conditions. • Hats or head coverings worn for religious or medical purposes. 	<ul style="list-style-type: none"> • Hats and surgical caps containing other than OHSU-issued and authorized logos.
Headphones and ear buds	<ul style="list-style-type: none"> • Ear buds and bluetooth devices used for OHSU work assignments. 	<ul style="list-style-type: none"> • While in publicly accessible indoor areas, employees are discouraged from wearing personal headphones and ear buds where patients and visitors may be seeking assistance with directions.
Hosiery	<ul style="list-style-type: none"> • Hosiery, when worn, must be in good condition. 	<ul style="list-style-type: none"> • Cut out tights, fishnet stockings.
Jackets	<ul style="list-style-type: none"> • Suit-like jacket styles and casual sport jackets. • OHSU-approved vests and jackets. 	<ul style="list-style-type: none"> • Sweatshirts with or without hoods. • Athletic jackets with other than OHSU-issued and authorized logos. • Fleece in clinical or patient care areas. • Jackets around the waist. • Blankets or patient linens.
Lab coats	<ul style="list-style-type: none"> • A lab coat must be clean. • If there is a logo, it has to be an OHSU-approved logo. 	<ul style="list-style-type: none"> • A lab coat embroidered with the name of other facility or individual.

Pants	<ul style="list-style-type: none"> • Slacks, pants or trousers. • Calf length professional pants. • Khakis. 	Denim, beside these exceptions: <ul style="list-style-type: none"> ○ If a part of an approved uniform (e.g., Facilities Management). ○ With advance approval from department director for a limited duration or project (e.g., physical move of storage items). ○ With advance approval for a specified event (e.g., fund-raising event). • Shorts of any length and cut-offs. • Athletic and sweat pants. • Baggy pants worn below the hips or exposing underwear. • Leggings in place of pants.
Shoes	<ul style="list-style-type: none"> • Business professionals: Shoes in good, clean condition appropriate to an office environment. • Workforce members providing direct patient care: Shoes with closed toes and backs, low heels and non-skid soles. 	<ul style="list-style-type: none"> • Dirty, unpleasant odor or stained shoes. • Sandals, slippers, flip-flops, shoes that separate and outline the toes. • Bare feet.
Scrubs	<ul style="list-style-type: none"> • OHSU-provided and -laundered surgical scrubs for workforce members in operating rooms and procedure areas, as identified in and governed by the Surgical Scrub Policy # HC-PC-252-POC. • Personal scrubs or uniforms for workforce members providing direct patient care. These may be of any color or print, but must be made of cotton or a cotton-polyester blend. 	<ul style="list-style-type: none"> • OHSU-provided and -laundered surgical scrubs worn by workforce members not working in operating rooms and procedure areas. • Personal scrubs worn by workforce members not providing direct patient care or not authorized by the department. • Scrubs worn more than once without laundering, due to potential contamination issues. • Scrubs with scalloped or ruffled edges, any type of holes such as eyelets, or other embellishments, belts or ties at the front or on the sides. • Scrubs with logos from medical schools or other healthcare organizations, except for students from partner schools.
Tops	<ul style="list-style-type: none"> • Sleeveless tops worn under a jacket, cardigan, sweater or lab coat. • Long or short sleeve shirts with a collar, polo and dress shirts. 	<ul style="list-style-type: none"> • Tops that reveal the midriff when the workforce member lifts or bends over. • Tops exposing the cleavage, chest, bra, back, shoulders, lower back or undergarments. • Tops made of sheer or revealing fabric that allows undergarments to be seen. • Tops and shirts with silkscreen logos or printing of any kind, excluding OHSU-approved logos. • T-shirts, tank tops or other athletic shirts.

5. Acceptable and unacceptable accessories and grooming

Item	Acceptable	Unacceptable
Body art and tattoos	<ul style="list-style-type: none"> • Visible forms of body art and tattoos appropriate in content and consistent with OHSU policy and Code of Conduct. 	<ul style="list-style-type: none"> • Tattoos with graphics or wording that may be considered offensive, must be covered.
Body odor	<ul style="list-style-type: none"> • Workforce members must be physically clean, including oral hygiene, clean hair and fingernails, and free of pervasive body odors such as smoke or sweat. • OHSU Healthcare is a fragrance-free work environment. 	<ul style="list-style-type: none"> • Applied fragrances such as perfumes, aftershaves or other personal care products with fragrance.
Facial hair	<ul style="list-style-type: none"> • Neat and trimmed facial hair. • May be required to be covered as determined by the department management. 	
Glasses	<ul style="list-style-type: none"> • Regular glasses of all styles. 	<ul style="list-style-type: none"> • Sunglasses worn indoors unless medically necessary.
Hair	<ul style="list-style-type: none"> • Hair should be neat and clean. • Hair of any color. • Workforce members providing direct patient care must pull back hair longer than collar length and secure it appropriately. • Workforce members with styles that result in limited washing may be required to wear approved medical hair cover-ups. 	
Identification badges	<ul style="list-style-type: none"> • OHSU photo identification badge issued by Transportation and Parking, consistent with Identification Cards Policy # 07-90-001. • Badges worn above the heart and visible at all times. • Legible badges in good condition. • ID badge holders should be clean and free of debris and dirt. • Name, title, department and photo fully visible. • ID badges should be worn on clips or badge pulls. • OHSU-issued and authorized adornments and stickers (e.g., anniversary pin, snowflake pin, TriMet pass sticker). 	<ul style="list-style-type: none"> • Lanyards used to hold ID badges. • Clips with vendor names, logos or identifiers of other institutions, unless otherwise protected by collective bargaining. • Personal adornments. • More than one red rose issued by the Rose Award program.

Jewelry	<ul style="list-style-type: none"> • Jewelry that does not interfere with patient care, job performance or safety. • Earrings. • One facial surface piercing with stud jewelry. • Plugged ear gauges. • For workforce members providing direct patient care: total of two rings small enough to allow for the use of gloves with no risk of tearing the gloves. 	<ul style="list-style-type: none"> • Other body or oral piercings (including micro dermal implants) not removed or covered while on duty. • For infection control purposes, some units may prohibit wearing any rings while providing direct patient care.
Nails	<ul style="list-style-type: none"> • Neatly manicured fingernails. • Smooth nail polish (regular, gel or shellac). • Workforce members providing direct patient care: fingernails 1/4 inch in length. 	<ul style="list-style-type: none"> • Chipped or cracked nail polish. • Workforce members providing direct patient care: artificial nails, glitter, appliqués or other additions that would result in a non-smooth layer of polish.
Other accessories	<ul style="list-style-type: none"> • Immediate patient care areas: Discrete professional association identifiers (pins, buttons or stickers on the badge holder or clothing) directly related to the business of OHSU, as long as they do not reflect negatively on the professional image of OHSU as an employer, disturb patient care, disturb patients or present a safety concern (i.e., pins for Golden Rose, length of service, education). • Non-immediate patient care areas: Pins, buttons or other messages are permitted except under special circumstances, including where such messages disrupt patient care, disturb patients, or reflect negatively on the professional image of OHSU. • For workforce members providing direct patient care: bow ties or neckties that are securely clipped or tucked into the shirt. 	<ul style="list-style-type: none"> • Insignias, pins, buttons or stickers pertaining to commercial, political, personal, union or other causes or activities that disrupt patient care, disturb patients, pose a safety hazard or reflect negatively on the professional image of OHSU. • For workforce members providing direct patient care: neckties that are untucked or without a clip.
Skin	<ul style="list-style-type: none"> • Skin that is intact and clean. 	<ul style="list-style-type: none"> • Broken skin or areas that are bleeding or have the potential to bleed must be covered with an appropriate bandage.

RELEVANT REFERENCES:

- AORN (2013). Recommended Practices for Surgical Attire in Perioperative Standards and Recommended Practices, pp. 51-62.
- Identification Cards Policy, # 07-90-001
- Standard Precautions Policy, # HC-CLN-ICP-P042
- Surgical Scrub Policy, # HC-PC-252-POC

RELATED DOCUMENTS/EXTERNAL LINKS:

- AAEO's reasonable accommodation request form: <http://www.ohsu.edu/xd/about/services/affirmative-action-and-equal-opportunity/aaeo-services/accommodation.cfm>.

TITLE, POLICY OWNER:

- Vice President, OHSU Healthcare Human Resources

REVIEW COMMITTEES:

- Professional Appearance Policy Review Committee
- Human Resources Advisory Committee
- Professional Practice Leaders
- Risk Management
- Legal Department
- Affirmative Action Equal Opportunity
- HR Directors
- Healthcare Cultural Advocacy Team
- Healthcare Human Resources Department
- Nursing Practice Council
- Department Administrators/Faculty Practice Plan Forum
- Hospital Financial Services Management Team
- AFSCME
- AURN/Management Collaborative
- Professional Board
- Clinical Chairs
- Healthcare Policy Steering Committee

FINAL APPROVAL:

- OHSU Healthcare Administrative Team

Supersedes: 05/21/1998; 06/05/2000; 10/15/2003; 08/08/2008

APPENDIX II

Supervisor Evaluation of Intern Form

Practicum Level	Beginning Intern Level	Mid Intern Level	Entry to Practice	Interned/Advanced Practice
1 2	3 4	5 6	7 8	9 10

IDD Division of Psychology Doctoral Internship

The goal of internship, as defined by current accreditation guidelines, is to assist in preparing interns for entry level to practice (recognizing that in many jurisdictions, postdoctoral supervision is required for licensure). The internship at the Institute on Development & Disability, OHSU, emphasizes training in four broad goal areas, which encompass curriculum areas required for accreditation. Further, clinical training is organized into 3 separate rotation periods, and the expected level of trainee performance and sophistication increases over the course of the year.

A single evaluation form addressing each of the program goals, objectives, and competencies is used to provide formal feedback to interns at the end of each clinical rotation; feedback is also provided for non-rotational experiences at these time points. Intern performance for each specific competency during each core training activity is completed separately by the appropriate supervisor and is averaged to provide a numerical representation of performance for each competency, objective, and goal. Core training activities include major rotation, minor rotation, treatment provision, research, placement, and "general" to capture performance in various other contexts (e.g., group supervision, journal club, psychology seminar); note, "NA" is provided in the "general" category when evaluation of performance in various covered by ratings in other training domains. To meet the minimum level of performance expected to successfully complete the internship, interns must achieve a mean of "7" for each competency with no ratings by an individual supervisor below "5" by the end of the training year.

Supervisors use the following rating scale to evaluate interns' skill development over the course of training year:

Unable to rate:	NA
Practicum level, needs remediation :	1 2
Begin intern level (a):	3 4
Mid-internship level (b):	5 6
Entry to practice	7 8
Intermediate to advanced practice:	9 10

- (a) Mean score < 2 for a competency or a mean < 3 for an objective by end of 1st rotation would trigger remediation
- (b) Mean score < 4 for a competency or a mean < 5 for an objective by end of 2nd rotation would trigger remediation

Note, remediation will occur if > 30% of supervisor ratings are below expected level of performance at the competency level even if criteria (a) or (b) are not met. See Training Manual for details regarding remediation processes.

Intern: _____

Rotation: #1 _____

GOAL 1: Prepare interns to demonstrate intermediate to advanced professional behavior in a multi-/interdisciplinary, hospital setting

OBJECTIVE: Interns will be competent to provide services that include single discipline (psychology), multi-disciplinary, and inter-disciplinary service delivery

	<i>Major</i>	<i>Minor</i>	<i>Tx</i>	<i>Research</i>	<i>Element</i>	<i>General</i>	<i>Mean</i>
1) Effectively adapts clinical plan based on composition of clinical team, thus demonstrating an understanding of the collaborative nature of multi- and interdisciplinary care							####
2) Identifies patient needs that would benefit from referral to other medical or allied health care specialists							####
3) Demonstrates the ability to communicate effectively with medical and other allied health professionals regarding topics of relevance including both patient-oriented care and research							####
4) Adapts approach to setting (e.g., hospital, community) and goal of activity (e.g., screening, comprehensive evaluation, consultation, research)							####
5) Conducts self in a professional manner across settings and situations							####
6) Implements ethical decision making and practice within multi-/interdisciplinary setting							####
7) Effectively integrates attention to issues of individual and cultural diversity into practice							####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

GOAL 2: Prepare interns to demonstrate intermediate to advanced knowledge, skills, and competencies in the care for complex children, adolescents, and families

#####

OBJECTIVE 1: Interns will demonstrate the ability to provide appropriate assessment and intervention services to youth with complex histories and presenting problems and their families

#####

Competencies

Major Minor IX Research Plenum General Mean

1) Effectively assesses psychosocial issues of youth with varied medical, developmental, and emotional-behavioral needs, including clinical interviews and/or standardized assessment

#####

2) Demonstrates conceptualization skills that include an understanding of the interplay between presenting psychosocial issues and medical and/or developmental conditions and are theoretically grounded (e.g., integrates findings from multiple sources, considers demographic and diversity variables)

#####

3) Establishes appropriate diagnostic impressions based on relevant categorical systems (i.e., DSM, ICD)

#####

4) Develops appropriate recommendations for youth and family members during assessment

#####

5) Generates professional, accurate, and accessible clinical documentation (including intake and progress reports and comprehensive psychological reports)

#####

6) Implements and/or outlines and recommends effective intervention, including integration of evidence-based practices into treatment

#####

7) Utilizes appropriate methods to evaluate outcome of intervention, including nomothetic and/or idiographic measures

#####

8) Integrates parents and other family members in service provision, consistent with family-centered care

#####

9) Attends to individual differences and cultural diversity into assessment and/or intervention

#####

10) Practices in a manner that is consistent with APA ethical guidelines

#####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

Goal 3: Prepare interns to value and engage in ongoing professional development. Interns will demonstrate intermediate to advanced development in multiple professional domains

Objective 1: Interns will demonstrate an appropriate approach to life-long learning

Competencies

- 1) Demonstrates appropriate awareness of one's own strengths, weaknesses, and limits of competence, both clinically and professionally
- 2) Identifies values, world views, and individual and cultural background and how these may influence professional identity, behavior, and research
- 3) Appropriately seeks out feedback regarding personal competence and performance, and proactively engage in efforts to improve those skills as needed
- 4) Effectively utilizes supervision by being prepared with questions and concerns that will lead toward productive case discussion and problem resolution
- 5) Fully and actively participates in didactic and other learning activities (e.g. journal club) in a manner that facilitates engagement with and mastery of material

Major Minor Tx Research Plannd General Mean

#####

#####

#####

#####

#####

#####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

OBJECTIVE 2: Interns will demonstrate knowledge, skills, and competencies related to effective consultation

####

Competencies

Major Minor Tx Research Plannnt General Mean

- 1) Identifies and clarifies referral questions from referral source (e.g., attending physicians, residents, other allied health professionals, research colleagues) #####
- 2) Adapts approach to nuances of referral questions and interactions with patients/families #####
- 3) Effectively communicates with medical and allied health professionals regarding pertinent information (e.g., clinical referral questions and consultation findings, research questions) #####
- 4) Implements brief interventions in an inpatient/consultation context #####
- 5) Provides appropriate referrals and/or treatment recommendations to patients and referral sources #####
- 6) Attends to individual differences and cultural diversity throughout the consultation process #####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

OBJECTIVE 3: Interns will demonstrate knowledge, skills, and competencies related to the provision of supervision

####

Competencies

Major Minor Tx Research Plannnt Gen Mean

- 1) Demonstrates the ability to provide clear positive and constructive feedback to others #####
- 2) Demonstrates knowledge of effective supervision methods #####
- 3) Demonstrates an ability to consider ethical, legal, and contextual issues of the supervisory relationship from the perspective of a supervisor #####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

OBJECTIVE 4: Interns will demonstrate an ability to effectively communicate with varied constituents and audiences both orally and in writing

###

Competencies

Major Minor Ix Research Placement General Mean

1) Prepares professional, clear, and timely documentation and reports, including research-related products

2) Demonstrates articulate communication with others that varies appropriately depending on the audience

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

GOAL 4: Prepare interns to be effective producers and consumers of empirical evidence. Interns will demonstrate intermediate to advanced knowledge, skills, and competencies in the area of scholarship, including evidence-based practice

####

OBJECTIVE 1: Interns will demonstrate the ability to engage in the scientific research process

####

Competencies

- 1) Implements research activities consistent with APA ethical codes
- 2) Demonstrates the ability to critically review and evaluate published research articles
- 3) Demonstrates the ability to present their or others' research findings in a rigorous manner whether orally or in writing
- 4) Implements research methodology appropriate to research question
- 5) Demonstrates appropriate use of statistical/analytical techniques
- 6) Integrates individual and cultural diversity into research activities

Major *Minor* *Ix* *Research* *Placement* *General* *Mean*
#####

####

####

####

####

####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

OBJECTIVE 2: Interns will demonstrate competency in the use of the empirical literature to inform and guide clinical practice, including engaging in outcome evaluation

####

Major *Minor* *Ix* *Research* *Placement* *General* *Mean*

- 1) Implements evidence-based clinical practice while conforming to applicable laws and established ethical guidelines

####

- 2) Demonstrates an ability to evaluate the quality and relevance of published scientific research to clinical practice

####

- 3) Selects appropriate assessment and/or intervention methods based on a combination of empirical evidence, similarity of particular patient with research participants, and understanding of the contextual factors influencing the patient's presenting problems

####

- 4) Establishes attainable and measurable intervention goals

####

- 5) Selects and utilizes nomothetic and/or idiographic measures to document progress toward intervention goals with specific patients, and use that information to make clinical decisions and evaluate progress

####

Comments in Support of Ratings:

Major:

Minor:

Treatment:

Research:

Placement:

General:

Major Rotation Supervisor

Date Completed

Minor Rotation Supervisor

Date Completed

Outpatient Treatment Supervisor

Date Completed

Research Supervisor

Date Completed

Placement Supervisor

Date Completed

By signing below, the intern indicates that s/he has been provided an opportunity to review the feedback orally with the supervisor and/or Director of Training, and have any questions or issues addressed. If the intern disagrees with an evaluation rating, s/he has been given the opportunity to provide a formal, written document to the Director of Training for inclusion in his/her record (see Intern Training Manual for Guidelines for the development of this document).

Intern Signature

Date

Director of Training Signature

Date

APPENDIX III

Forms used by Interns to Evaluate Their Experience

Supervision Evaluation Form

Intern: _____ Supervisor: _____ Training Activity: _____

Training Year: _____ Time Frame: _____

Goal Areas

Goal 1: Care for Complex Children, Adolescents, and Families

1. My supervisor helped improve my knowledge about practices for caring with youth with complex developmental/medical challenges

- NO
- YES, and most learning occurred through observation or the direct clinical practice
- YES, and learning involved observation, clinical practice, and clear, purposeful conversations

2. My supervisor helped improve my decision-making abilities regarding approaches (either assessment or treatment) to use with youth with complex medical/developmental challenges

- NO
- YES, and most learning occurred through observation or the direct clinical practice
- YES, and learning involved observation, clinical practice, and clear, purposeful conversations

3. My supervisor helped improve my understanding of issues related to diversity in all its forms as it relates to care of children with complex developmental/medical conditions

- NO
- YES, and most learning occurred through observation or the direct clinical practice
- YES, and learning involved observation, clinical practice, and clear, purposeful conversations and/or involved review and discussion of current professional writings

4. My supervisor discussed ethical and legal issues pertaining to patient care

- NO
- YES, when concerns arose and as needed
- YES, and helped me identify potential difficulties that I may not have anticipated

Comments: _____

Goal 2: Professional Behavior in an Interdisciplinary, Hospital Setting

1. My supervisor helped me improve my ability to communicate my impressions regarding patients in writing

- NO
- YES, though minimal direct feedback was provided
- YES, and direct, clear, and regular feedback was provided to me

2. My supervisor helped me improve my ability to communicate my impressions regarding patients verbally (e.g., in staffing meetings, during supervision)

- NO
- YES, though minimal direct feedback was provided
- YES, and direct, clear, and regular feedback was provided to me

Comments: _____

Goal 3: Professional Development

1. The supervisor facilitated the process of me becoming a valuable member of the team

- NA, treatment team work was not emphasized on this training experience
- NO
- YES, I was introduced to all team members, included in team meetings and encouraged to discuss issues with them as appropriate
- YES, my input was valued and well-received in the treatment planning and case review process

2. The supervisor encouraged positive professional relationships with colleagues through role-modeling and discussion

- NO
- YES, I learned by observation of my supervisor's interactions with colleagues
- YES, and my supervisor discussed how to facilitate positive professional relationships in supervision as needed

3. The supervisor encouraged me in greater autonomy, as my capabilities and skills allowed

- NO
- YES, and some activities for more autonomous functioning were available
- YES, and when I was ready, the supervisor allowed ample opportunity for me to engage in activities such as working on assessments more autonomously or treating selected individual psychotherapy cases more independently

4. As appropriate, we discussed how to minimize the impact of anxiety and stressors on professional functioning

- NA, not needed
- NO
- YES, indirectly fostered, through nonverbal communication and a comfortable climate
- YES, directly and indirectly fostered, including discussion of professional challenges that we both have faced as needed.

5. As needed, we discussed the development of my professional identity as a psychologist

- NA, not needed
- NO
- YES

Goal 4: Scholarship (including empirically-supported/evidence-based practice)

1. My supervisor helped improve my knowledge about child development, presenting challenges, and psychosocial functioning in youth

- NO
- YES, through informal discussion and clinical practice

YES, through discussion and review of relevant literature

2. My supervisor helped improve my knowledge about evidence-based practices, either assessment or treatment

NO

YES, through informal discussion and clinical practice

YES, through discussion and review of relevant literature

General Feedback

Supervisory Responsibilities

1. The supervisor was at supervisory meetings promptly and reliably

NO

YES, but was late more than 15 minutes more than 2 times

YES, reliably on time, with minimal delays

2. The supervisor was available for "spot supervision"

NO

YES, with limited availability.

YES, with clear communication about several available times throughout the week and frequent immediate availability for quick questions

3. The supervisor educated me fully about documentation and confidentiality issues

NO

YES, when concerns arose and as needed

YES, and helped me identify potential difficulties that I may not have anticipated

Supervision Process

1. The supervisor fostered good communication, respect and trust

NO

YES, indirectly fostered, through nonverbal communication and a comfortable climate

YES, directly and indirectly fostered, including discussion of process issues in supervision as needed

2. We discussed difficulties in the supervisory relationship

NA, no difficulties were noted by either of us

NO

YES, but we are still having difficulties

YES, and I feel that we have better communication about these matters now

YES, and difficulties were fully resolved to the satisfaction of both parties

3. I felt comfortable with how the supervisor gave me feedback on my work

NO

YES, although sometimes I struggled with how to implement the feedback

YES, and appropriate, constructive feedback was given that I was able to utilize and incorporate into clinical practice and my developing clinical style

4. The supervisor concentrated on my training needs during supervision and was interested in my growth as a clinician

NO

YES, my training needs were attended to

YES, and we discussed my training needs on at least one occasion

YES, and incorporated my feedback regarding supervisory needs into supervision sessions and training throughout the rotation

Evaluation Form:
Placement Experience

Intern: _____ Supervisor: _____ Site: _____

Training Year: _____ Time Frame: _____

1. My supervisor helped me become familiar with agency policies, practices, and procedures

- NO
 YES, mostly through “in the moment” or “on the go” conversations
 YES, with regularly scheduled meetings

2. The supervisor was at supervisory meetings promptly and reliably

- NO
 YES, but was late more than 15 minutes more than 2 times
 YES, reliably on time, with minimal delays

3. The supervisor was available for “spot supervision”

- NO
 YES, with limited availability.
 YES, with clear communication about several available times throughout the week and frequent immediate availability for quick questions

4. The supervisor fostered good communication, respect and trust

- NO
 YES, indirectly fostered, through nonverbal communication and a comfortable climate
 YES, directly and indirectly fostered, including discussion of process issues in supervision as needed

5. We discussed difficulties in the supervisory relationship

- NA, no difficulties were noted by either of us
 NO
 YES, but we are still having difficulties
 YES, and I feel that we have better communication about these matters now
 YES, and difficulties were fully resolved to the satisfaction of both parties

6. I felt comfortable with how the supervisor gave me feedback on my work

- NO
 YES, although sometimes I struggled with how to implement the feedback
 YES, and appropriate, constructive feedback was given that I was able to utilize and incorporate into clinical practice and my developing clinical style

7. The supervisor concentrated on my training needs during supervision and was interested in my growth as a clinician

- NO
 YES, my training needs were attended to
 YES, and we discussed my training needs on at least one occasion
 YES, and incorporated my feedback regarding supervisory needs into supervision sessions and training throughout the rotation

8. The supervisor utilized my skills and previous training in a manner that was advantageous to the agency

NO

YES, though I see other opportunities that exist that may be a better use of my skills

YES, I feel fully utilized and that the supervisor appreciates how to integrate me into the agency's needs.

Comments: _____

Supervision Evaluation Form
Research Activities

Intern: _____ Supervisor: _____ Training Activity: _____

Training Year: _____ Time Frame: _____

1. My supervisor was available for research meetings/discussions

- _____ NO
- _____ YES, mostly through “in the moment” or “on the go” conversations
- _____ YES, with regularly scheduled meetings

2. My supervisor helped establish objective, clear goals for the research experience

- _____ NO
- _____ Partially
- _____ YES

3. My supervisor helped me develop my research idea

- _____ NO
- _____ YES, though I felt that these conversations could have been better matched to my developmental level (e.g., needed more or less guidance)
- _____ YES, and I felt these conversations were well matched to my developmental level

4. My supervisor helped me better understand practices, procedures, and resources available at OHSU

- _____ NO
- _____ YES, though I could have used more support
- _____ YES, and I felt I had sufficient support in this area

5. My supervisor has been timely with follow-through

- _____ NO
- _____ YES, though I've had to provide frequent reminders/prompts
- _____ YES, s/he has appropriately followed through on tasks/activities in a supportive and useful way

Comments: _____

APPENDIX IV

OHSU Grievance Policy

CHAPTER 2 - STUDENT AFFAIRS

STUDENT DISMISSAL, GRIEVANCE AND APPEAL PROCEDURE No. 02-30-050

**Effective Date: October 25, 1996; Revised March 7, 2001;
February 7, 2002**

1. Dismissals

A. OHSU schools and programs shall establish written dismissal, suspension and other policies and obtain the Provost's approval of such policies.

B. A student may be dismissed, suspended or otherwise affected under procedures established by the student's school or program.

2. Grievances

A. Each School and program shall establish grievance procedures and obtain approval of them by the Provost.

B. A student may grieve actions as determined by a student's school or program.

3. Right to Appeal

A. A student may appeal from a final dismissal, suspension, requirement to repeat a year of courses, or a final grievance decision by the student's school or applicable program to the Provost. Appeals to the Provost shall be filed in the Office of Student Affairs and may only be made upon the following grounds:

(1) The school or program failed to follow established procedures with respect to the decision appealed from and the error resulted in prejudice to the student;

(2) New material information is available that could not have been presented at the time of the proceedings at the school; or

(3) The decision is in conflict with applicable laws, rules or OHSU policies.

B. Appeals to the Provost shall be in writing only and the appeal must be submitted within thirty days of the student's notification of the school or program's decision.

C. The Provost may appoint an advisory committee to review the appeal. If appointed, the committee shall consist of four faculty members consisting of one faculty person each from the Schools of Medicine, Dentistry, Nursing and the OGI School of Science and Engineering. The committee shall review the appeal of the case and make a recommendation to the Provost within thirty days of the date the appeal is received by the Office of Student Affairs.

D. The Provost shall review the matter within ten working days of the date of the recommendation if an advisory committee is used, and within thirty days otherwise, and notify the student of the decision. The decision of the Provost is final.

4. OHSU Policy No. 02-30-075 and 02-30-090 are repealed.

Background:

- OAR 580-22-045
- Policy No. 02-30-075, repealed 2/7/02
- Policy No. 02-30-090, repealed 2/7/02

Related policies, procedures and forms:

Responsible office: Office of Student Affairs
