

# **North Philadelphia Health System Girard Medical Center**

## **Doctoral Internship in Clinical Psychology Handbook**

**2017-2018**

**Psychology Department  
801 W. Girard Ave, ADC Building  
Philadelphia, PA 19122**

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## **Introduction**

The Psychology Department at Girard Medical Center of North Philadelphia Health System, offers a clinical training program in psychology across all levels of graduate degree training, including a Doctoral Internship in Clinical Psychology. The Training Program is organized and monitored by the Department of Psychology. Doctoral Internships begin July 1 and end June 30, conducted on a full-time (2000 hours) basis.

Clinical activities are conducted within the Department of Behavioral Medicine at Girard Medical Center, located in North Philadelphia. The Director of the Outpatient Psychiatry Clinic provides oversight of the integration and integrity of the clinical and training aspects of the interns' experience, including supervision and consultation of clinical work.

Our Training Program is unique in that it provides intensive, direct clinical service working within multi-disciplinary teams, across all levels of care, with program participants (18 years and older) at all levels of ego functioning, and across all stages of change. The Training Program is based out of the Outpatient Psychiatry Clinic, where each training clinician provides a range of services within the clinic, including diagnostic interviews, intervention planning, and individual and group therapy. Clinicians also provide ongoing collaboration of care regarding participants who are dually enrolled in the Outpatient Psychiatry Clinic and outpatient or residential addictions programs. They also support the therapeutic milieu and staff development on the residential units, and when needed may assist in providing a group or other clinical services on these units.

In addition, each Doctoral Intern provides clinical services as part of an interdisciplinary treatment team on one of the inpatient psychiatry units. These clinical activities include individual and group therapy, participation and interventions in the milieu, team meetings, psychological testing/consultation, therapeutic community meetings, staff training, and program development. In addition to clinical activities, all Doctoral Interns participate in a core curriculum of seminars and supervision, including didactics, case conference, team meetings and clinical roundtable, and individual supervision.

This Handbook provides an overview of the training program, including background and philosophy; organization and content of the training experience; leadership; policies and procedures; selection process; and evaluation procedures.

## **Accreditation and Memberships**

Girard Medical Center is accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA). We are a member of the American Hospital Association, the Hospital Association of Pennsylvania, the Delaware Valley Hospital Council and the Catholic Hospital Association.

**Accreditation Status.** Girard Medical Center's Doctoral Internship in Clinical Psychology is accredited by the American Psychological Association (APA). Initial Accreditation was 12/2/2016, with the next site visit scheduled for 2021. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
<http://www.apa.org/ed/accreditation/index.aspx>

**APPIC Membership Status.** Girard Medical Center is a participating member of APPIC.

### **Background and Philosophy**

The Training Program was developed to respond to local doctoral programs and doctoral psychology students who need a local internship, the desire to enrich our programs through infusion of advanced trainees throughout the hospital, and the desire to foster the interest and skills of future psychologists to provide high quality services to this underserved population.

### **Aim**

The aim of our Training Program is to train doctoral level interns to provide evidence-based psychological services, working within multi-disciplinary teams, across all levels of care, level of functioning, and stages of change. Interns receive instruction, clinical experience, and supervision designed to facilitate the achievement of several major goals (Clinical Knowledge and Skills, Scholarly Attitude, and Professional Conduct and Identity) and related competencies. It is expected at the conclusion of the training experience doctoral interns will have mastered competency for entry level practice, with minimum rating of each competency at High-Intermediate Competency, with supervision needed only for non-routine cases.

### **Philosophy**

The Training Program is based upon a practitioner-scholar model of clinical practice. It provides an opportunity for interns to develop and refine clinical knowledge and skills in the areas of diagnosis, assessment, psychotherapy/intervention and the integration of advanced concepts. The training program values knowledge and skills, as well as scholarly attitude development, professional behavior, and integration into the professional community. In particular, the training program encourages social and diversity awareness/appreciation, ethical reasoning, scholarly inquiry, critical thinking, familiarity

with biopsychosocial and psychotherapy research, and professional development which are integrated into clinical activities and discussions. In addition, interns are encouraged to maintain effective coping skills and respectful, professional relationships with all program participants and colleagues.

## **Mission**

*Staff, program participants, and community  
working together  
to thrive  
for ourselves, each other, and the greater whole.*

In the spirit of service-learning, the psychology department provides a broad and integrated training experience that services the GMC community, while enhancing the quality of care, interdisciplinary experience, and passion for learning throughout the hospital. The psychology department aims to educate clinicians toward the highest standards of clinical practice consistent with local, state, and national regulatory agencies and professional organizations; empirically supported treatment processes; and humanistic and existential values and standards of care.

Our mission is to train professional psychologists and other mental health practitioners who are able to effectively integrate the objective and subjective aspects of care, in order to engage, evaluate and provide clinical interventions to a diverse clinical population

- at all levels of functioning and stages of change
- in outpatient and inpatient levels of care
- in an interdisciplinary behavioral healthcare environment
- with clinical skill, subjective understanding, and compassion. (Revised 12/2015)

## **Implementation of Our Mission**

The development of clinical skills is fostered in the areas of comprehensive biopsychosocial evaluation, individual psychotherapy, group psychotherapy, and psychological testing. Using person-centered, transformation, and recovery-based models of care; an informed, transtheoretical approach; and evidence-based and empirically supported practices as guiding principles, Outpatient Clinic services integrate a variety of treatment orientations and services, including cognitive, behavioral, existential, humanistic, and psychodynamic theories and techniques; trauma-informed services; and referrals for public sector services. These approaches are offered with an appreciation of advanced concepts, including process awareness, relationship, subjectivity, mindfulness and presence, intentionality, finitudes, coping resources, personal authority and choice, self-activation, and the ways in which changes are manifest in daily life. We recognize that an underlying premise in our services is that they will maximize the ability to change something which is interfering with self-healing, functioning and quality of life. As partners in this change process we recognize our responsibility to be mindful of how our services will activate change processes; and how to

adapt interventions to an individual participant's concerns, stage of change, and preferred levels of change (symptoms, cognitions, interpersonal, family/systems, and intrapersonal). And finally, in developing programming we seek to ensure that each person has the opportunity to experience these change processes in the format most helpful to them.

Our model of training includes the following components:

**Hands-on Experience.** In order to achieve proficiency and, ultimately, independence in clinical work, residents, interns, and practicum students require immersion in direct participant care. Each increased level of training includes additional leadership responsibilities and leadership development, such as representing the psychology department on treatment teams, coordinating a psychology team on a unit, and supervising trainees earlier in their own training.

**Supervision.** Our training model emphasizes intensive supervision, substantial in both quality and quantity, and tailored to the needs of residents, interns, and practicum students at each training discipline. We believe that close supervision is imperative to build clinical skills, identify and correct problems, alleviate insecurities, and resolve concerns as clinicians assume direct clinical responsibility.

**Heterogeneity.** In order to practice within an urban medical center, training requires familiarity with the many roles that psychologists may assume. Accordingly, residents, interns, and practicum students train in various services provided across each level of care within a behavioral health hospital and obtain clinical experience with a heterogeneous program participant population. Clinical caseloads include program participants of various ages over 18, ethnicity, occupational backgrounds, and socio-economic level. Levels of functioning range from participants with severe mental illness and dual diagnoses to participants experiencing more immediate concerns.

To practice within a medical center, clinicians need knowledge about the full range of treatment techniques and their proper application. Training staff are introduced to a variety of treatment modalities, and are trained in evidence-based, cognitive/behavioral, humanistic/existential and psychodynamic psychotherapy. The supervising and training staff represents a broad range of orientations and clinical specialties. Staff members are able to familiarize trainees with the array of clinical sub-specialties.

**Public Sector/Cultural and Economic Diversity.** Girard Medical Center is located within lower north Philadelphia. Responsible and competent service to this population mandates that each clinician becomes educated about the local environment and the needs of its people. Thus, our program addresses the topics of cultural and economic diversity in several ways: through supervision, didactic seminars, assigned readings, and group discussions.

The training program, as well as Girard Medical Center, is committed to promoting and respecting diversity among training staff. We recruit trainees and supervisory staff with varied backgrounds and histories. We believe that this mix of personal and demographic characteristics enriches our program, fosters learning, and contributes to the quality of service we can provide for the diverse populations we serve.

**Ethical Principles and Professional Behavior.** The importance of practicing ethically as well as skillfully is stressed in our model, and reference to ethical principles is woven through every venue of instruction, including supervision, case conference, and didactics. Supervisors and interns sign a Statement of Understanding (see Appendix A) which includes statements agreeing to abide by the APA Ethical Standards of Psychologists and Code of Conduct, and to identify and discuss in supervision any legal, ethical, and professional issues or concerns relevant to clinical work and training. They also sign a department policy regarding Ethical Conduct (see Appendix B)

## **Training Site**

### **Girard Medical Center**

The Doctoral Internship is based out of Girard Medical Center, a private hospital that provides psychiatric and addiction services for lower north Philadelphia and surrounding communities. The community has a highly diverse population and thus provides a rich sociocultural experience for clinical training. Participants serviced by GMC include African American (55%), Caucasian (40%), and Hispanic (15%) adult participants 18 years and older, typically with low income and limited education; diagnosed with co-occurring psychiatric disorders and addictions, and with history of significant and persistent violence and trauma. Approximately 65% are male, 35% female, and an unknown percentage are transgender. Approximately 75% are diagnosed with co-occurring disorders, 15% are diagnosed with a mental health diagnosis without a substance use disorder, and 10% are diagnosed with a substance use disorder without a mental health disorder. For those with substance use disorders, 85% have multiple drugs of choice, and their primary drug of choice includes opiates (65%), cocaine (20%), benzodiazepines (10%), alcohol (5%).

Under the banner, “We Care for the Community”, Girard Medical Center houses what is likely the most complete behavioral health continuum in Pennsylvania. It is a vital part of GMC’s ability to serve a community with multiple and complex needs, and is comprised of a comprehensive continuum of outpatient and inpatient/residential psychiatric and addictions services, offering stabilization as well as programs for ongoing and long-term recovery.

The Mission and initiatives of GMC are consistent with the mission of the Training Program as well as the overall behavioral healthcare system transformation taking place in Philadelphia.

**Mission of GMC.** We provide effective, evidence based behavioral health services to participants that inspires hope, encourages change and improves our community. We offer these services in a manner that is spiritually and culturally sensitive and responsive to community needs.

**Vision of GMC.** We strive to be the region's premier provider of a continuum of Behavioral Health Services.

**Values of GMC.**

**Choice:** Recognizing and supporting the participant's right to decide

**Hope:** Expecting and embracing change

**Integrity:** Doing the right thing because it is the right thing

**Respect:** Listening to the concerns and needs of our customers

**Professional:** Providing care with skill, good judgment and polite behavior that is expected by a person who is trained to do a job well

Girard Medical Center traces its beginning to 1877 when Children's Ecmeopathic Hospital opened on 8<sup>th</sup> and Popular Streets. The hospital merged with St. Luke's Industrial Dispensary in 1927 to form St. Luke's & Children's Hospital. In the late 1930's the hospital began providing treatment for alcoholism – one of the first hospitals to do so. The hospital was renamed for its medical director in 1978 and called James C. Giuffre Medical Center. In 1989 the name was changed to Girard Medical Center.

On August 17, 1990 two competing hospitals, Girard Medical Center and St. Joseph's Hospital, consolidated to form North Philadelphia Health System. In March 2016, St. Joseph's Hospital closed their medical/surgical care services and integrated fully on the Girard Medical Center campus. Detox and Med Reb services moved to Girard Medical Center's campus and the behavioral health services were expanded.

Adapting to the needs of the community it serves, North Philadelphia Health System offers a myriad of services. Girard Medical Center is unique in the Delaware Valley in that it offers a comprehensive continuum of care in addiction and psychiatry services, including detoxification, residential, inpatient, intensive outpatient, and outpatient services.

There are a total of three buildings on the GMC campus: the Main Building which houses Residential Programs for Addictions; the Tower building which houses Outpatient Programs for Addictions; and the ADC Building which houses the Behavioral Access Center (BAC), and the Outpatient and Inpatient Psychiatry Programs.

Location:  
801 W. Girard Avenue  
Philadelphia, PA 19122  
215-787-2407

### **Psychiatry Services**

All Psychology Interns provide the full range of psychology services (bio psychosocial evaluation, individual psychotherapy, group psychotherapy, and psychological testing) to program participants in outpatient and inpatient psychiatry.

**Inpatient Psychiatry.** All interns work on one of three inpatient psychiatric units, with approximately 60 beds. All program participants are adults over age 18, with psychiatric diagnoses predominantly severe, including bipolar disorder, recurrent major depression, schizoaffective disorder, and schizophrenia, with most also diagnosed with PTSD and substance use disorders. Length of stay ranges up to a year or more. The majority of participants are involuntarily committed following court proceedings.

**Outpatient Psychiatry Clinic.** All interns are based out of the outpatient psychiatry clinic, which is located on the 1<sup>st</sup> floor of the ADC Building. As of Dec, 2015, the Clinic had 383 active participants, including 172 in therapy. Over the prior year, the clinic had 433 admissions, with an average of 17.5 psychology visits and 12.9 psychiatry visits per day for an average of over 650 sessions per month. Approximately 84% are insured by Medicaid with the remainder primarily insured by Medicare. The length of stay on average is approximately 4.7 months, with approximately 46% of active clients receiving services less than one year, and of those staying past 1 year most of them stay for 4 or more years. Approximately 37% of current active clients have been in treatment at the clinic for 4 years or more (Dec, 2015).

### **Residential Services for Addictions**

Addictions services includes medically based detoxification and rehabilitation; three Residential units for Co-occurring Disorders (a Residential Treatment Facility for Adults; and Miracles in Progress I & II programs for chronically homeless men); four Residential units for Addictions (including programs for Women, Latino Men, and those referred by the court systems and individuals seeking medication assisted treatment); and outpatient substance use programs, including services with and without medication assisted treatment. In these programs, there are approximately 658 participants in Goldman Methadone Assisted Treatment Program, 61 participants in IOP/CAP, and 120 in the Residential Addictions Programs.

Over 90% of the participants in the Outpatient Psychiatry Clinic are referred from the residential and outpatient addictions programs, and therefore are at least initially dually



enrolled in psychiatric and addictions services. Similarly, participants may transition between outpatient and inpatient psychiatric programs over the full course of treatment. Therefore, interns collaborate closely with multidisciplinary treatment teams throughout Girard Medical Center, coordinating the care of dually enrolled participants and ensuring a smooth transition of those transitioning between programs.

**Detoxification & Rehabilitation Unit.** The detoxification and rehabilitation unit provides short term detoxification and residential rehabilitation on a medically managed hospital unit.

**Miracles in Progress I & II (Journey of Hope Program for Chronically Homeless Men).** These programs for dually diagnosed chronically homeless men are implemented based on a recovery therapeutic community model which focuses on issues identified by the participant as important in maintaining long-term recovery. Community reintegration is an integral part of the programming, and therefore program participants are encouraged to participate in local social, cultural, and spiritual activities. Staff serve as partners in the recovery journey, rather than as leaders.

**RTFA- Residential Treatment Facility for Adults.** The RTFA provides residential treatment for program participants with chronic and pervasive mental illness and co-occurring substance abuse or dependency.

**The Return Programs.** The Return Programs provides a short and long term residential rehabilitation unit for program participants with a history of addiction and many with co-occurring mental illness. These programs address the overall lifestyle problems of the residents in addition to their illnesses and their relationship to criminal behavior.

**Torre De La Raza.** Torre Del La Raza provides short and long term treatment to male Latino program participants who are monolingual or bilingual who present with addiction disorders. The unit places an emphasis on providing a culturally appropriate therapeutic environment for participants who have in the past faced language and cultural barriers when seeking treatment.

**Women Helping Other Women.** This Women's Residential Program provides short and long-term residential treatment for women who present with addiction disorders, and many with co-occurring mental illness.

### **Outpatient Addictions Programs**

**Goldman Clinic.** The Goldman Clinic includes a Methadone Maintenance Program serving over 600 participants. Methadone substitution therapy is a treatment of last resort for opiate dependent individuals who have not been successful with other types of treatment.

**IOP/CAP.** When discharged from the residential addictions programs, participants often attend groups several times a week in an Intensive Outpatient Program located in the Tower Building.

An increasing number of program participants are utilizing other medicated assisted treatments, including Vivitrol or Suboxone.

### **Objectives of the Training Program**

1. To provide to Psy.D. and Ph.D. students a comprehensive, quality doctoral internship and residency training program which meets the training standards of the Association of Psychology Doctoral and Internship Centers (APPIC), the American Psychological Association (APA), and the PA State Psychology Board requirements for doctoral internship and residency experience.
2. To support local masters and doctoral programs by offering practicum placements, internships, and residencies to their students and graduates.
3. To provide a training program in which practicum students, interns and residents address their professional development needs and interests while acquiring skills, knowledge, and scholarly values related to training and licensure in clinical and counseling psychology.
4. To provide interdisciplinary training opportunities in a variety of programs with diverse populations, and develop both broad and specialized assessment, diagnostic, intervention, and consultation skills.
5. To provide students a learning community of peers who come together to share learning activities and discuss training experiences to learn from and support each other.
6. To provide hierarchical peer mentoring opportunities through clinical teams integrated in each clinical rotation, and consisting of a licensed psychologist, resident or intern, and practicum students.
7. To provide opportunities to train and mentor with multiple psychologists, psychiatrists, and other healthcare providers across other disciplines.
8. To foster the passion and skills for trainees to continue to pursue a career that includes service to underserved populations.
9. To facilitate the development of a scholarly attitude, professional behavior and identity, professional involvement in the local community, and a desire to contribute to the greater whole/community.

### **Program Aim, Goals and Competencies**

The aim of our Training Program is to train doctoral level interns to provide evidence-based psychological services, working within multi-disciplinary teams, across all levels of care, level of functioning, and stages of change. Interns receive instruction, clinical

experience, and supervision designed to facilitate the achievement of several major goals (Clinical Knowledge and Skills, Scholarly Attitude, and Professional Conduct and Identity) and related competencies. It is expected at the conclusion of the training experience doctoral interns will have mastered competency for entry level practice, with minimum rating of each competency at High-Intermediate Competency, with supervision needed only for non-routine cases.

### **Program Goals and Competencies**

\* Program-Specific Competencies

- Goal 1-** Clinical Knowledge and Skills:
- i. Evidence-Based Diagnostic Interviewing\*
  - ii. Evidence-Based Assessment
  - iii. Evidence-Based Intervention
  - iv. Integration of Advanced Concepts (Self and Other)\*
  - v. Supervision
- Goal 2-** Scholarly Attitude
- i. Individual and Cultural Diversity
  - ii. Professional Values, Attitudes, and Behaviors
  - iii. Research
- Goal 3-** Professional Conduct and Identity
- i. Communication and Interpersonal Skills
  - ii. Consultation and Interprofessional/Interdisciplinary Skills
  - iii. Ethical and Legal Standards

### **Clarification of Goals and Competencies**

Intern will achieve competence appropriate to their professional development level in the following areas:

- Goal 1-** **Clinical Knowledge and Skills.** To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized diagnostic interviewing, assessment, intervention, consultation, and supervision skills;

#### **Competency 1: Evidence-Based Diagnostic Interviewing**

Interns will be able to conduct a detailed biopsychosocial evaluation, make a DSM-V clinical diagnosis, write a case conceptualization, and make appropriate and timely disposition for services. This competency is a Program-Specific Competency which includes:

- Diagnostic Interviewing
- Diagnostic Classification and Diagnosis
- Case Conceptualization, Recommendation, and Case Disposition

### **Competency 2: Evidence-Based Assessment**

Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### **Competency 3: Evidence-Based Interventions**

Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of treatment orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Demonstrate the ability to apply the relevant literature to clinical decision making; and
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

#### **Competency 4: Supervision**

Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

#### **Competency 5: Integration of Advanced Concepts (Self and Other)**

Interns will be able to conduct psychotherapy within outpatient, inpatient, and residential settings utilizing psychodynamic perspectives of dynamics, development, and relationship; humanistic/ existential process-oriented perspectives of subjectivity, intentionality, and relationship; and cognitive/behavioral assessment and interventions. This competency is a Program-Specific Competency which includes:

- Use of Process
- Subjectivity/Presence
- Intentionality
- Relational Dynamics
- Intrapsychic Dynamics
- Use of Countertransference

**Goal 2-** **Scholarly Attitude.** To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research;

#### **Competency 6: Individual and Cultural Diversity**

Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community; Interns will demonstrate individual and cultural

diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

### **Competency 7: Professional Values, Attitudes, and Behaviors**

Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

### **Competency 8: Research**

Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

### **Goal 3-**

**Professional Conduct and Identity.** To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

### **Competency 9: Communication and Interpersonal Skills**

Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

### **Competency 10: Consultation & Interprofessional/Interdisciplinary Skills**

Interns will engage in ongoing consultation and coordination of care with intra- and inter-disciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

- Demonstrate knowledge and respect for the roles and perspectives of other professions
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

### **Competency 11: Ethical and Legal Standards**

Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

- Be knowledgeable of and act in accordance with each of the following:
  - The current version of the APA Ethical Principles and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

### **Implementation**

Professional skills and attitudes are developed and internalized through mentoring, supervised clinical practice, relationship with clients and colleagues of diverse backgrounds, didactic training, scholarly inquiry, and opportunity to work with professionals from other disciplines. Therefore, the program is structured so that practicum students, interns, and residents assume increasing clinical responsibilities in the context of appropriate supervisory support and professional role modeling; work with diverse populations and the professionals from other disciplines; participate in didactic training regarding clinical topics and professional issues; present assessment and psychotherapy teaching cases; and interact with and learn from a variety of peers and supervisors across multiple programs and rotations.

### **Sequential and Developmental**

The program structure of our clinical training program is sequential and developmental, including differences in the intensity of training, roles, and responsibilities across training years (practicum vs. internship vs. residency), as well as developmental changes across the internship training year. In addition, some aspects of the training experience are tailored to each intern's skill level, interests, career goals, and development across the training year.

For example, a practicum student is on-site 20 hours per week; attends orientation and occasional didactic trainings on site; sees approximately 5-8 clients per week in the outpatient clinic; and when ready may co-lead groups and see individuals on an inpatient unit. Psychology interns are on-site 40 hours per week; attend orientation and weekly didactics and case conference tailored to intern level training needs across the training year; provide the full range of clinical services to clients in the outpatient clinic and inpatient psychiatry across the



training year; have additional responsibilities and leadership as a member of the treatment team on a unit; collaborate care and communication between the psychology department and other programs; co-lead groups on inpatient units; mentor practicum students and counseling interns (in master's programs); and provide training and consultation to other clinical staff.

The sequential, developmental changes across the internship training year are evident across each stage or quarter of the training year.

**1: Engagement.** During the initial stage, the staff provide opportunities to meet the interns' initial needs for Belonging and Learning. Through the hospital, behavioral, and psychology department orientations; didactics; case conference; and supervision, Interns learn about roles and expectations; the program, setting, population, staff, treatment teams, and norms; nuances of engaging clients with SMI and addictions; and coordination of care across disciplines and programs. Clinical work begins with didactic training, observation of current staff and supervisors, followed by transition to clinical activities with initial close supervision and increasing autonomy. Typically, supervision includes working on engagement of participants, understanding unique aspects of the population, collaboration of care with treatment providers throughout the hospital, and writing progress notes, treatment plans, and case summaries. Supervision is also provided regarding adjustment to leadership roles, professional identity development, and interpersonal leadership skills.

**2: Immersion.** During the 2<sup>nd</sup> quarter, the staff provide increasing opportunities for Learning and Contributing. Interns begin to understand more fully the aspects of care unique to this setting and population, learn about standards and regulations in public mental health, and participate in performance improvement projects and preparations for inspections. In addition, their own unique individual training interests and needs begin to become apparent to the Director and Supervisors, who begin to identify training opportunities (i.e. testing and clinical cases, clinical experiences, projects, etc.) unique to each intern. They begin responding to testing consults, mentored more closely through the first 1-2 cases. By the end of the second quarter, they typically have a full caseload, are participating fully on their treatment teams, and are moving into more leadership roles on the teams. They typically are more familiar with staff on the residential units, outpatient addictions, and in the community, and collaborate more fully with interdisciplinary teams regarding dually enrolled clients. And by the end of this quarter, Interns begin to mentor practicum students via co-leading groups, shadowing in clinical activities, and providing support. Some interns begin to provide consultation, support and trainings for other hospital staff within their areas of interest and expertise.

**3: Professional Development.** The 3<sup>rd</sup> quarter is characterized by more professional development, including planning and applying for post-doctoral programs, developing self-study routines, and providing trainings, mentoring, and supervision. In didactics and case conference they develop more advanced clinical skills, deepen their understanding of relationship and process, learn and participate in psychotherapy process and outcome research, and become more comfortable and adept at testing case conceptualization and test interpretation. They may participate more fully in program development, performance improvement projects, and/or milieu development based on unique skills and interests.

**4: Transition.** The final quarter is characterized by refining of skills and training goals, preparation for post-doctoral training and licensure, and transition of care of clients. Didactics

and case conference address professional development, termination, and the clinical and administrative aspects of transition of care. They offer a teaching case conference to hospital staff, provide mentoring to other clinical staff, and identify ways they may leave a legacy of program improvement.

In addition, staff evaluates interns progressively across the year, monitoring progress developmentally. Quantitative aspects such as the amount of direct service experience, testing experience, supervision, and attendance at didactics and learning activities are monitored closely and documented on each quarterly evaluation. Achievement of competencies and goals are evaluated on a scale from 1-5, with increasing competency and less frequent supervision expected as the rating increases. A rating of 4 is expected at the completion of internship.

### **Organization and Content of Training Experiences**

The Training Program offers a wide range of clinical experience. All interns provide individual and group therapy in the outpatient clinic and on an inpatient psychiatric unit; provide testing/consultation services; participate in didactic training and supervision; and may provide additional services within other programs in the hospital. Each trainee has a Primary Supervisor whose role is to oversee the training experience in its entirety. This Primary Supervisor develops individual training goals, completes and reviews quarterly evaluations of competencies and individual training goals, and is available to discuss all aspects of the clinician's experience during the program year.

### **Schedules**

Internships begin July 1 and end June 30, and are completed on a full-time basis (2000 hours). During the Department Orientation, the Director collaborates with Interns and Supervisors to outline a specific schedule of activities and supervision hours based on each Interns responsibilities and activities.

The Outpatient Clinic is open between 8:15am and 4:45pm, and staff are expected to be on site during this time. Doctoral Interns are on the Clinical Placement 5 days a week M-F (full-time, 40-45 hours per week), meeting with staff at 8:15am in a shared Flash meeting for all department members, and ending at 4:45pm after another Flash meeting for department members. Morning flash meetings are brief meetings (approximately 15 minutes) to review announcements and plans for the day, including announcing treatment plans due, arranging coverage for groups and treatment teams when staff are sick, and responding to questions and needs for the day. Afternoon flash meetings are brief meetings (approximately 15 minutes) to review announcements, process events of the day, log activities and attendance, ensure all documentation is completed and signed, and end the day with team support and humor.

In addition, staff typically come in early and/or stay late to complete paperwork; they are expected to stay until services, documentation, and disposition of program participants are

complete. Even though staff responsibilities and workloads are relatively high, staff who can effectively prioritize, organize information and time, focus on their work throughout the workday, are typically able to complete work and leave at 4:45pm on a consistent basis. However, a few staff occasionally choose to complete final paperwork at the end of the day and stay until 5:30pm or 6pm to complete final documentation.

Therefore, Interns are on site approximately 45 hours a week; this also helps to ensure that they complete and log 2000 hours while taking a total of 16 PPL days (including holiday, vacation, and sick days).

### **Direct Service**

Psychology Interns maintain a minimum of 8-15 hours of direct service per week in the outpatient clinic, in addition to an individual caseload on an inpatient unit of 5-8 individuals seen 2-3 times a week, and groups on the inpatient unit. The Director adjusts these expectations when interns have relatively larger or smaller caseloads and responsibilities on other units.

### **Core Clinical Experience**

The clinical placements provide broad and general training and allow development of specialty skills, work with diverse populations, and participation on interdisciplinary teams. Trainees will typically work with multiple supervisors and peers at any one time. The Primary Supervisor typically remains the same throughout the year, but the other supervisors and team members may change depending on the services provided and training needs of the intern. Interns work in outpatient and inpatient psychiatry, and may provide additional clinical services on residential addictions units as needed.

Core Clinical Activities include:

1. Outpatient Clinic
  - a. Intakes
  - b. Individual Psychotherapy
  - c. Group Therapy
  - d. Clinical Support for Medication Management Services
2. Inpatient Psychiatric Unit
  - a. Group Therapy
  - b. Individual Therapy
  - c. Treatment Team
  - d. Behavioral Plans and Interventions
  - e. Psychological Testing
  - f. Milieu Support
3. Consultation
  - a. Psychological Testing
  - b. Staff Trainings

## **Outpatient Clinic**

**Individual Caseload.** The Primary Supervisor supervises the student on all therapy cases within the Outpatient Clinic, unless specific activity is explicitly designated to a secondary supervisor with specialized training related to a clinical activity. Clinicians maintain a caseload sufficient to maintain minimum weekly direct service within outpatient at 8-15 hours per week. Clinicians maintain regular contact with program participants, update contact information and secondary contacts, and make confirmation calls to remind program participants of their appointments.

**Clinical Support for Medication Management Services.** Clinicians complete Consent Forms, Intervention Plans, and Treatment Summaries as needed for participants seeing the psychiatrist for Medication Management.

**Group Therapy.** The Clinician helps provide a welcoming environment, fosters a sense of community milieu, and offers groups for participants to attend. Participants are assessed on Stage of Change and encouraged to attend services consistent with their stage of change and ability to utilize specific services. Most groups are open groups, available to those assessed as suitable for the particular stages of change served by the group.

## **Inpatient Psychiatry Unit**

As part of the core experience for all interns, each intern provides group and individual therapy, provides behavioral plans and interventions, conducts psychological testing, provides milieu support, and attends treatment team as needed on one of the inpatient psychiatric units throughout the year. For safety reasons, Interns who are pregnant, and those who have injuries or circumstances which may contribute to safety concerns, will not be assigned to this unit/clinical activity.

## **Consultation: Psychological Evaluation and Testing (PRN)**

Biopsychosocial evaluations and testing are an integral part of the assessment and intervention process at the Medical Center. Each trainee completes one or more comprehensive biopsychosocial evaluations each week in the outpatient psychiatry clinic, and these evaluations include a MMSE and self-report measures to assess distress, trauma, and other areas relevant to the presenting problem. Outcome measures, working alliance inventories, and other clinical measures are also utilized at regular intervals to assess progress and need for modifications to the treatment plan.

In addition, Interns provide consultation services, including psychological testing, to program participants throughout Girard Medical Center. Each doctoral intern completes a minimum of 3 comprehensive batteries and reports for the year. Program participants to be tested are chosen to provide a balance of experience and include participants with

severe acute and chronic disorders, participants in ongoing outpatient therapy, and participants requiring cognitive assessment.

### **Supervision**

All Interns receive a minimum of 4 hours of supervision per week, including individual supervision by a licensed psychologist a minimum of 2 hours per week, as well as 1-2 hours per week of live supervision of intake interviews. In addition, all interns participant in 1 hour of case conference, and 1 hour of team meeting regarding high risk clients. They also meet twice daily for 15 minutes of administrative supervision. In addition, interns are periodically observed in treatment team meetings, therapy groups, and other clinical activities.

Core curriculum supervision is provided by the Primary Supervisor and consists of supervision of all services provided including diagnostic evaluations, individual and group therapy, consultation, and psychological testing. The Primary Supervisor facilitates a smooth transition and collaboration of activities across all programs, works with the intern to develop sequential training goals, and provides 2 hours of individual supervision a week, one hour which may be delegated to a Secondary Supervisor.

All Interns receive additional supervision from Secondary Supervisors, which includes live supervision of intake interviews, case conference/group supervision, co-leading group, shadowing, or meeting individually depending on the training needs of the intern.

### **Group Activities**

Interns and Residents participate in weekly Didactic Seminar (2 hours), Teaching Case Conference/Group Supervision (1 hour) and Outpatient Treatment Team (1hour). In addition, interns and residents participate in other scholarly research and learning activities, on-going peer socialization activities, and other staff trainings.

### **All Hands Staff Flash Meetings/Administrative Supervision**

All interns also attend twice daily flash meetings (approximately 2 hours per week) for administrative supervision, supervised by 1-4 psychologists. Monday through Friday mornings at 8:15am staff meet briefly for a 10-15 minute All Hands Flash Meeting to review case disposition, announcements and immediate plans for the day, including announcing treatment plans due, arranging coverage for groups and treatment teams when staff are sick, and responding to questions and needs for the day. The staff meet again at 4:30pm to discuss announcements, process events of the day, log activities and attendance, ensure all documentation is completed and signed, review plans for the following day, and end the day with team support and humor.

## **Timely Completion of all Clinical Work and Documentation**

Staff are expected to stay until services, documentation, and disposition of program participants are complete. Even though staff responsibilities and workloads are relatively high, staff who can effectively prioritize, organize information and time, and focus on their work throughout the workday are typically able to complete work and leave at 4:45pm on a consistent basis. A few staff occasionally choose to complete final paperwork at the end of the day and stay until 5:30pm or 6pm to complete final documentation. Rarely do clinical staff need to stay late at work, but staff are expected to stay as long as it takes to complete their work, to assist with projects prior to audits or credentialing 2-3 times a year, and to assist with a crisis and/or if a program participant the clinician is working with is referred for admission to inpatient care. If a staff member begins to have difficulty completing the work on a regular basis, the Director invites the staff member to openly seek support and is available to help to identify problem areas, prioritize or modify responsibilities, etc. to ensure that the workload is manageable.

### **Requirements**

1. 2000 hours of clinical training logged by Interns and Residents in Time2Track and signed by the Supervisor.
2. Development of sequential training goals at the start of the year, and satisfactory evaluations of competencies and individual training goals provided and reviewed four times a year, with a minimum rating of “4” expected at completion of internship.
3. A minimum of 25% of hours will be Direct Face-to-Face Service with clinical activities including treatment, assessment, and psychological testing (including minimum of 3 comprehensive batteries and comprehensive integrative reports).
4. 2 hours per week of individual supervision by a Doctoral Level Licensed Psychologist who meets supervision standards required by the Pennsylvania Board of Examiners in Psychology.
5. Participation in at least 90% of didactic training activities.
6. Participation in ongoing professional socialization and peer support activities with the intern-resident cohort and the hospital staff.

## **Overview of Clinical Training and Expectations**

Major Rotation (Outpatient or Inpatient Psychiatry)	45%
Secondary Rotation (Inpatient or Outpatient Psychiatry)	25%
Other Clinical Activities (Testing Consults, Projects, Trainings)	5%
Learning Activities Supervision	25%

Didactics  
Staffing/Team  
Admin/Flash

75% of intern time is spent in clinical activities, with specific distribution of time dependent on the rotation assignment. Interns spend approximately 45% of their time (18 hours) in the Outpatient Clinic or Inpatient Unit, depending on which is their major rotation. They spend approximately 25% of their time (10 hours) in the other location. Approximately 5% of time (2 hours) is spent responding to testing consults, attending treatment team, completing PI or community projects, or providing consultation, supervision, or staff training. The remaining 25% of their time (10 hours) is spent in learning activities, including a minimum of 4 hours of supervision per week, including individual supervision a minimum of 2 hours per week, 1-2 hours per week of live supervision of intake interviews, 1 hour of case conference, and 1 hour of team meeting regarding high risk clients. In addition, interns are observed in treatment team meetings, therapy groups, and other clinical activities. Interns also participate in weekly Didactic Seminar (2 hours). Interns also engage in other scholarly research and learning activities, on-going peer socialization activities, and other staff trainings.

Interns maintain a minimum of 8-15 direct service contacts/sessions per week in the outpatient clinic, in addition to their group and individual caseload on the inpatient units. The Training Director adjusts these expectations when interns have relatively larger or smaller caseloads and responsibilities on other units.

**Inpatient Major-Outpatient Minor vs. Outpatient Major-Inpatient Minor.** The primary difference in intern experience is one of relative emphasis rather than different clinical experiences. Interns spend approximately 25-45% of their time on the inpatient units, and 25-45% of their time in the outpatient clinic. Interns designated as “Inpatient Major-Outpatient Minor” typically spend more time on the inpatient unit; they lead the treatment team on one of the inpatient units, lead or co-lead groups on the unit, see 7-8 individual clients on the unit 2-3 times per week; and have 8-12 individual or group sessions in the outpatient clinic. Interns designated as “Outpatient Major-Inpatient Minor” lead or co-lead groups on the inpatient unit; see 5-7 individual clients on the unit 2-3 times per week; attend treatment teams for their own individual clients on the

inpatient unit; and have 10-15 individual or group sessions in the outpatient clinic. Interns designated as “Outpatient Major-Inpatient Minor” typically have a few more clients or groups in the outpatient clinic, and have more involvement in program development or milieu support in the outpatient clinic.

Overall, interns participate in the same activities and achieve all of the core competencies. However, across the year the skills and interests of the interns sometimes become more distinctly specialized between inpatient and outpatient populations and settings.

### **Sample Intern Activities (Outpatient Rotation)**

\*totals more than 40 hours because 2 hours are overlapping due to observation of CBE's

#### **Outpatient Clinic (18.5 Hours):**

- Clinical Work: Individual & Group Therapy, Relevant Documentation (14.5)
- Comprehensive Biopsychosocial Evaluations (CBE)/Intakes (4)\*  
\*Includes 2 hours observed by a supervisor

#### **Inpatient Clinic (10 Hours):**

- Clinical Work: Individual & Group Therapy, Relevant Documentation (10)

#### **Consultation, Supervision, and Programming (3 Hours):**

- Responding to Testing Consults
- Interdisciplinary Collaboration of Care with Residential or Goldman Clinic Staff or Treatment Teams
- Mentoring or Supervising Practicum Student
- Program Development
- Performance Improvement
- Community Screening

#### **Supervision (8.5 Hours):**

- Individual Supervision (2)
- Observation of CBE/Intakes (2)\*
- Case Conference (1)
- Treatment Team of High Risk Cases (1)
- Flash Meetings- Administrative Supervision (2.5)
- [Lunch Meeting of Interns and Supervisors for Support and Program Feedback (.5)]

#### **Didactics (2):**

- Didactic Seminars (2)
- \*Additional time provided throughout the year for other trainings offered by GMC Staff, pharmaceutical companies, and local behavioral health agencies

	Monday	Tuesday	Wednesday	Thursday	Friday
8:15	FLASH MEETING				
8:30	OUTPATIENT CLINIC (OPC) Clinical Work (Individual &/or Group Therapy)				
9:00					
9:30					
10:00	INPATIENT UNIT (3ADC) Clinical Work (Individual &/or Group Therapy)				
10:30					
11:00					
11:30					



12:00	OUTPATIENT CLINIC- Clinical Work &/or Documentation			Support/Fdbk Lunch
12:30	LUNCH			OPC Clinical Work
1:00	OPC Clinical Work	OPC Clinical Work	OUTPATIENT CLINIC (OPC) CBE/ Intakes (1 hour of each is observed by supervisor)	
1:30				
2:00	OPC TEAM re: Hi Risk	SUPERVISION	Testing, Consultation, Supervision, Programming	DIDACTICS
2:30				
3:00	CASE			
3:30	CONFERENCE			
4:00	OPC Paperwk			
4:30	FLASH MEETING			
4:45	END OF WORKDAY			

## **Stipend, Benefits, Paid Personal Leave, and Weather Emergencies**

### **Stipend and Benefits**

A stipend of \$23,700 is offered for the Doctoral Internship, beginning July 1 and ending June 30. In addition, interns and residents are entitled to participate in our health benefits plan, which begins the 1<sup>st</sup> of the month following 60 days of employment. They also have access to free parking on site and public transportation is available throughout the city and to the hospital. Interns also get discounted meals, and 10 (PPL) paid personal days plus 6 major holidays.

**Office Space.** Each Intern is provided consistent office space in the Outpatient Psychiatric Clinic to see their individual clients for therapy. When needed they share this office with a practicum student or intern who provides clinical services in the clinic during the time the intern is scheduled to provide services on the inpatient unit. They also have computers in each office, where they have access to their own e-mail accounts, the electronic record system, and a shared drive with forms and resource information we post for our department staff.

**Training Rooms.** We also have several rooms of sufficient size to meet for didactics, case conference, and staff meetings, or to provide group therapy, including one with a large tv with DVD/VCR to watch training tapes. And we have access to a projector when needed.

**Testing Equipment.** We have a full supply of testing equipment needed for comprehensive evaluations. The institution provides an annual budget for updating and replenishing testing materials and on a limited basis allows for testing when the service is not reimbursed by insurance.

**Small Library of Books and other Resources.** We have a small library of books and other training materials available for interns to use on site. A recent grant from APA has enabled us to purchase additional training tapes and resources.

**Staff Support.** The outpatient clinic office staff provide administrative support regarding scheduling and billing; taking messages; ordering supplies; and maintenance concerns. IT provides technical support for computers and phones when needed, and environmental services provides daily housekeeping services in the clinic.

### **Paid Personal Leave (PPL).**

North Philadelphia Health System provides for two general categories of leaves of absence: paid (PPL) and unpaid. In addition, NPHS complies with federal regulations governing Family and Medical Leave Act (FMLA). Full-time interns are provided a total of 16 PPL Days, including 6 major holidays in which the clinic is closed and 10 additional days for other holidays, sick days, and vacation days. NPHS's **Paid Personal Leave (PPL)** Program is a flexible program, which eliminates the categorizing of sick, holiday, and vacation days. Earned PPL will be used to compensate employees at their regular rate of pay when they are scheduled off for all excused elective absences including vacation, holiday, religious observance, personal business or illness. PPL are accrued over the course of the year and are not available until they are earned. In exceptional circumstances (e.g. medical problems), if a person exceeds the number of days allowed for PPL or does not complete other requirements, the intern is expected to continue into July to complete any missed days or requirements. This process ensures that all interns are paid the same stipend and that they each work the same number of days, and have accrued the required 2000 hours.

**Holidays.** The Outpatient Clinic is closed on the following major holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) and otherwise is open for regular business hours. Staff limit the number of PPL days taken during the holiday season, to assist in coordinating coverage of clinical services while enabling each staff member to have some time with family and friends over the holiday season. Staff submit their preferences for holiday vacation time (November 10-January 10) no later than October 15<sup>th</sup>. The Director reviews the requests and seeks to provide each staff member with vacation time before or after one of the major holidays. When staff preferences overlap, staff seniority based on start date and staff position is considered in making decisions. Decisions regarding additional holiday vacation time are determined based upon staff preferences and ability for other staff to cover clinical services and other administrative needs. Staff are notified no later than November 1 regarding the staff schedule during the holiday season.

**Vacation.** To ensure quality and continuity of care of outpatient clients, while ensuring that staff have access to paid time off benefits, PPL will be approved at the discretion of the Director. Requests for PPL are made at least 2 weeks in advance in order for outpatients to be properly notified.

**Unexpected Illness.** When unexpectedly ill, staff call out by notifying the Director, Primary Supervisor, and Office Staff by 8am. In addition, the staff member immediately attempts to contact and reschedule program participants they are scheduled to see in the Outpatient Clinic, as well as Clinical Supervisors and program participants they are scheduled to see in other GMC programs. If unable to do so, the staff member should contact the Office Staff, Primary Supervisor and Director to arrange explicitly for the Office Staff to notify the program participant and for the Clinical Supervisor to be available or provide an alternative person to be available to talk with the program participant and care for immediate needs. In only rare instances should staff rely on other staff to contact their program participants, and only when program participants cannot be reached should staff expect program participants to be notified upon arrival to their appointments.

**Extended Leave.** If extended leave is necessary, reassignment of program participants will be considered. The expected length of sick leave as well as the needs of the individual participants will be weighed in their decision. Decisions will be made jointly by the Director and the outpatient staff. Director and Supervisor work with the Intern to develop a plan for successful completion of internship following the leave of absence.

### **Weather or Related Emergencies.**

During weather or other emergencies, the Outpatient Clinic may be closed or may operate on a modified schedule or limited basis when the Philadelphia Public Schools are closed or have a delayed opening. Program Participants are instructed about this process during the intake process and in their Participant Handbook.

The Director notifies staff via text or e-mail message as soon as possible. The Office Manager posts a message on the Clinic Voicemail notifying of the status of the clinic and how to reschedule appointments; the Office Manager will also notify Security and the GMC Operator. When possible, participants scheduled for appointments are reminded of this policy prior to the weather emergency, and appointments are made to be seen

en prior to or soon after the weather emergency. Clinicians will notify their participants by phone in advance of their scheduled appointments when the clinic is closed or when they are not available to meet for their scheduled appointment.

The Psychiatric Outpatient Clinic operates in accordance with the Girard Medical Center's Administrative Policy and Procedure 100.8 relating to Weather or Related Emergencies and designation of Essential vs. Non-Essential Staff (See Appendix D). When possible, reminders of this policy are distributed by e-mail to all staff via work e-mail prior to the weather emergency.

Currently, Office Staff (Clerk and Office Manager) and Psychology Personnel are specified as “Non-Essential”, and Directors (Director of Outpatient Clinic and Chief of Psychology) are designated as “Essential”. Non-essential staff are expected to be at work, and when

they cannot get to work they contact the Director before the start of the workday and use PPL time. In the future, non-essential staff may be designated as essential if needed for providing services for program participants during weather related emergencies. Essential staff are expected to report to work; those who cannot get to work must contact their supervisor before the start of the workday and will not be paid for the day. Staff are not expected to come to work if they are not scheduled to work or have a pre-approved PPL or vacation day.

Regardless of whether the clinic remains open or closed on an inclement day, it is each employee's decision to determine if and when they can safely arrive at work under the conditions, and whether an employee needs to leave early to get home safely when the weather worsens as the day progresses. When bad weather conditions are localized to a staff member's area, the staff member should contact the Director to advise of the poor weather conditions and the anticipated time of arrival. If a staff member elects not to work on a given day or to leave early, the staff member contacts the Director and uses PPL time. Anyone needing to stay overnight can contact the Nursing Supervisor to arrange sleeping accommodations.

(Note: Unpaid practicum students and counseling interns are not expected to come to work during weather emergencies, but may choose to attend and assist in providing services.)

### **Intern Application and Selection Process**

Girard Medical Center is seeking applications for full-time doctoral-level psychology interns to join our dynamic team of licensed clinicians, interns, and practicum students. Girard Medical Center of North Philadelphia Health System is a comprehensive, private behavioral health hospital that services a diverse, underserved adult population in lower north Philadelphia and its surrounding area. Interns are based out of the Outpatient Psychiatry Clinic and provide direct clinical services to adults in both inpatient and outpatient psychiatry programs. Most program participants are dually diagnosed with mental health problems and addictions; therefore, interns actively collaborate with a multi-disciplinary treatment team including psychiatrists, addictions counselors, social workers, and other services providers within GMC and the community.

Ideal candidates are flexible, humble, compassionate, and attentive to detail. They have a passion for clinical work and learning; strong work ethic and organizational skills; acceptance of differences; strong clinical and interpersonal skills; desire to work as part of a team; and experience and commitment to working with diverse groups. Preference will also be given to applicants who have demonstrated interest and experience working with SMI in inpatient psychiatry and with dual diagnosis in outpatient psychiatry, and/or who meet the Applicant Requirements below.

We encourage all qualified applicants who embrace and reflect diversity in the broadest sense to apply. We also are seeking at least one candidate who is Bilingual Spanish-speaking skills at a conversational level to work program participants from our Latino unit-Torre de la Raza.

Applications will be accepted and reviewed through the APPIC process and National Matching Service. If you have questions, they can be directed to Dr. Lucas at [mlucas@nphs.com](mailto:mlucas@nphs.com).

### **Number of Slots Offered**

Number of Full-Time Slots 2015-2016:	5
Number of Full-Time Slots 2016-2017:	5
Number of Full-Time Slots 2017-2018:	5
Number of FT Slots Projected 2018-2019:	5

### **Selection Process**

Each year APPIC publishes the procedures for APPIC-member programs to select new interns through the national matching service. NPHS-GMC adheres to all APPIC guidelines and procedures on information dissemination, interviewing, selection, and notification. NPHS: Girard Medical Center utilizes the uniform application process developed by APPIC and the National Matching Service. Interns utilize the centralized application service to submit applications which include:

1. AAPI
  - a. Cover Letter
  - b. Curriculum Vita
  - c. Essays
  - d. Letters of Recommendation (3-4)
  - e. DCT Verification of Eligibility
2. Transcripts
3. Sample Psychological Evaluation Report
4. Sample Case Conceptualization and Treatment Summary

### **Application Deadline, Interview Notification, and Interview Process**

Deadline for Submission of Applications for Match I is December 1. The Coordinator of Clinical Training, Chief Psychologist, and Supervisors review applications and notify applicants regarding interview status no later than December 15, 6pm EST. Applicants are offered one of 2 interview dates in January, and when possible applicants are provided their first choice of interview dates. On-site interviews are preferred. On site interviews typically include a series of interviews with 2-4 psychologists and interns, and end with a

wrap-up and brief tour. Applicants unable to attend on-site interviews may be offered phone interviews, including 1 individual interview with 1-2 staff members for approximately 45 minutes.

Following completion of interviews, applicants are ranked and submitted through APPIC's Match Process and the National Matching Service. Any slots not filled in the Match I are offered in Match II.

### **Applicant Requirements**

The ideal candidate will be flexible, humble, compassionate, and attentive to detail, and have the following: MA Degree, Comprehensive Exams, and Dissertation Proposal by application deadline; Dissertation Defense prior to the start of internship; minimum of 400 Hours of AAPI Intervention Hours; minimum of 100 Hours of AAPI Assessment Hours, including a minimum of 5 WAIS, and 5 Batteries and Reports with Adults. They will have a passion for clinical work and learning; strong work ethic and organizational skills; acceptance of differences; strong clinical and interpersonal skills; desire to work as part of a team; and experience and commitment to working with diverse groups. Preference will also be given to applicants who have demonstrated interest and experience working with SMI in inpatient psychiatry and with dual diagnosis in outpatient psychiatry. The ideal candidate is a self-directed learner with a demonstrated passion for learning and contributing outside of oneself and leaving a legacy; strong case conceptualization, treatment planning, and writing skills; strong organizational skills with an ability to learn and work quickly in a fast paced environment; disciplined, detail oriented and able to complete tasks in a timely manner; a minimum of 4 years of graduate training in a PhD or PsyD Clinical or Counseling Psychology Program; and US Citizenship. Candidates from APA-accredited programs are preferred, but those from CPA-Accredited or Non-Accredited programs are also considered. We also are seeking at least one candidate who is Bilingual Spanish-speaking at a conversational level to work with program participants from our Latino unit- Torre de la Raza. We encourage all qualified applicants who embrace and reflect diversity in the broadest sense to apply.

## **Additional Pre-Employment Requirements**

Consistent with NPHS employment policy, employment is contingent upon successfully completing a pre-employment physical examination, including PPD screening and MMR; clean urine drug screening; a criminal background investigation, including FBI clearance; proof of liability insurance, proof of CPR/Lifesaver Training certification, a state approved CE Regarding Child Abuse Reporting Regulations, and a reference review.

## **Equal Employment Opportunity**

NPHS is an equal opportunity employer and is committed to ensuring compliance with all laws and regulations pertaining to Equal Employment Opportunity (EEO), Affirmative Action and the Americans with Disabilities Act (ADA). It is our policy to provide employment, training, compensation, promotion and other conditions of employment without regard to age, race, color, national origin, religion, sex, sexual preference, disability, genetic information, human immunodeficiency virus (HIV) status, veteran status, marital status or any other characteristic protected by law. We hire, train, promote, compensate and retain employees on the basis of their qualifications and performance.

NPHS takes affirmative steps to encourage minorities to apply for positions in which they have been traditionally under-represented.

Similarly, the Psychology Department offers staff positions, internship positions, training experiences, compensation, promotion and other conditions of training and employment without regard to age, race, color, national origin, religion, sex, sexual preference, disability, genetic information, HIV status, veteran status, marital status or any other characteristic protected by law. We select staff and interns, train, promote, compensate and retain employees on the basis of their qualifications and performance. And we take affirmative steps to encourage minorities to apply for positions in which they have been traditionally under-represented.

NPHS policy strictly forbids harassment, discrimination or retaliation. We are committed to the principles of non-discrimination, anti-harassment and equal employment opportunity for all employees, interns, and applicants and will take whatever steps are necessary to assure that the work place is free of these issues.

NPHS recognizes that the commitment to EEO, Affirmative Action, ADA and prevention of harassment goes beyond formal programs. Each employee and intern has the right to be treated with dignity and respect for individual differences. Likewise, each employee and intern makes an important contribution to the corporate mission in an environment where equal opportunity is present for all.

## **Supervision**

Supervisors have full legal responsibility for activities of their supervisees. In clinical decisions, supervisees must follow the directions of their clinical supervisors who have final authority over all services provided to program participants.

All supervisors are required to maintain records of supervision sessions with their supervisees. Supervision records will be retained at the training site for fifteen years.

## **Evaluations**

Supervisors must provide regular feedback about the performance of their supervisees to the Coordinator of Clinical Training, Director of Outpatient Psychiatry, and Chief of Psychology, including but not limited to quarterly written evaluations of competencies and review of training goals.

After approximately 60 days (September 1), the Supervisor completes an initial GMC evaluation related to job responsibilities (See Appendix C), with the successful completion of this evaluation marking the completion of the probationary period. It provides an early opportunity for identification and remediation of any deficiencies at the start of the placement.

On a quarterly basis interns are formally evaluated by their primary supervisor in consultation with other program supervisors. This written evaluation (See Appendix D) includes a review of the logged hours for each of the training activities completed during the evaluation period and cumulatively, and an assessment of the intern's competencies and training goals, including each of the program competencies. The supervisor also provides a written narrative of observations and impressions, overall strengths and weaknesses, incorporating constructive recommendations for professional growth. and any areas not covered elsewhere. Whenever there are significant concerns about a supervisee's performance or professional behavior, those concerns are also documented in the supervision records. The Training Director shall receive a copy of any documented concerns and provide consultation to the Supervisor regarding any problems in any aspect of the training process. The Intern also completes a Self-Evaluation (See Appendix E).

The supervisor reviews the evaluation with the intern, who is provided the opportunity and encouraged to add additional written comments and feedback, and both intern and supervisor sign the evaluation. They also review the prior quarterly training plan (Appendix F) and make revisions as needed and desired for a training plan used the following quarter. Any challenges or areas for are incorporated into the new training plan. When needed, corrective action plans may be developed and documented, with evaluation included with the next written quarterly evaluation. A minimum rating of "4" is expected by the completion of the internship.



On rare occasions, a Primary Supervisor or other Member of the Training Committee may become concerned about an intern's clinical skills, professional behavior, and/or suitability for the profession. The following intervention procedures have been adopted for such occasions in order to fulfill our professional responsibility and to protect the rights of the intern.

### **Expectations, Due Process, and Grievance Procedures**

NPHS-GMC provides due process procedures and grievance procedures for when a Trainee, Supervisor, or Staff Member experiences problems or concerns, including but not limited to concerns about disciplinary action, the training experience, or the training program.

#### **Expectations and Staff Rights**

Basic work rules, code of conduct, staff rights, and other policies have been established to promote congenial, efficient, and safe working conditions. All staff are expected to abide by the work rules, policies, and procedures of the hospital and department.

Work rules, expectations regarding code of conduct, Staff Rights, Cultural Diversity Policy, and Equal Employment Opportunity and Affirmative Action are provided in writing and reviewed at the hospital orientation, along with the processes for reporting concerns and grievances. Departmental expectations are outlined in this handbook and the department orientation.

#### **Due Process**

We believe the psychology profession charges their members with the responsibility to monitor new members. This monitoring involves not only evaluation of potential new members' cognitive (i.e. academic and clinical) abilities, but also their personal and professional conduct.

On rare occasions, a Supervisor or Member of the Training Committee may become concerned about an intern's clinical skills, professional behavior, and/or suitability for the profession. The following interventions procedures have been adopted for such occasions in order to fulfill our professional responsibility and to protect the rights of the intern.

A primary goal of the disciplinary process is to help an intern to address his/her problems. The objective of discipline is correction rather than punishment. When concerns are considered minor, the concerns are addressed informally through feedback and discussion with the intern. This type of feedback is typically provided on an ongoing basis (such as in supervision) as well as during the discussion of quarterly evaluation. (See Appendix D) Remediation suggestions are provided and documented, and if the concerns are understood and resolved in a timely manner, typically no other steps need to be taken.

When minor concerns are not resolved in a timely manner, or when concerns are considered more serious (i.e. ethical or legal violation, professional misconduct, intern impairment, failure to comply with consortium or agency policies or the Intern Training Agreement), the Supervisor will document the concerns in writing and consult with the Director. They will also discuss and determine whether consultation is needed with a trainee's academic DCT. Feedback and discipline may include one of the following, depending on the seriousness of the problem, and may be elevated when problems are not addressed with remediation: General Counseling, Verbal Feedback with Documentation, Written Warning, Final Written Warning, Three Working Days' Suspension, and Termination.

**Notification and Hearing.** Interns will be notified in writing of disciplinary concerns, including the level of concern, expectations for remediation, and request to meet with the Supervisor and/or Director to discuss concerns and develop a remediation plan and timeline. Following the meeting, a copy of the remediation plan will be provided to the intern and placed in the intern's supervision file. Similarly, the Supervisor and Director will meet with the intern periodically to discuss progress on the remediation plan and the outcome of these meetings will be provided in writing, including when the problem is considered resolved. When concerns are more serious or not resolved, the Supervisor and Director will consult with the DCT, and will review with the intern the conditions and decisions regarding remediation or termination, and insure communication is provided clearly and in writing with a defined plan of action.

**Termination.** When concerns are more serious (i.e. ethical or legal violation, professional misconduct, intern impairment, failure to comply with consortium or agency policies or the Intern Training Agreement) or are not resolved in a timely manner, the Supervisor and Director will consult with the DCT, and will review with the intern the conditions and decisions regarding termination, and insure communication is provided clearly and in writing with a defined plan of action.

**Appeal.** If an intern is dissatisfied he/she can appeal evaluations and decisions, without fear of retribution or prejudice. Any trainee or intern who feels that an evaluation, disciplinary concern, or remediation process is unfair and cannot be resolved by routine discussion with his/her immediate supervisor, he/she is entitled to appeal and should be report it as soon as possible (within five (5) working days) in order to allow evaluation of all pertinent facts.

STEP 1: The Director will first grant a private hearing to the individual requesting a formal appeal. The Director will then conduct the necessary investigation and advise the staff member of the results and a decision on the matter. The appeal shall be documented in writing if the staff member is not satisfied with the Director's decision. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

STEP 2: The written appeal will be submitted to the Vice President of Behavioral Services. The employee and the VP will be given the opportunity to discuss the appeal in an effort to resolve the problem. Staff may request and receive permission to have the Director or their Clinical Supervisor present. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

### **Grievance Procedures**

NPHS-GMC tries to deal fairly with each staff member. In keeping with this goal, the intern is provided a means to bring problems and complaints concerning their well-being at work to the attention of management, and may appeal in matters affecting them without fear of retribution or prejudice.

Any trainee or intern who feels that a grievance cannot be handled by routine discussion with his/her immediate supervisor is entitled to present the complaint and should be report it as soon as possible (within five (5) working days) in order to allow evaluation of all pertinent facts.

STEP 1: The Director will answer within 5 working days and grant a private hearing to the individual requesting a formal grievance. The Director will then conduct the necessary investigation and advise the staff member of the results and a decision on the matter. A grievance shall be documented in writing if the staff member is not satisfied with the Director's decision. They will also discuss and determine whether consultation is needed with a trainee's academic DCT.

STEP 2: The written grievance will be submitted to the Vice President of Behavioral Services, who will respond to the written grievance within 5 working days. The employee and the VP will be given the opportunity to discuss the grievance in an effort to resolve the problem. Staff may request and receive permission to have the Director or their Clinical Supervisor present. They will also discuss and determine whether consultation is needed with a trainee's academic DCT. A decision will be documented in writing and a copy will be provided to the Intern, Director, and Supervisor.

### **Training Committee**

The Internship Program is governed by a Training Committee, which includes the Training Director and three other psychologists who are primary and secondary supervisors for the interns. The Training Director provides oversight of the training program and Training Committee, and monitors the training program to ensure quality and consistency. The Training Director is responsible for the scheduling of activities; preparation of documents including policies, procedures, and reports; availability of staff and other resources; and compliance with regulations. The Training Director interacts daily with the training staff, and meets as a Training Committee on a weekly basis to discuss clinical and administrative concerns and plans.

The Training Committee assists in planning and implementing the training curriculum, selection and evaluation of interns, discussing and resolving intern-related issues, processing and resolving grievances, and ongoing program improvements based on integration of feedback from the interns and overall goals and initiatives of the training program, institution, and professional organizations.

The Supervisors meet briefly with interns at the beginning and end of each day to review announcements and plans, and to provide support. They review and sign off on all treatment plans, progress notes, case management notes, and other documentation each day.

### **Program Feedback and Improvement Process**

Interns have opportunities to provide written and verbal feedback throughout the year.

1. Interns are able to meet with the Training Director or any committee member at any time to express concerns or feedback on an individual basis.
2. In addition, they meet daily with supervisors in flash meetings at the start and end of each day. This provides ongoing opportunity to provide feedback and participate in recommending and implementing changes.
3. Beginning January, 2016 we have provided a particular time (Fridays 12-12:30pm) for interns to express their concerns, receive support, and for them to provide specific program feedback and recommendations and collaborate on program improvements.
4. On a quarterly basis they meet with the Training Director to provide verbal feedback about what is going well, what is not going well, recommendations, and needs and goals for the upcoming quarter.
5. Interns also provide written feedback regarding the program. They complete a quarterly evaluation of the programs goals, objectives, and competencies, as well as an evaluation of training activities and supervision.

These verbal and written evaluations are utilized to provide enhancements to the program. The Training Committee also receives program feedback from recent graduates, as well as outcome data regarding their initial and current job placements, current clinical activities, licensure status, and professional involvement and achievements. This data is reviewed in light of our program's goals and competencies, and the Training Committee reviews this data to consider strengths and areas for program improvements, including intern selection, training, remediation processes, and the accuracy of program goals and competencies.

APPENDIX A

STATEMENT OF UNDERSTANDING

**DOCTORAL INTERNSHIP**  
**Statement of Understanding**  
**Girard Medical Center**

This training agreement between:

\_\_\_\_\_  
(Name of Doctoral Intern)

\_\_\_\_\_  
(Address of Doctoral Intern)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Email address)

and:

Girard Medical Center

(Name of Training Site)

Marijo Lucas, PhD

(Name of Director)

\_\_\_\_\_  
(Name of Primary Supervisor)

801 W. Girard Avenue, Philadelphia, PA 19122

(Address of Training Site)

215-787-4360

(Phone number)

\_\_\_\_\_  
(Email address)

is hereby established for the purpose of defining the nature and parameters of a planned, sequentially organized Doctoral Internship in Clinical Psychology. It is designed to facilitate the development of the Doctoral Intern's skills and competencies in the provision of high quality professional psychological services consistent with applicable legal, ethical, and professional standards in partial fulfillment of licensure in psychology.

1. The supervisor and Doctoral Intern agree that all aspects of this Doctoral Internship will be carried out in accordance with all requirements for psychology licensure in Pennsylvania, regulations of the Pennsylvania State Board of Examiners in Psychology, APPIC Requirements, and all other applicable statutes and regulations, including the current APA

Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/> ; <http://www.apa.org/ethics/code/principles.pdf>).

2. The Training Site and the Intern expressly agree and understand that no permanent employment relationship between them, whether expressed or implied, is contemplated or created by this agreement. The Training Site and the Intern expressly agree and understand that the relationship between the training site and its trainees is a temporary employment relationship.
3. Doctoral Internships begin July 1st of each year and conclude June 30<sup>th</sup>. Interns complete the training program through full-time (40 hours per week for 1 year, with minimum total of 2000 hours per year) internships. These hours are inclusive of Training activities, including the Orientation and Staff Seminars. Doctoral Interns cannot accrue more than forty-five hours of training experience in one week. The training site is not obligated to provide training, employment, supervision, or other services or compensation beyond the contracted one year training experience. The Intern should be aware of and is responsible for completing the state requirements for the number of hours needed for licensure, the time frame for completion, and the supervision requirements that must be completed beyond the Doctoral internship and up to licensure.
4. The Intern will provide written certification by the Doctoral Intern's educational institution, that he or she has satisfied all requirements in preparation for the Doctoral internship training year. Certification is usually provided through a copy of transcripts and verification of readiness for internship submitted with the APPIC application.
5. The primary supervisor is a psychologist licensed for the independent practice of psychology. The state(s) or province (s) in which the supervisor is licensed, the license numbers, and dates originally licensed are:

State/Province: PA License #: \_\_\_\_\_ Date 1st Licensed: \_\_\_\_\_

State/Province: \_\_\_\_\_ License #: \_\_\_\_\_ Date 1st Licensed: \_\_\_\_\_

6. The supervisor is currently insured for professional liability by \_\_\_\_\_ in the amounts of \_\_\_\_\_  
(name of insurance company)  
\$ \_\_\_\_\_ per incident, \$ \_\_\_\_\_ aggregate, with an effective date of \_\_\_\_\_.  
\_\_\_\_\_. The supervisor agrees to keep this policy in effect for the duration of the internship. A copy of the face sheet of the professional liability insurance policy should be submitted to the Director.

7. The Doctoral Intern is currently personally insured for professional liability by

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\_\_\_\_\_ in the amounts of  
(name of insurance company)

\$ \_\_\_\_\_ per incident, \$ \_\_\_\_\_ aggregate, with an effective date of

\_\_\_\_\_. The Doctoral Intern agrees to keep this policy in effect for the duration of the internship. A copy of the face sheet of the personal professional liability insurance policy must be submitted to the Director.

8. A stipend of \$ 23,700 will be paid to the Intern by the training site. This stipend is independent of the supervisor's or agency's billings or collections and is not based on a percentage of billings or collections. The Doctoral Intern will not receive fees from any client, or on behalf of any client, from any third party payer.
9. The Intern will receive the following employment benefits.  
  
16 days of PPL (including 10 vacation/sick and 6 holidays) for full-time interns.
10. The supervisor and Doctoral Intern confirm that there exists no relationship between them except that of supervisor and Doctoral Intern. They agree that no other relationship shall be created between them for the duration of this internship that has the potential to compromise the quality of services to clients, the objectivity of the evaluation of the Doctoral Intern, or that may result in exploitation of the Doctoral Intern or any client. The supervisor shall not receive any supervision fees, salary, compensation, honoraria, favors, or gifts from the Doctoral Intern. The Doctoral Intern will not pay office rent, telephone expenses, or any other office or business expenses. If either the supervisor or Doctoral Intern is unsure regarding the appropriateness of their relationship, or prospective relationship, the matter shall be brought to the attention of the Director for review and clarification.
11. The supervisor and Doctoral Intern agree that they will develop individualized goals for this Doctoral Internship and that they shall work conscientiously and cooperatively toward the achievement of these goals. A review of these goals along with the evaluation form will be reviewed with the Intern and submitted to the Director quarterly.
12. The Doctoral Intern will be known by the title "Psychology Intern." The name of the supervisor will be disclosed on all materials on which the name of the Doctoral Intern appears. All entries in psychological records, reports, correspondence, and other communications prepared by the Intern for distribution outside of the professional setting will be signed by the Intern and countersigned as "Reviewed and Approved by" the supervisor or other delegated professional.
13. The Doctoral Intern will inform each client that he or she is a Doctoral Intern and practicing under the supervision of a licensed psychologist and will provide each client with the supervisor's name and means of contacting him or her. When relevant, the Doctoral Intern



will inform clients that some third party payers may not cover services provided by Doctoral Interns.

14. The Doctoral Intern will create and maintain client records consistent with all applicable State Statutes and Rules of the Pennsylvania Board of Examiners in Psychology. These records will remain with the training site upon the completion or termination of the internship.
15. The supervisor maintains full legal responsibility for all psychological services provided by the Doctoral Intern. The supervisor affirms that he or she is vested with sufficient authority over matters pertaining to the provision of psychological services by the Doctoral Intern to enable the supervisor to accept responsibility for the welfare of the clients and the quality of the training experience.
16. The supervisor will countersign all documents and records prepared by the Doctoral Intern including all assessment notes, treatment plans, interview or progress notes, testing, reports, correspondence, and all other documents generated by the Doctoral Intern in the course of providing psychological services or in communicating with others about such services. All reports or correspondence written by the psychology intern will be on the organization's official stationary.
17. The supervisor will determine that the Doctoral Intern is capable of providing competent and safe psychological services to each client assigned. The supervisor will not permit the Doctoral Intern to engage in any psychological practice that the supervisor cannot competently perform.
18. The supervisor agrees to provide directly, or by way of another supervising psychologist, a minimum of two hours of regularly scheduled face-to-face, individual supervision for each week of experience for both full-time and half-time interns. This supervision will have the expressed purpose of dealing with the services rendered by the Doctoral Intern. It is further agreed that additional hours of supervision will be provided when necessary to insure the adequate quality of psychological services provided by the Doctoral Intern.
19. The supervisor agrees to identify, discuss, and relate practice issues to relevant legal, ethical, and professional standards when appropriate in the course of supervision of psychological services. The Doctoral Intern agrees to identify relevant legal, ethical, and professional issues in his or her provision of psychological services and to bring them to the attention of the supervisor for discussion as appropriate.
20. The private actions and behaviors of the Doctoral Intern which are not relevant to, nor expressed in, the training setting shall not be dealt with in the supervisory relationship. The supervisor shall not provide psychotherapy to the Doctoral Intern.
21. The primary supervisor will designate a licensed psychologist as the secondary supervisor to provide additional supervision. The primary supervisor may also assign supplemental

training activities in specific skill areas to be provided by other licensed or certified professionals, under the authority of the supervisor.

22. The primary supervisor will be fully available for consultation in the event of an emergency and will arrange for emergency consultation coverage for the Doctoral Intern. Generally, the secondary supervisor acts as the emergency backup when the primary supervisor is unavailable. In non-emergency situations, the supervisor shall have procedures to be followed in the event the supervisor is unavailable.
23. The primary supervisor will create and maintain supervision records of the Doctoral Intern at the training site consistent with all applicable State Statutes and Rules of the Pennsylvania Board of Examiners in Psychology. Supervision records will include
  - a. A copy of this Statement of Understanding.
  - b. Each formal written evaluation of the Doctoral Intern.
  - c. Documentation of supervision meetings.
  - d. Records of the number of hours the Doctoral Intern devotes to each of the training activities.
  - e. Written summaries of the supervisor's consultations regarding the Doctoral Intern with the Director.
  - f. Copies or summaries of all disciplinary and grievance actions.
  - g. A copy of the Certificate of Completion.
  - h. All other documentation of the training experience.
24. Supervision records will be maintained by the supervisor and training site for the purpose of future access and documentation. Supervision records will be maintained for at least fifteen years.
25. Formal evaluation of the Doctoral Intern by the supervisor will occur at least quarterly during the internship. The Doctoral Intern will sign and have an opportunity to comment on each formal written evaluation. Copies of both written evaluations and any remediation plans will be placed in the supervision record and provided promptly to the Director. The format of the formal evaluations will be consistent with the requirements of the Training Site and will include, among other things, the following:
  - a. The number of hours devoted to supervision activities, and the supervisor who provided them.
  - b. The number of hours devoted to identified psychological services.
  - c. A copy of the intern evaluation, review of the training goals, and a statement by the supervisor that the Doctoral Intern's performance was either satisfactory or unsatisfactory. Additional comments describing the Doctoral Intern's performance are also appropriate.

26. In addition to formal evaluations, the supervisor will prepare additional written evaluations of the Doctoral Intern's skills and progress toward identified goals, including strengths and weaknesses, as often as needed. As necessary, these additional written evaluations will include plans for remediating weaknesses and providing for the continued professional development of the Doctoral Intern. The Doctoral Intern will sign and have an opportunity to comment on each additional written evaluation. Copies of these additional written evaluations and remediation plans will be placed in the supervision record and provided promptly to the Director.
  27. Twice during the training year, the Doctoral Intern will prepare a formal written evaluation of the overall training experience and the supervision provided. The first of these evaluations will be given directly to the Director and will not be reviewed by the supervisor until after the Intern's formal quarterly evaluation has been completed.
  28. The supervisor will consult with the Director if he or she believes the Doctoral Intern may have violated legal, ethical, or professional standards or has failed to comply with this Training Agreement. The formal resolution of these concerns will follow *Due Process and Grievance Procedures*. The supervisor shall be able to immediately suspend the Doctoral Intern from practicing in specified cases or in all cases. In some instances, reporting the allegations to an appropriate licensing board or professional association may be required.
  29. The Doctoral Intern will consult with the Directors if he or she believes the supervisor may have violated legal, ethical, or professional standards or has failed to comply with this Training Agreement. The formal resolution of these concerns will follow the *Due Process and Grievance Procedures*.
  30. Upon successful completion of this internship, the Doctoral Intern shall be presented with a Certificate of Completion indicating that he or she has successfully completed a Doctoral Internship. This certificate shall identify the Doctoral Intern, the total number of hours of the internship, the date started, and the date the internship is completed.
  31. After completion of the internship, the Training Site may contact the Intern to obtain longitudinal information about licensure, employment, and other outcome measures. The Intern must provide a permanent address, such as a parent's address, where the Intern could be reached over the next several years.
- 
32. Amendments to this Doctoral Intern/Training Site Statement of Understanding may be made from time to time upon written documentation of the amendments and the written approval of all signatories to this original Agreement. All appropriately executed amendments will be attached to this agreement and become a part of this Doctoral Intern Training Agreement.

**NPHS: Girard Medical Center**

801 W. Girard Avenue  
Philadelphia, PA 19122  
215-787-2000

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George J. Walmsley, III President & CEO	Date
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Laura Boston Jones Senior Vice President	Date
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Marijo Lucas, Ph.D. Training Director Chief of Psychology	Date
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Primary Supervisor Psychologist	Date
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Psychology Intern	Date
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*Revised 3/30/2017*

**APPENDIX B**  
**OTHER POLICIES AND PROCEDURES**

DIVISION:  
Psychiatric  
Outpatient Clinic

GIRARD MEDICAL CENTER  
POLICY AND PROCEDURE

POLICY:  
860.12

SUBJECT: Professional Staff Code of Ethics

CATEGORY:  
General Administration

EFFECTIVE:  
10/95  
11/2015

SUPERSEDES POLICY #

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REFERENCE:

PURPOSE:

To provide guidelines for appropriate staff behavior in the delivery of services. To ensure that participants are treated in a humane manner and to ensure their rights are respected.

POLICY:

The Psychiatric Outpatient Clinic adheres to a code of Ethics that embodies certain standards of behavior for the helper in his professional relationship with those he serves, with his colleagues, with his employing agency, with other professions, and with the community. In abiding by it, the therapist views his/her obligations in as wide a context as the situation requires, takes all the principles into consideration, and chooses a course of action consistent with the code's spirit and content.

1. Clinical practice is based on humanitarian ideals. Professional helpers are dedicated to service for the welfare of mankind, to the disciplined use of a recognized body of knowledge about human beings and their interactions, and to the marshalling of community resources to promote the well-being of all without discrimination.
2. Clinical practice is a public trust that requires of its practitioners integrity, compassion, belief in the dignity and worth of human beings, respect for individual differences, a commitment to service, and a dedication to truth. It requires mastery of a body of knowledge and skill gained through professional education and experience. It requires also recognition of the limitations of present knowledge and skill and of the services we are now equipped to give. The end sought is the performance of a service with integrity and competence.
3. Each member of the helping professional carries responsibility to maintain and improve social service; constantly to examine, use and increase the knowledge on which practice and social policy are based, and to develop further the philosophy and skills of the profession.
4. It is expected that each professional will also adhere to the ethical code of their respective discipline.

## SCOPE AND RESPONSIBILITY:

- A. All staff members, as professionals, commit themselves to conduct their professional relationships in accordance with the Psychiatric Outpatient Clinic Code of Ethics and subscribe to the following statements:
1. I regard as my primary obligation the welfare of the individual or group served, and as a staff member in the Psychiatric Outpatient Clinic my primary goal is stabilization for the program participant and his/her family.
  2. I will not discriminate because of race, color, religion, age, sex, sexual orientation, or national origin, and in my job capacity will work to prevent and eliminate such discrimination in rendering service, in work assignments, and in employment practices.
  3. I give precedence to my professional responsibilities over my personal interests.
  4. I hold myself responsible for the quality and extent of the service I perform.
  5. I shall adhere to the rule of confidentiality of all records and knowledge of all program participants.
  6. I will not deliberately do harm to a program participant either physically, emotionally or psychologically. I will not verbally assault, ridicule or attempt to endanger a program participant nor will I allow other program participants or staff to do so.
  7. I shall maintain at all times respectful, objective, non-possessive, professional relationship with all program participants. I will not engage in any behavior that can be constructed as exploitation of program participants: sexual, financial and/or social. (i.e., dating or sexual activity; lending or borrowing money; purchasing or selling items to program participants; establishing friendships). I understand and will follow the Girard Medical Center Policy No. 800.123 regarding Professional Conduct.
  8. I accept responsibility to help protect my program participants against unethical practice by any individuals or organizations engaged in social welfare activities.
  9. I stand ready to give appropriate professional service in public emergencies.
  10. I distinguish clearly, in public, between my statements and actions as an individual and as a representative of an organization.
  11. I will remain aware of my own skills and limitations and be willing to recognize when it is in the best interest of the program participant to release them or refer them to another program or individual.

12. I shall respect the rights and views of other counselors, paraprofessionals and other professionals.
13. I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies when it will better serve the interest of the program participant.
14. I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis. I have a personal responsibility for professional growth through further education training, and shall continuously strive for self-improvement.

B . All Staff members are responsible to be aware of and to respect all program participant's rights.

PROCEDURE:

1. Code of ethics is reviewed with staff members as part of orientation.
2. Code of Ethics policy is signed by all employees of the Outpatient Clinic.

---

I have reviewed and agree to abide by the GMC Psychiatric Outpatient Clinic Professional Staff Code of Ethics:

Printed Name	Date	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



DIVISION:  
Psychiatry

GIRARD MEDICAL CENTER  
POLICY AND PROCEDURE

POLICY:  
#800.123

SUBJECT: Professional Conduct

CATEGORY:  
General Administration

EFFECTIVE: 03/91  
REVISED: 1/2014

SUPERSEDES POLICY #:

PAGE 1 OF 2

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REFERENCE:

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PURPOSE:

1. To provide guidelines for Staff with regard to participant/staff boundaries.
2. To support a consistent therapeutic approach to participant care.

POLICY:

The Department of Psychiatry of Girard Medical Center expects that all employees conduct themselves with regard to the highest standard of professional behavior in support and furtherance of a high quality therapeutic milieu for all participants.

1. Psychiatry Program staff do not have intimate social contacts, or relationships with participants or their families for 2 years after they are discharged. Casual social contact is understood to occur at times with the community we serve. Encounters in the community, for example at a friends' wedding, at the pharmacy or local grocery store, should be friendly and supportive. Relationships should exist in a professionally supportive, but brief, continuum of contact.
2. Contact that entails undue familiarity including sexual contact between staff and participant, or the appearance of undue familiarity (e.g. including but not limited to sitting together in a non-hospital vehicle) will be grounds for immediate dismissal.
3. Psychiatry Program staff members may accompany participants off the hospital grounds under the following conditions:
  - a. Prescribed by physician's orders for therapeutic reasons and appropriate to the role and function of the Psychiatry Program.
  - b. Scheduled activity trip.
4. At no time and under no circumstances shall staff members accept money, tips, personal favors or gifts from participants or their families.
5. At no time and under no circumstances shall staff become involved in executing the personal or financial affairs of a participant or their family, except to the extent to which they are enabled to do so by their job classification. (i.e., Social Worker, Cashier, etc.).

6. Staff who are in doubt as to the appropriateness of any action relative to therapeutic staff - participant relationship are to seek guidance from the Nurse Care Coordinator (or designee) prior to initiating such actions.
7. Any relationship that compromises or adversely affects participant care, shall result in immediate disciplinary action.
8. Any breach of professional behavior or violation of Professional Ethics shall result in immediate disciplinary action.
9. Staff are not to initiate any contact with participants after discharge unless enabled to do so by their job classification (and done under the direction of a psychiatrist or nursing care coordinator (or designee). Staff do not give out home telephone numbers or non-hospital issued beeper numbers to participants unless advance authorization from the Nursing Care Coordinator (or designee) is received.
10. Staff are not to serve as a sponsor for a participant in a 12-STEP program for two years after they are discharged.
11. If a staff member has had a prior relationship with a participant before admission in anything other than a professional context, the staff member immediately informs his or her supervisor.

APPENDIX C

GMC EVALUATION FORM

FOR INTERNS

<b>EMPLOYEE NAME:</b>						<b>JOB TITLE:</b> <u>Psychology Intern</u>						<b>DATE:</b>											
<b>Competency:</b> <i>The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																							
<b>KEY</b>																							
<u>Standard</u> <i>Specific skills and Knowledge required to Perform the job as per Established criteria</i>						<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable						<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required						<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation					
Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials					
	1	2	3	4	NA					1	2	3	4	NA									
<b>DUTIES AND RESPONSIBILITIES</b>																							
Provide individual therapy to client caseload and those referred for therapy while ensuring therapy addresses treatment goals established on the treatment plan.																							
Provide family therapy to assist in resolution of family dysfunction which impacts negatively on a patient's clinical condition and hampers the discharge planning process.																							
Provide family support groups consisting of family members and/or involved others and having strong educational and supportive components.																							

<b>EMPLOYEE NAME:</b>		<b>JOB TITLE:</b> <u>Psychology Intern</u>				<b>DATE:</b>												
<b>Competency:</b> <i>The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																		
<b>KEY</b>																		
<u>Standard</u> <i>Specific skills and Knowledge required to Perform the job as per Established criteria</i>	<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable					<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required			<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation									
Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials
	1	2	3	4	NA					1	2	3	4	NA				
Completes Psychological Assessment/Testing as requested. Administers, scores, and interprets a wide variety of assessment instruments based on referral question. Completes a written comprehensive evaluation report in a timely fashion and shares assessment results with multidisciplinary team. Recommends intervention strategies based on results.																		
Complete comprehensive Treatment Plans in a concise manner with documentation of the client's goals in measurable steps. Treatment Plan will be completed within timeframes established by the Department of Health, with signatures of the client and appropriate staff (e.g. psychiatrist).																		

<b>EMPLOYEE NAME:</b>		<b>JOB TITLE:</b> <u>Psychology Intern</u>				<b>DATE:</b>												
<b>Competency:</b> <i>The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																		
<b>KEY</b>																		
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Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials
	1	2	3	4	NA					1	2	3	4	NA				
MAJOR TASKS, DUTIES AND RESPONSIBILITIES (continued)																		
Treatment Plan Updates are completed in a clear and concise manner with measurable goals every ninety days for outpatient clients with signatures of the client and appropriate staff (psychiatrist).																		
Comprehensive Biopsychosocial Evaluation (CBE) is completed in a thorough manner upon admission. All categories of the CBE are written in an in-depth manner. A progress note is complete that denotes the details of the evaluation on the same day, with length of service documented in clock time.																		

<b>EMPLOYEE NAME:</b>		<b>JOB TITLE:</b> <u>Psychology Intern</u>				<b>DATE:</b>												
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	1	2	3	4	NA					1	2	3	4	NA				
Seek collateral information and collaborate with other members of their treatment team and family/social support network to facilitate treatment.																		
Be available for case consultations to other programs and Outpatient staff as well as supervision as requested by Director or administration on an as needed basis.																		
Provide group therapy to an Outpatient and/or Inpatient caseload as directed. Lead variety of group discussions based on training in group dynamics and behavior change as well as specific unit/department needs.																		
Attend and participate at all team meetings for designated work areas.																		

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	1	2	3	4	NA	1					2	3	4	NA									
Initiate a pro-active psychological management to continuity of care and treatment planning via interviewing, progress reviews, and specific treatment recommendations.																							
Foster communication among all interdisciplinary team members as colleagues.																							
Carry out all assignments as detailed on patient treatment plans.																							
Ensure that Discharge Summary, Discharge Note and Aftercare Plan forms are completed precisely and placed in client chart in a timely fashion once client is discharged according to policy (3 no-shows, completion of goals, or lack of response to outreach).																							



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Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials
	1	2	3	4	NA					1	2	3	4	NA				
Maintain the client's records in the chart in a neat and orderly fashion. All documents will be neatly filed in the appropriate section of the chart, in proper date order.																		
Each Psychology Intern will be responsible for each chart assigned to them pertaining to all aspects of each chart including the total readiness of each chart.																		
Provides supervision to practicum students as assigned by Director.																		
Regularly participates and leads (as requested) case conferences, seminars and other clinical learning activities as requested by the Director and/or Administration for training and clinical development purposes.																		

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	1	2	3	4	NA					1	2	3	4	NA				
Psychology Interns will follow their designated work schedule, in relation to the beginning and ending of their workday. Punctuality and attendance is required of all Psychology Interns.																		
Psychology Interns will maintain their caseload as mandated by State standards.																		
Psychology Interns are expected to spend 65% of their time at work in direct client contact.																		
Psychology Interns will complete all required intake documentation (consents, forms, treatment plans, problem list, etc.) and ensure that all documents include necessary signatures and dates.																		

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	1	2	3	4	NA					1	2	3	4	NA				
Progress Notes and billing records are to be completed on the day a service is provided to the client and submitted on the same day or not more than 24 hours after the service.																		
<b>QUALITY AND TIMELINESS OF WORK</b>																		
Documentation of comprehensive biopsychosocial assessments include client's problem statement including all aspects of the client's life including family history, present living situation, financial status, legal history, and leisure time planning.																		
Psychology Intern is able to identify client's strengths																		

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	1	2	3	4	NA					1	2	3	4	NA				
Psychology Intern demonstrates the ability to identify client's weakness and defenses and accept and support them when appropriate and to work toward change when feasible.																		
Psychology Intern demonstrates a working knowledge of the various forms used and submits the necessary forms to Director in a timely manner.																		
Psychology Intern enters documentation in client's chart in a timely manner.																		
Consistently follows hospital policies in the performance of duties.																		
Regularly helps clients understand, accept and follow treatment recommendations.																		
Plans for aftercare services to restore clients to optimum social and health adjustments within their capacity.																		

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As required, determines the availability of community resources in order to make appropriate referrals for service in areas of specific client needs.																		
Contacts managed care companies, support services, and other referral agencies as needed.																		
Consistently is attentive to timely and thorough record keeping and documentation of work performed and required paperwork inherent to the position, including but not limited to staff logs, time sheets, consent forms, progress notes, and billing records).																		
All Progress Notes will be completed in a clear and legible fashion when assessing client's progress in all therapy (individual, family, and group) sessions.																		

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	1	2	3	4	NA					1	2	3	4	NA				
Psychology Interns will be responsible for all appropriate documentation deemed necessary to complete the client's chart.																		
Psychology Interns will submit complete discharge forms that are clear, precise, legible , and submitted in a timely manner in accordance with regulatory procedures																		
<b>KNOWLEDGE OF JOB</b>																		
Psychology Intern will actively attempt to understand the working policies of the other units of the Medical Center and demonstrate a willingness to work as a team member.																		
Psychology Intern will demonstrate support for and knowledge of and adherence to the policies and procedures of the Medical Center.																		

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Psychology Intern will demonstrate knowledge of the requirements of various hospital governing bodies.																		
Psychology Intern will demonstrate a working knowledge of the code of professional ethics as established by his/her profession and the Medical Center and actively integrate such into his/her daily practice.																		
Psychology Intern will demonstrate a working knowledge of the laws governing confidentiality of client records.																		
Psychology Intern will have knowledge to make proper referrals within the hospital and utilize the proper outside referral sources throughout the community.																		

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	1	2	3	4	NA					1	2	3	4	NA				
<b>JUDGMENT AND DECISION MAKING</b>																		
Consistently assess problems appropriately in terms of scope, consequence and needed interventions																		
Consistently demonstrates ability to differentiate between emergency and non-emergency tasks and respond accordingly																		
Is able to assess the appropriateness of client, physician and staff requests for service and respond courteously and professionally to requests beyond the scope of the department's function.																		
Consistently and effectively prioritizes requests for service.																		



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	1	2	3	4	NA					1	2	3	4	NA				
Demonstrates good judgment in interview techniques by adapting to elicit data when a standard or recommended technique is not possible.																		
Respects, at all times, the confidentiality of client records and uses complete discretion when discussing client matters.																		
Consistently demonstrates an awareness and concern for client safety.																		
Foresees potential problem situations and intervenes to offset adverse impact. Demonstrates a proactive attitude toward service.																		
Always attempts to understand client's needs and responds accordingly.																		
Seeks guidance as necessary for performance of duties; always asks appropriate questions when in doubt.																		

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	1	2	3	4	NA					1	2	3	4	NA				
Always responds to staff members and clients with rational explanations for decisions and actions taken. Carefully explains reasons for actions taken.																		
Regularly demonstrates the ability to exercise independent judgment in times of need and in emergency situations.																		
Regularly considers the overall function of the hospital in view of total client care; considers the entire scope and ramifications of each situation																		
Consistently demonstrates competence in the day-to-day scheduling of duties by completing all priority and related tasks on time, with little additional assistance required from others. Demonstrates good judgment by following written and verbal instructions.																		

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	1	2	3	4	NA					1	2	3	4	NA									
Demonstrates an awareness of personal abilities and limitations and regularly requests assistance in situations that exceed abilities.																							
Consistently demonstrates an ability to assess a situation from a variety of perspectives, consider several alternatives, and choose an appropriate course of action.																							
Never makes a hasty decision. Obtains and analyzes all pertinent information available in order to make the most informed decision based on factual and objective data.																							
<b>RELATIONSHIP WITH OTHERS</b>																							
Demonstrates the capacity to interact with clients in a professional, therapeutic manner.																							

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	1	2	3	4	NA					1	2	3	4	NA				
Assists in performance of duties that ensure the smooth, effective functioning of the unit.																		
Consistently attends flash meetings and staff meetings.																		
Actively seeks to understand the role and function of other members of the multi-disciplinary team.																		
Consistently communicates in a manner that demonstrates a positive and cooperative attitude.																		
Communicates pertinent client data to other members of the team in order to facilitate satisfactory client care.																		
Participates in team meetings in a constructive manner.																		

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	1	2	3	4	NA					1	2	3	4	NA				
Actively attempts to understand the working policies of the other units of the Medical Center and demonstrates a willingness to work together with them in order to improve client care.																		
Demonstrates support for and knowledge of the requirements of various hospital governing bodies and accreditation boards.																		
Demonstrates a working knowledge of the code of professional ethics as established by his/her respective field and the Medical Center. Actively integrates such into his/her daily practice.																		
Consistently demonstrates an ability to work with a variety of clients regardless of racial, ethnic or ecological backgrounds.																		
Makes a positive, professional impression within the hospital and/or community contacts.																		

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	1	2	3	4	NA					1	2	3	4	NA									
PLANNING AND TIME UTILIZATION																							
Consistently completes assigned tasks on time																							
Consistently plans time as to achieve maximum productivity and efficiency.																							
Does not allow unimportant interruptions to waste time at the expense of assigned duties and client care priorities.																							
Returns promptly from errands and meals.																							
Consistently demonstrates the ability to recognize, establish and deal with priorities.																							
Meets deadlines in both daily responsibilities and special projects.																							

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	1	2	3	4	NA	1					2	3	4	NA									
Demonstrates effectiveness in identifying future needs and problem areas of the department and developing workable solutions. Follows through with solutions.																							
Adjusts/revises schedule as necessary and appropriate with fluctuations in workload.																							
<b>INITIATIVE</b>																							
Regularly offers resources and feedback to other staff members on difficult case situations.																							
Frequently identifies and performs tasks which benefit the overall functioning of the department.																							
Reports to Director any suggestions for positive changes or recommendations within the scope of the department function and in view of existing policies and procedures.																							

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<b>Competency:</b> <i>The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																		
<b>KEY</b>																		
<u>Standard</u> <i>Specific skills and Knowledge required to Perform the job as per Established criteria</i>	<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable					<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required			<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation									
Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials
	1	2	3	4	NA					1	2	3	4	NA				
Seeks information necessary for accurate completion of job duties, using reference material to ensure accuracy.																		
Always thoroughly investigates client care problems and promptly seeks solutions.																		
Regularly maintains work area in a neat and orderly manner. Without prompting, assists in the cleaning and organization of the entire department.																		
Always requests clarification from supervisor when unsure of directive.																		
<b>ATTENDANCE AND TIMELINESS</b>																		
Consistently reports to work on time at the start of the assigned shift.																		
Always provides proper notification and advance notice for absence or tardiness.																		



<b>EMPLOYEE NAME:</b>						<b>JOB TITLE:</b> <u>Psychology Intern</u>						<b>DATE:</b>											
<i>Competency: The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																							
<b>KEY</b>																							
<u>Standard</u> Specific skills and Knowledge required to Perform the job as per Established criteria						<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable						<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required						<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation					
Standard	Initial Assessment (Level of competence)						Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)						Assessment Method	Validated by	Date	Employee Initials			
	1	2	3	4	NA	1					2	3	4	NA									
Never abuses or takes advantage of sick time or personal days.																							
Takes corrective action to prevent recurring absences																							
Attends all in-services and team meetings on time.																							
MISCELLANEOUS																							
Presents a well-groomed, professional image.																							
Wears hospital identification badge at all times when on duty.																							
Demonstrates an understanding of hospital fire and safety codes.																							
Always observant of safety, infection control and isolation procedures.																							

<b>EMPLOYEE NAME:</b>						<b>JOB TITLE:</b> <u>Psychology Intern</u>						<b>DATE:</b>											
<i>Competency: The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																							
<b>KEY</b>																							
<u>Standard</u> Specific skills and Knowledge required to Perform the job as per Established criteria						<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable						<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required						<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation					
Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials					
	1	2	3	4	NA					1	2	3	4	NA									
Maintains a clean, safe work environment.																							
Represents hospital in a positive manner.																							
<b>TRAINING:</b>																							
Completes mandatory yearly training requirements as outlined by DOH and other credentialing bodies.																							
<b>OTHER BEHAVIORAL FACTORS</b>																							
1. Always appear well-groomed and observes the hospital dress code. Wears I.D. badge at all times while on duty and maintains a professional appearance at all times.																							

<b>EMPLOYEE NAME:</b>		<b>JOB TITLE:</b> <u>Psychology Intern</u>				<b>DATE:</b>												
<b>Competency:</b> <i>The employee needs to demonstrate a working knowledge of the core functions and the application of that knowledge in professional practice.</i>																		
<b>KEY</b>																		
<u>Standard</u> <i>Specific skills and Knowledge required to Perform the job as per Established criteria</i>	<u>Level of competence:</u> 1. Outstanding (Exceeds Competency) 2. Fully meets Requirements 3. Development Required 4. Unsatisfactory N/A Not applicable					<u>Learning Options</u> A. Review policy/process B. Pre-view video C. Perform with supervisor D. Attend in-service E. None required			<u>Assessment Method</u> A. Demonstration B. Post-test C. Interview D. Observation									
Standard	Initial Assessment (Level of competence)					Validated by	Date	Selected Learning Option	Employee Initials	Follow-up Assessment (Level of competence)					Assessment Method	Validated by	Date	Employee Initials
	1	2	3	4	NA					1	2	3	4	NA				
2. Attempts to recognize and evaluate personal strengths and weaknesses; handles personal and professional frustrations appropriately.																		

**Areas for Improvement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Strengths:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Goals and Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Staff Development Plan:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Overall Evaluation Statement:**

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**Employee Comments:**

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\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE

## APPENDIX D

### QUARTERLY EVALUATION OF COMPETENCIES AND INDIVIDUAL TRAINING GOALS FOR PSYCHOLOGY INTERNS

**GMC Doctoral Intern  
Evaluation of Competencies and Individual Training Goals  
2017-2018**

Doctoral Intern \_\_\_\_\_

Rotations \_\_\_\_\_

Primary Supervisor \_\_\_\_\_

Contributing Supervisors \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Time Period of Evaluation \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Initial Development of Individual Training Goals

\_\_\_\_\_ 1<sup>st</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter

\_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter

**Description of Training Activities During This Period and To Date:**

Briefly Describe the Intern's Clinical Setting, Roles, and Activities for this Period:

Other Accomplishments:

Training Activities during this Evaluation Period: Please indicate the total hours for the current quarter and totals for the year. The hours for each activity are reflected in the training logs, which should be submitted along with this evaluation to the Director.

Treatment Setting	Quarter	Total
Outpatient Psychiatric Clinic:	_____	_____
Inpatient Psychiatric Hospital:	_____	_____
Residential Addictions:	_____	_____
Didactic and Learning Activities:	_____	_____
<b>TOTAL</b>	_____	_____

**A. Clinical Direct Services (Face-to-Face with Participant)**

Qtr	Total To Date	<u>Therapy</u>	
_____	_____	Individual Psychotherapy	
_____	_____	Group Psychotherapy	
_____	_____	Couple/ Family Therapy	
_____	_____	CBEs	
_____	_____	Milieu Therapy	
_____	_____	Treatment Team (Pt Present)	Total Therapy: _____
<u>Assessment</u>			Total # Batteries/Reports: _____
_____	_____	Psychological Testing (include list of tests & reports in Time2Track report)	
_____	_____	Testing Feedback to Participants	Total Assessment: _____
			Total Direct Care: _____

**B. Clinical Programming/Projects**

\*Clarify in "Other Accomplishments" Page 1

_____	_____	Outreach Programming*	
_____	_____	Performance Improvement Project*	
_____	_____	Outcome Assessment Project*	Clinical Projects: _____
			Total Intervention & Assmt: _____

**C. Supervision**

\_\_\_\_\_ Individual Supervision- Licensed Psychologist (Min 2 hrs/wk)

\_\_\_\_\_ Individual Supervision- Licensed Allied Mental Health Professional  
(LPC, LCSW, Nursing Supervisor, or Psychiatrist)

\_\_\_\_\_ Individual Supervision- Observed Sessions and CBEs

Total Individual Supervision: \_\_\_\_\_

\_\_\_\_\_ Group Supervision- Case Conference (Monday)

\_\_\_\_\_ Group Supervision- OPC Staff/Team Meeting (Fri noon- Hi Risk Cases)

Total Group Supervision: \_\_\_\_\_

Total Supervision: \_\_\_\_\_  
(Min 4 hrs/wk)

**D. Didactics and Learning Activities**

\_\_\_\_\_ Seminars/Didactic Training (Min 2 hrs/wk)

\_\_\_\_\_ Reading/Research/Preparation

\_\_\_\_\_ Professional Development (Videos outside of didactics)

\_\_\_\_\_ Professional Consultation with other professionals

\_\_\_\_\_ Hospital wide Teaching Case Conference/Grand Rounds

Total Didactics & Learning Activities: \_\_\_\_\_

**E. Other Support Activities**

\_\_\_\_\_ Coordinate Community Resources

\_\_\_\_\_ Video-Audio-Digital Recording Review

\_\_\_\_\_ Other Support Activities

Administration

Assessment Report Writing

Case Management

Chart Review

Clinical Writing/Progress Notes

Intervention Planning

Observation

Phone Calls

Psychological Assessment Scoring/Interpretation

Total Support Activities: \_\_\_\_\_

Comments: (Indicate how these totals compare to requirements to date; Req for Yr: Total > 2000;  
Indiv Supv > 100; Total Supv > 200; Didactics > 100; Testing Batteries > 3; Case Pres 4 Tx & 4 Testing)



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**Review of Accomplishments:**

Outpatient Caseload:

Total Number of Cases \_\_\_\_\_

Total Number of Discharges \_\_\_\_\_

Total Number of Active Cases \_\_\_\_\_

Total # Sessions OPC \_\_\_\_\_ (Min 125/qtr; 500/yr)

Average # Sessions \_\_\_\_\_

Show Rate OPC \_\_\_\_\_

Case Presentations \_\_\_\_\_

# Audio Recordings Reviewed: \_\_\_\_\_

Psychological Batteries & Reports: \_\_\_\_\_

Tests Administered this Quarter: \_\_\_\_\_

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**Supervision:**

Observation: (Indicate Approximate Number of Sessions Observed by a Supervisor)

\_\_\_\_\_ CBEs

\_\_\_\_\_ Individual Therapy (\_\_\_\_\_ Live; \_\_\_\_\_ Audiotape)

\_\_\_\_\_ Co-leading Group Therapy

\_\_\_\_\_ Treatment Team (Including Psychologist or Psychiatrist observing you interact with Participant)

\_\_\_\_\_ Testing

\_\_\_\_\_ Other: \_\_\_\_\_

**Methods of Assessment for this Evaluation:**

- |                            |   |
|----------------------------|---|
| _____ Direct Observation   | _____ Review of Raw Data                |
| _____ Review of Audiotapes | _____ Review of Case Notes/Chart Review |
| _____ Case Presentations   | _____ Review of Reports                 |
|                            | _____ Feedback of Other Staff           |

**Assessment of Intern's Competencies and Training Goals**

Please rate intern on each of the following categories using this rating scale:

N/A = Not Assessed or Not Applicable

1 = Concerns Noted; Remedial Work Needed

2 = Beginning-level Competency; Intensive Supervision Needed

3 = Intermediate-level Competency; Routine Supervision Needed

4 = High-Intermediate Competency; Supervision Needed for Non-routine Cases; Level of Competency Expected at Completion of Internship

5 = Advanced Competency; Autonomous Practice expected after Post-doctoral year

**GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized diagnostic interviewing, assessment, intervention, consultation, and supervision skills;

**Competency 1: Evidence-Based Diagnostic Interviewing:** Interns will be able to conduct a detailed biopsychosocial evaluation, make a DSM-V clinical diagnosis, write a case conceptualization, and make appropriate and timely disposition for services. This competency is a Program-Specific Competency which includes:

- \_\_\_\_\_ 1. Diagnostic Interviewing
- \_\_\_\_\_ 2. Diagnostic Classification and Diagnosis
- \_\_\_\_\_ 3. Case Conceptualization, Recommendation, and Case Disposition

\_\_\_\_\_ **Overall Rating for EVIDENCE-BASED DIAGNOSTIC INTERVIEWING**

**Comments:**

**Competency 2: Evidence-Based Assessment:** Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- \_\_\_\_\_ 2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- \_\_\_\_\_ 3. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

\_\_\_\_\_ **Overall Rating for EVIDENCE-BASED ASSESSMENT**

**Comments:**

**Competency 3: Evidence-Based Intervention:** Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Establish and maintain effective relationships with the recipients of psychological services.
- \_\_\_\_\_ 2. Develop evidence-based intervention plans specific to the service delivery goals.
- \_\_\_\_\_ 3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and
- \_\_\_\_\_ 4. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- \_\_\_\_\_ 5. Demonstrate the ability to apply the relevant literature to clinical decision making; and
- \_\_\_\_\_ 6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

\_\_\_\_\_ **Overall Rating for EVIDENCE BASED INTERVENTION**

**Comments:**

**Competency 4: Supervision:** Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

\_\_\_\_\_ **Overall Rating for SUPERVISION**

**Comments:**

**Competency 5: Integration of Advanced Concepts (Self and Other):** Interns will be able to conduct psychotherapy within outpatient, inpatient, and residential settings utilizing psychodynamic perspectives of dynamics, development, and relationship; humanistic/existential process-oriented perspectives of subjectivity, intentionality, and relationship; and cognitive-behavioral assessment and interventions. This competency is a Program-Specific Competency which includes:

- \_\_\_\_\_ 1. Use of Process
- \_\_\_\_\_ 2. Subjectivity/Presence
- \_\_\_\_\_ 3. Intentionality
- \_\_\_\_\_ 4. Relational Dynamics
- \_\_\_\_\_ 5. Intrapsychic Dynamics
- \_\_\_\_\_ 6. Use of Countertransference

\_\_\_\_\_ **Overall Rating for ADVANCED CONCEPTS**

**Comments:**

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\_\_\_\_\_ **Overall Rating for GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

**Comments**

**GOAL 2: SCHOLARLY ATTITUDE.** To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research.

**Competency 6: Individual and Cultural Diversity.** Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community. Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;
- \_\_\_\_\_ 2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- \_\_\_\_\_ 3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- \_\_\_\_\_ 4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

\_\_\_\_\_ **Overall Rating for INDIVIDUAL AND CULTURAL DIVERSITY**

**Comments:**

**Competency 7: Professional Values, Attitudes, and Behaviors.** Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- \_\_\_\_\_ 2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- \_\_\_\_\_ 3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- \_\_\_\_\_ 4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

\_\_\_\_\_ **Overall Rating for PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

**Comments:**

**Competency 8: Research.** Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

\_\_\_\_\_ **Overall Rating for RESEARCH**

**Comments:**

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\_\_\_\_\_ **Average Rating for GOAL 2: SCHOLARLY ATTITUDE**

**Comments**

**GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY.** To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

**Competency 9: Communication and Interpersonal Skills.** Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- \_\_\_\_\_ 2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- \_\_\_\_\_ 3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

\_\_\_\_\_ **Overall Rating for COMMUNICATION AND INTERPERSONAL SKILLS**

**Comments:**

**Competency 10: Consultation and Interprofessional/Interdisciplinary Skills.** Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

- \_\_\_\_\_ 1. Demonstrate knowledge and respect for the roles and perspectives of other professions
- \_\_\_\_\_ 2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

\_\_\_\_\_ **Overall Rating for CONSULTATION AND INTERPROFESSIONAL/  
INTERDISCIPLINARY SKILLS**

**Comments:**

**Competency 11: Ethical and Legal Standards.** Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Be knowledgeable of and act in accordance with each of the following:
  - i. The current version of the APA Ethical Principles and Code of Conduct;
  - ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- \_\_\_\_\_ 2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- \_\_\_\_\_ 3. Conduct self in an ethical manner in all professional activities.

\_\_\_\_\_ **Overall Rating for Ethical and Legal Standards**

**Comments:**

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\_\_\_\_\_ **Overall Rating GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY**

**Comments:**

**Concluding Comments**

Please summarize your observations and impressions of this Intern, including overall strength and weaknesses, and any areas that were not covered elsewhere.

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Primary Supervisor  
PA Licensed Psychologist

Date

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Doctoral Intern

Date

**Intern Comments and Feedback (use reverse side if needed):**



### SUMMARY TABLE

Intern: \_\_\_\_\_

Evaluation Period (Initial or Quarter #): \_\_\_\_\_

Goal	Objective	Average
Clinical Knowledge and Skills		
	Evidence-Based Diagnostic Interviewing	
	Evidence-Based Assessment	
	Evidence-Based Intervention	
	Integration of Advanced Concepts	
	Supervision	
Scholarly Attitude		
	Individual and Cultural Diversity	
	Professional Values, Attitudes, & Behaviors	
	Research	
Professional Conduct and Identity		
	Communication & Interpersonal Skills	
	Consultation & Interprofessional/ Interdisciplinary Skills	
	Ethical & Legal Standards	
TOTAL		

\* Minimum level of competency expected at the completion of internship is “4”

## APPENDIX E

### QUARTERLY **SELF-EVALUATION** OF COMPETENCIES AND INDIVIDUAL TRAINING GOALS

#### FOR PSYCHOLOGY INTERNS

**NPHS-GMC Doctoral Intern  
Self-Assessment of Competencies  
2017-2018**

Doctoral Intern \_\_\_\_\_

\_\_\_\_\_ Initial Development of Individual Training Goals

\_\_\_\_\_ 1<sup>st</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter

\_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter

**Assessment of Intern's Competencies and Training Goals**

Please rate intern on each of the following categories using this rating scale:

N/A = Not Assessed or Not Applicable

1 = Concerns Noted; Remedial Work Needed

2 = Beginning-level Competency; Intensive Supervision Needed

3 = Intermediate-level Competency; Routine Supervision Needed

4 = High-Intermediate Competency; Supervision Needed for Non-routine Cases; Level of Competency  
Expected at Completion of Internship

5 = Advanced Competency; Autonomous Practice expected after Post-doctoral year

**GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized diagnostic interviewing, assessment, intervention, consultation, and supervision skills;

**Competency 1: Evidence-Based Diagnostic Interviewing:** Interns will be able to conduct a detailed biopsychosocial evaluation, make a DSM-V clinical diagnosis, write a case conceptualization, and make appropriate and timely disposition for services. This competency is a Program-Specific Competency which includes:

- \_\_\_\_\_ 1. Diagnostic Interviewing
- \_\_\_\_\_ 2. Diagnostic Classification and Diagnosis
- \_\_\_\_\_ 3. Case Conceptualization, Recommendation, and Case Disposition

\_\_\_\_\_ **Overall Rating for EVIDENCE-BASED DIAGNOSTIC INTERVIEWING**

**Comments:**

**Competency 2: Evidence-Based Assessment:** Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources

appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

- \_\_\_\_\_ 2. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- \_\_\_\_\_ 3. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

\_\_\_\_\_ **Overall Rating for EVIDENCE-BASED ASSESSMENT**

**Comments:**

**Competency 3: Evidence-Based Intervention:** Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Establish and maintain effective relationships with the recipients of psychological services.
- \_\_\_\_\_ 2. Develop evidence-based intervention plans specific to the service delivery goals.
- \_\_\_\_\_ 3. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and
- \_\_\_\_\_ 4. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- \_\_\_\_\_ 5. Demonstrate the ability to apply the relevant literature to clinical decision making; and
- \_\_\_\_\_ 6. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

\_\_\_\_\_ **Overall Rating for EVIDENCE BASED INTERVENTION**

**Comments:**

**Competency 4: Supervision:** Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

\_\_\_\_\_ **Overall Rating for SUPERVISION**

**Comments:**

**Competency 5: Integration of Advanced Concepts (Self and Other):** Interns will be able to conduct psychotherapy within outpatient, inpatient, and residential settings utilizing psychodynamic perspectives of dynamics, development, and relationship; humanistic/existential process-oriented perspectives of subjectivity, intentionality, and relationship; and cognitive-behavioral assessment and interventions. This competency is a Program-Specific Competency which includes:

- \_\_\_\_\_ 1. Use of Process
- \_\_\_\_\_ 2. Subjectivity/Presence
- \_\_\_\_\_ 3. Intentionality
- \_\_\_\_\_ 4. Relational Dynamics
- \_\_\_\_\_ 5. Intrapsychic Dynamics
- \_\_\_\_\_ 6. Use of Countertransference

\_\_\_\_\_ **Overall Rating for ADVANCED CONCEPTS**

**Comments:**

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\_\_\_\_\_ **Overall Rating for GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

**Comments**

**GOAL 2: SCHOLARLY ATTITUDE DEVELOPMENT**. To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research.

**Competency 6: Individual and Cultural Diversity**. Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community. Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;
- \_\_\_\_\_ 2. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- \_\_\_\_\_ 3. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- \_\_\_\_\_ 4. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

\_\_\_\_\_ **Overall Rating for INDIVIDUAL AND CULTURAL DIVERSITY**

**Comments:**

**Competency 7: Professional Values, Attitudes, and Behaviors**. Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- \_\_\_\_\_ 2. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- \_\_\_\_\_ 3. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- \_\_\_\_\_ 4. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

\_\_\_\_\_ **Overall Rating for PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

**Comments:**

**Competency 8: Research.** Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

\_\_\_\_\_ **Overall Rating for RESEARCH**

**Comments:**

---

\_\_\_\_\_ **Average Rating for GOAL 2: SCHOLARLY ATTITUDE**

**Comments**

**GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY.** To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

**Competency 9: Communication and Interpersonal Skills.** Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- \_\_\_\_\_ 2. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- \_\_\_\_\_ 3. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

\_\_\_\_\_ **Overall Rating for COMMUNICATION AND INTERPERSONAL SKILLS**

**Comments:**

**Competency 10: Consultation and Interprofessional/Interdisciplinary Skills.** Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

- \_\_\_\_\_ 1. Demonstrate knowledge and respect for the roles and perspectives of other professions
- \_\_\_\_\_ 2. Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

\_\_\_\_\_ **Overall Rating for CONSULTATION INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS**

**Comments:**

**Competency 11: Ethical and Legal Standards.** Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

- \_\_\_\_\_ 1. Be knowledgeable of and act in accordance with each of the following:
  - i. The current version of the APA Ethical Principles and Code of Conduct;
  - ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- \_\_\_\_\_ 2. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- \_\_\_\_\_ 3. Conduct self in an ethical manner in all professional activities.

\_\_\_\_\_ **Overall Rating for Ethical and Legal Standards**

**Comments:**

---

\_\_\_\_\_ **Overall Rating GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY**

**Comments:**



**Concluding Comments**

Please summarize your self-observations, including overall strength and weaknesses, and any areas that were not covered elsewhere.

---

Doctoral Intern

Date

---

Primary Supervisor  
PA Licensed Psychologist

Date

**SUMMARY TABLE  
SELF-EVALUATION**

Intern: \_\_\_\_\_

Evaluation Period (Initial or Quarter #): \_\_\_\_\_

Goal	Objective	Average
Clinical Knowledge and Skills		
	Evidence-Based Diagnostic Interviewing	
	Evidence-Based Assessment	
	Evidence-Based Intervention	
	Integration of Advanced Concepts	
	Supervision	
Scholarly Attitude		
	Individual and Cultural Diversity	
	Professional Values, Attitudes, & Behaviors	
	Research	
Professional Conduct and Identity		
	Communication & Interpersonal Skills	
	Consultation & Interprofessional/ Interdisciplinary Skills	
	Ethical & Legal Standards	
TOTAL		

\* Minimum level of competency expected at the completion of internship is “4”

## APPENDIX F

### TRAINING GOALS AND COMPETENCIES

**Individualized Training  
Plan  
Girard Medical Center  
Psychology**

Individualized training plans are designed to assist in meeting personal training objectives as well as those of the program. At the end of each quarter, the plan will be reviewed and revised.

**Core Competencies**

1. Evidence-Based Diagnostic Interviewing
2. Evidence-Based Assessment
3. Evidence-Based Intervention
4. Integration of Advanced Concepts
5. Supervision
6. Individual & Cultural Diversity
7. Professional Values, Attitudes, Behaviors
8. Research
9. Communication & Interpersonal Skills
10. Consultation and Interprofessional/  
Interdisciplinary Skills
11. Ethical & Legal Standards

Core Competency: \_\_\_\_\_

Training Goal: \_\_\_\_\_  
\_\_\_\_\_

Short-Term Objective: \_\_\_\_\_  
\_\_\_\_\_

Projected Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_  
\_\_\_\_\_

Core Competency: \_\_\_\_\_

Training Goal: \_\_\_\_\_  
\_\_\_\_\_

Short-Term Objective: \_\_\_\_\_  
\_\_\_\_\_

Projected Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Core Competency: \_\_\_\_\_

Training Goal: \_\_\_\_\_

\_\_\_\_\_

Short-Term Objective: \_\_\_\_\_

\_\_\_\_\_

Projected Date: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_

**Date for Reassessment of Progress:** \_\_\_\_\_

I have read and understand this training plan and been provided opportunities to discuss it with Supervisor.

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Evaluation of Progress:

Date: \_\_\_\_\_

Evaluation:

Plan:

APPENDIX G

PROGRAM EVALUATION OF

GOALS AND COMPETENCIES

**Program Evaluation  
Girard Medical Center  
Doctoral Internship in Clinical Psychology**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Overall Quality of Training in Core Competencies**

Interns receive instruction, clinical experience, and supervision designed to facilitate the achievement of several major goals. It is expected that at the conclusion of the training experience interns and residents will have mastered advanced competency in the areas of knowledge and skills in providing empirically based services, scholarly attitude, and professional conduct. Please rate the overall quality of training related to each of these competencies.

- Goal 1-** Clinical Knowledge and Skills:
- i. Evidence-Based Diagnostic Interviewing
  - ii. Evidence-Based Assessment
  - iii. Evidence-Based Intervention
  - iv. Integration of Advanced Concepts (Self and Other)
  - v. Supervision

- Goal 2-** Scholarly Attitude
- i. Individual and Cultural Diversity
  - ii. Professional Values, Attitudes, and Behaviors
  - iii. Research

- Goal 3-** Professional Conduct and Identity
- i. Communication and Interpersonal Skills
  - ii. Consultation and Interprofessional/ Intradisciplinary Skills
  - iii. Ethical and Legal Standards

**GOAL 1: CLINICAL KNOWLEDGE AND SKILLS**

To provide interdisciplinary training experiences in inpatient and outpatient levels of care working with program participants at various levels of functioning and stages of change, for interns to develop broad and specialized diagnostic interviewing, assessment, intervention, consultation, and supervision skills;

Poor	Fair	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 1: Evidence-Based Diagnostic Interviewing:** Interns will be able to conduct a detailed biopsychosocial evaluation, make a DSM-V clinical diagnosis, write a case conceptualization, and make appropriate and timely disposition for services. This competency is a Program-Specific Competency which includes:

- Diagnostic Interviewing
- Diagnostic Classification and Diagnosis
- Case Conceptualization, Recommendation, and Case Disposition

Poor	Fair	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 2: Evidence-Based Assessment:** Interns will be able to conduct a psychological assessment, give verbal feedback, and present the results in a written report in a timely manner. Consistent with IR C-8I, this competency includes:

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Poor	Fair	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 3: Evidence-Based Intervention:** Interns will be able to effectively use person-centered, transformation, resilience, and recovery-based models of care; an informed, transtheoretical approach to intervention planning; and evidence-based and empirically supported practices as guiding principles to integrate a variety of orientations and trauma-informed services for persons with severe mental illness and dual-diagnosis across all stages of change and ego functioning. And they will be able to formulate psychotherapy cases and present them in verbal and written form. They also will be able to select meaningful



process and outcome measures and to utilize them for ongoing feedback and continuous process improvements in both clinical work and administrative processes. Consistent with IR C-8I, this competency includes:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables; and
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Demonstrate the ability to apply the relevant literature to clinical decision making; and
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Poor

☐

Fair

☐

Neutral

☐

Good

☐

Excellent

☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 4: Supervision:** Interns will be able to effectively utilize supervision, and to provide mentoring and supervision to practicum students or other health professionals. Consistent with IR C-8I, this competency includes:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Poor

☐

Fair

☐

Neutral

☐

Good

☐

Excellent

☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 5: Integration of Advanced Concepts (Self and Other):** Interns will be able to conduct psychotherapy within outpatient, inpatient, and residential settings utilizing psychodynamic perspectives of dynamics, development, and relationship; humanistic/existential process-oriented perspectives of subjectivity, intentionality, and relationship; and cognitive-behavioral assessment and interventions. This competency is a Program-Specific Competency which includes:

- Use of Process
- Subjectivity/Presence
- Intentionality
- Relational Dynamics
- Intrapsychic Dynamics
- Use of Countertransference

**GOAL 2: SCHOLARLY ATTITUDE.** To facilitate the development of a scholarly attitude, with appreciation for individual and cultural diversity, scholarly inquiry, and ongoing study and integration of current theory and research.

Poor	Fair	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 6: Individual and Cultural Diversity.** Interns will have knowledge and skills regarding individual and cultural issues as these impact on clinical work with program participants, colleagues, and community. Interns will demonstrate individual and cultural diversity awareness as well as social awareness and responsibility. Consistent with IR C-8I, this competency includes:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understanding and interact with people different from themselves;
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship

Poor	Fair	Neutral	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 7: Professional Values, Attitudes, and Behaviors.** Interns will engage in reflective and critical thinking in their clinical work and discussions. They will engage in the professional development process, including self-directed learning, develop a plan for Residency training and life-long learning and professional socialization after internship, and begin to engage in professional community in new ways. Consistent with IR C-8I, this competency includes:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

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- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Poor Fair Neutral Good Excellent

☐ ☐ ☐ ☐ ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 8: Research.** Interns will be regular consumers of research, and able to critically evaluate and disseminate research or other scholarly activities. Consistent with IR C-8I, this competency includes:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (including the host institution), regional, or national level

Poor Fair Neutral Good Excellent

☐ ☐ ☐ ☐ ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**GOAL 3: PROFESSIONAL CONDUCT AND IDENTITY.** To foster professional behavior and identity development, including respectful and professional relationships, professional responsibility, ethical and legal reasoning and behavior, and engagement in the professional development process and professional community.

Poor Fair Neutral Good Excellent

☐ ☐ ☐ ☐ ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 9: Communication and Interpersonal Skills.** Interns will demonstrate respectful and professional relationships and communication with staff, peers, program participants, groups, and others; awareness of impact on others, and effective coping skills to manage stress. Consistent with IR C-8I, this competency includes:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Poor                      Fair                      Neutral                      Good                      Excellent

☐                      ☐                      ☐                      ☐                      ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 10: Consultation and Interprofessional/Interdisciplinary Skills.** Interns will engage in ongoing consultation and coordination of care with intra- and interdisciplinary team members, and with collaterals as appropriate to integrative, quality, and transition of care.

- Demonstrate knowledge and respect for the roles and perspectives of other professions
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Poor                      Fair                      Neutral                      Good                      Excellent

☐                      ☐                      ☐                      ☐                      ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

**Competency 11: Ethical and Legal Standards.** Interns will be familiar with APA guidelines and best practices; will demonstrate knowledge and skill regarding ethical issues in the practice of psychology; and will demonstrate ethical and professional behavior in dealings with program participants and staff. Consistent with IR C-8I, this competency includes:

- Be knowledgeable of and act in accordance with each of the following:
  - The current version of the APA Ethical Principles and Code of Conduct;
  - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Poor                      Fair                      Neutral                      Good                      Excellent



Comments: \_\_\_\_\_

\_\_\_\_\_

APPENDIX H

PROGRAM EVALUATION OF

TRAINING ACTIVITIES AND SUPERVISION

## Program and Supervisor Evaluation

### Instructions and Personal Information

This Program Evaluation is utilized by GMC to continually improve and enhance the training program. All responses are reviewed by the Training Director and Committee, and your feedback is carefully considered. All feedback will be considered fully, and any ratings of "Poor" or "Fair" will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments whenever applicable in order to help us respond more effectively.

1. Your Name:

2. Date:

3. Quarter:

4. Primary Supervisor:

## Program and Supervisor Evaluation

### Weekly Training Activities

5. Didactic Lectures (Fridays)

	Poor	Fair	Good	Excellent
Overall quality of lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of lecture topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Group Supervision (Case Conference)

	Poor	Fair	Good	Excellent
Overall quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance/ Usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Group Supervision (OPC Treatment Team)

	Poor	Fair	Good	Excellent
Overall Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance/ Usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Observation of CBEs

	Poor	Fair	Good	Excellent
Overall Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance/ Usefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please provide additional comments or feedback:

Program and Supervisor Evaluation

Clinical Activities- Outpatient Psychiatry

10. Outpatient Psychiatry Clinic

	Poor	Fair	Good	Excellent
Overall quality of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breadth of clinical intervention experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with number of client contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of expectations and responsibilities for intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



11. Case load was appropriate to meet educational needs:

- ☐ Yes  
☐ No

12. Please provide additional comments or feedback:

### Program and Supervisor Evaluation

#### Clinical Activities- Inpatient Psychiatry

13. Inpatient Psychiatry Type

- ☐ Acute  
☐ Extended Acute

14. Inpatient Psychiatry Clinic

	Poor	Fair	Good	Excellent
Overall quality of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breadth of clinical intervention experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with number of client contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of expectations and responsibilities for intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of intern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please provide additional comments or feedback:

### Program and Supervisor Evaluation

## Supervision

### 16. Helpfulness of Supervision

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 17. Availability of Supervisors

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 18. Supervisors as Role Models

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 19. Frequency of Supervision

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 20. Intern's Satisfaction with Supervision

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 21. Effectiveness of Teaching

	Poor	Fair	Good	Excellent
Primary supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please provide additional comments or feedback:

### Program and Supervisor Evaluation

#### Miscellaneous

23. Orientation

	Poor	Fair	Good	Excellent
Overall quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please provide any comments/ recommendations for enhancement of Orientation

25. Please provide additional comments or feedback that you believe might be helpful or might improve the internship:

26. Please provide additional comments or feedback that you believe would help improve this program evaluation survey:

*Thank you for your feedback!*

APPENDIX I  
DIDACTIC SCHEDULE  
2017-2018

Learning Activities: 2017-2018  
Girard Medical Center

Psychology Interns participate in the following learning activities and supervision:

1. Individual Clinical Supervision: Each intern participates in 2 hours per week of regularly scheduled supervision with a licensed psychologist. Supervision meetings focus primarily on clinical cases and documentation of that work, including review of audio recordings of one or more sessions per month. Each clinical case is reviewed with the primary or secondary supervisor on at least a monthly basis, with more frequent review of complex or high risk participants. Supervision sessions are documented in the intern file, including the cases and audiotapes reviewed.
2. Live Supervision of CBEs: A licensed clinician provides live supervision for at least 1 hour of each CBE completed by an intern. Each intern is scheduled to complete 1-2 CBE's per week. This live supervision is documented in the intern file, including the time of the observation and feedback provided.
3. Individual Administrative Supervision: Each intern meets with the Director of the Outpatient Clinic or a designee on a quarterly basis, to review charts, discuss concerns, review progress towards goals, and review plans for the upcoming quarter.
4. Daily Group Supervision: Each intern attends a brief meeting (15 minutes) at the beginning of the day for centering, and to review announcements, reminders, schedules, referrals and other plans for the day responsibilities. A similar meeting at the end of each day provides time for supervisors to discuss events from the day, review and sign documentation, and respond to any concerns. All documentation, logs, and reports are completed prior to leaving at the end of each day. All staff also assist in closing down the clinic each day, including straightening, shutting down equipment and lights, and locking cabinets and doors.
5. Case Conference/Group Supervision: Interns attend a weekly case conference in which cases are reviewed integrating information learned in the previous didactics. Each intern formally presents a minimum of 3 therapy and 3 testing cases during the year. Other cases are discussed less formally, with the facilitator utilizing a variety of learning processes within a group context to help interns to effectively apply what they have learned to their clinical work.
6. Treatment Team: Interns attend treatment team meetings on the inpatient units, with frequency of attendance dependent on their assigned role on the unit. These multidisciplinary team meetings typically include a psychiatrist, nurse, social worker, creative arts therapist, and psychology intern and/or psychologist.
7. Outpatient Treatment Team: Interns regularly attend the weekly outpatient treatment team. On a rotating basis, each month one team from the Goldman Clinic meets with the Outpatient Psychiatry Treatment Team to discuss dually enrolled participants. Staff discuss complex cases more fully, sometimes arranging for the program participant to attend a separate meeting with members of the treatment team.

Orientation Schedule: 2017-2018  
 Doctoral Interns- Psychology  
 Girard Medical Center

July 3-17	Orientation
Mon, July 3	ADMINISTRATIVE  Introductions, Overview Intern Handbook Department Orientation Tour, Office Assignments, Keys, Badges, Parking Permit Policies and Procedures Meet & Greet: Administrative Staff and Support Services Hospital Orientation Packet Review Schedule and List of Participants Assigned Time to Track Overview
Tues, July 4	HOLIDAY
Wed, July 5	CLINICAL- Outpatient  Review of Clinical Procedures, Documentation, and Sign Off Biopsychosocial Evaluation/CBE Individual Therapy Review of Participant Charts/Observe CBE's Meet & Greet: Residential Staff Meet with Primary Supervisor: Review Schedule, Caseload
Thurs, July 6	CLINICAL- Outpatient  HIPAA & PA Law Contact Participants for Introductions and Confirm Appointments Lunch & Didactic: MIP (Therapeutic Community as Method); Individual and Cultural Factors- Implications for Enhancing Clinical Services Review of Participant Charts/Observe CBE's Groups
Fri, July 7	CLINICAL- Inpatient  Introduction to Inpatient Psychiatry Meet & Greet: Participant and Staff Inpatient Psychiatry Observe Inpatient Treatment Teams Milieu Engagement Procedures & Documentation- Inpatient Services Complete Self-Evaluation of Competencies, Training Plan, Time to Track, Evaluation of Orientation

Mon, July 10 HOSPITAL ORIENTATION

July 11-14 BEHAVIORAL ORIENTATION

Mon, July 17 COLLABORATION OF CARE & QUALITY ASSURANCE

Clinical Work

Orientation to Goldman Clinic; Medication Assisted Treatment and Collaboration of Care

OPC Treatment Team: Orientation, Tracking Caseload, Disposition, & Due Dates

Final Preparation for Groups

Case Conference: Therapeutic Alliance with SMI: Attachment Style & Interpersonal Distance

Meet & Greet: Goldman Clinic Staff

Learning Activities: 2017-2018  
Girard Medical Center

Psychology Interns participate in the following learning activities and supervision:

8. Individual Clinical Supervision: Each intern participates in 2 hours per week of regularly scheduled supervision with a licensed psychologist. Supervision meetings focus primarily on clinical cases and documentation of that work, including review of audio recordings of one or more sessions per month. Each clinical case is reviewed with the primary or secondary supervisor on at least a monthly basis, with more frequent review of complex or high risk participants. Supervision sessions are documented in the intern file, including the cases and audiotapes reviewed.
9. Live Supervision of CBEs: A licensed clinician provides live supervision for at least 1 hour of each CBE completed by an intern. Each intern is scheduled to complete 1-2 CBE's per week. This live supervision is documented in the intern file, including the time of the observation and feedback provided.
10. Individual Administrative Supervision: Each intern meets with the Director of the Outpatient Clinic or a designee on a quarterly basis, to review charts, discuss concerns, review progress towards goals, and review plans for the upcoming quarter.
11. Daily Group Supervision: Each intern attends a brief meeting (15 minutes) at the beginning of the day for centering, and to review announcements, reminders, schedules, referrals and other plans for the day responsibilities. A similar meeting at the end of each day provides time for supervisors to discuss events from the day, review and sign documentation, and respond to any concerns. All documentation, logs, and reports are completed prior to leaving at the end of each day. All staff also assist in closing down the clinic each day, including straightening, shutting down equipment and lights, and locking cabinets and doors.
12. Case Conference/Group Supervision: Interns attend a weekly case conference in which cases are reviewed integrating information learned in the previous didactics. Each intern formally presents a minimum of 3 therapy and 3 testing cases during the year. Other cases are discussed less formally, with the facilitator utilizing a variety of learning processes within a group context to help interns to effectively apply what they have learned to their clinical work.
13. Treatment Team: Interns attend treatment team meetings on the inpatient units, with frequency of attendance dependent on their assigned role on the unit. These multidisciplinary team meetings typically include a psychiatrist, nurse, social worker, creative arts therapist, and psychology intern and/or psychologist.
14. Outpatient Treatment Team: Interns regularly attend the weekly outpatient treatment team. On a rotating basis, each month one team from the Goldman Clinic meets with the Outpatient Psychiatry Treatment Team to discuss dually enrolled participants. Staff discuss complex cases more fully, sometimes arranging for the program participant to attend a separate meeting with members of the treatment team.



Training Schedule: 2017-2018  
Intern Didactics: Fridays, 2:30-4:30pm  
Girard Medical Center

July 3-17      Orientation

- Department Policies & Procedures (July 3)
  - Meet & Greet: Staff from Admin & Support Services
- Clinical Procedures and Documentation- Outpatient (July 5-6)
  - Meet & Greet: Residential Staff
  - Lunch & Diversity Awareness Didactic: MIP Participants & Staff
- Clinical Procedures & Documentation- Inpatient (July 7)
  - Meet & Greet: Participants & Staff
- Hospital Orientation (July 10)
- Behavioral Medicine Orientation (July 11-14)
- Collaboration of Care & Quality Assurance (July 17)

KNOWLEDGE AND SKILLS: EVIDENCED-BASED INTERVENTIONS (Competency 3)

- July 17      Dual Diagnosis: Medication-Assisted Treatment and the Critical Role of Collaboration of Care (Clinical Supervisor from Goldman Clinic)
- July 21      Overview of Philosophy and Treatment Models Transformation & Recovery; Integrative Interdisciplinary Care; Trauma-Informed Care; Transtheoretical and Developmental; Behavioral, Cognitive, Interpersonal, Psychodynamic, Humanistic & Existential Therapies; EBT Integration; EBT for Dual Disorders (Marijo Lucas, Ph.D)
- July 24      Safety, Risk Assessment, and Crisis Response; Incident & Event Reporting; Risk Assessment & Support, Prevention, and Crisis Plan; Mortality & Morbidity Case Conference (Marijo Lucas, PhD)
- July 28      Treatment Planning using EMR; and Utilizing Routine Process & Outcome Measures (ROM: PROMIS, Stages of Change, and Treatment Alliance) (Marijo Lucas, PhD)
- August 4      Trauma-Informed Care: Domestic Violence (Lenore Walker Video & Discussion) (Bruno Broll-Barone, PhD)

SCHOLARLY ATTITUDE: INDIVIDUAL AND CULTURAL DIVERSITY (Competency 6)

- (July 6)      Introduction to MIP (Therapeutic Community as Method); and Individual and Cultural Factors: Implications for Enhancing Clinical Services (Tony Moses, Clinical Supervisor from Miracles in Progress I, & Participants from Program)
- (July 17)      Therapeutic Alliance for Participants Experiencing Serious Mental Illness: Attending to Attachment Style and Interpersonal Distance (Marijo Lucas, PhD)

(July 31) Pretherapy: Knowing What to Say When Participants Are Contact Impaired (Marijo Lucas, PhD)

August 11 Trauma Across the Lifespan: The Effect of Early and Chronic Trauma Exposure on Development (Bruno Broll-Barone, PhD)

August 18 TBA (Off-Site Community Training or Creative Arts Experiential Training)

#### KNOWLEDGE AND SKILLS: EVIDENCED-BASED INTERVENTIONS (Competency 3)

(July 6) Group Therapy: Creation and Maintenance of Groups, Culture Building, and Illumination of the Here and Now; and Protocols for Outpatient and Inpatient Groups. (Marijo Lucas, PhD)

August 25 Symptom Level Interventions: Motivational Interviewing, (Bruno Broll-Barone, PhD)

September 1 Symptom Level Interventions: Behavioral Activation, Behavior Therapy & Solution Focused Therapies (Bruno Broll-Barone, PhD)

September 8 Cognitive Level Intervention: Cognitive (Bruno Broll-Barone, PhD)

September 15 Mindfulness and DBT Informed Therapies (Bruno Broll-Barone, PhD)

September 22 Recovery-Oriented Cognitive Therapy for Schizophrenia: (Ellen Inverso, PsyD)

Sept 29 & Oct 6 Interpersonal Level Interventions: Interpersonal, Brief Dynamic, CCRT, STDP, and Process Oriented/Immediacy Therapies (Marijo Lucas, PhD)

#### CLINICAL KNOWLEDGE & SKILLS: EVIDENCE BASED DIAGNOSTIC INTERVIEWING (Competency 1)

October 13 Diagnostic Interviewing, Participant Education, and Role Induction; Clinician Knowledge and Expertise (Bruno Broll-Barone, PhD)

October 20 Bipolar Disorder: Diagnostic Interviewing, Case Conceptualization, Participant Education, and Treatment Planning; ISRT (Marijo Lucas, PhD)

October 27 Anxiety Disorders: Diagnostic Interviewing, Case Conceptualization, Participant Education, and Treatment Planning (Marijo Lucas, PhD)

November 3 Post-Traumatic Stress Disorder: Diagnostic Interviewing, Case Conceptualization, Participant Education, and Treatment Planning (Marijo Lucas, PhD)

November 10 Depressive Disorders: Diagnostic Interviewing, Case Conceptualization, Participant Education, and Treatment Planning (Marijo Lucas, PhD)

November 17 Schizophrenia Spectrum Disorders: Diagnostic Interviewing, Case Conceptualization, Participant Education, and Treatment Planning (Marijo Lucas, PhD)

## KNOWLEDGE AND SKILLS: EVIDENCED-BASED ASSESSMENT (Competency 2)

November 24 Testing Selection and Standardized Test Administration (Bruno Broll-Barone, PhD)

December 1 Testing Interpretation and Report Writing; Providing Feedback, Training, and Followup (Bruno Broll-Barone, PhD)

## PROFESSIONAL CONDUCT AND IDENTITY: SUPERVISION (Objective 10)

December 8 Use of Supervision (Bruno Broll-Barone, PhD)

## COMMUNICATION AND INTERPERSONAL SKILLS (Objective 8)

December 15 Communication and Interpersonal Skills (Bruno Broll-Barone, PhD)

December 22 No Didactic: Holiday

December 29 No Didactic: Holiday

## PROFESSIONAL CONDUCT AND IDENTITY: ETHICAL AND LEGAL STANDARDS (Competency 11)

January 5 Regulations, Standards, Inspections, Audits, and Quality Indicators: CBH, DBH, NIAC, CARF, OMH, and P4P; (Marijo Lucas, PhD)

January 12 Review of Safety, Risk Assessment, and Crisis Response; Incident & Event Reporting; Mortality & Morbidity Case Conference (Marijo Lucas, PhD)

January 19 Treatment Planning and Documentation – A Review (Marijo Lucas, PhD)

## SCHOLARLY ATTITUDE: RESEARCH (Competency 8)

January 26 Psychotherapy Research: Alliance, Premature Termination, and Psychotherapy Integration; Utilizing Routine Process, Outcome Measures and Ongoing Feedback in Clinical Practice, and Dual Disorders Treatment Guidelines (Marijo Lucas, PhD)

## SCHOLARLY ATTITUDE: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR (Competency 7)

February 2 Engagement in Professional Development Process (Self-Directed Life-Long Learning, Planning for Residency); Socialization and Engagement in the Professional Community (Bruno Broll-Barone, PhD)

## PROFESSIONAL CONDUCT AND IDENTIFY: SUPERVISION (Competency 5)

February 9 Mentoring, Consultation, and Supervision (Carmen Lewis, PsyD)

## PROFESSIONAL CONDUCT AND IDENTITY: ETHICAL AND LEGAL STANDARDS (Competency 11)

- (TBA) PA Approved CE regarding Child Abuse Reporting Requirements (Interns take an on-line state approved CE and submit the CE certificate)
- (July 6) HIPAA and PA Law (Marijo Lucas, PhD)
- February 17 Review of Recent Changes in HIPAA, PA Law in Psychology, and/or CMS Requirements or Guidelines (Marijo Lucas, PhD)
- April 21 Licensure Requirements and Application Process (Carmen Lewis, PsyD)

## KNOWLEDGE AND SKILLS: INTEGRATION OF ADVANCED CONCEPTS (SELF AND OTHER) (Competency 4)

- February 24 Use of Process (Marijo Lucas, PhD)
- March 3 Subjectivity, Presence, Intentionality, and Volition (Marijo Lucas, PhD)
- March 10 Relational Dynamics (Marijo Lucas, PhD)
- March 17 Intrapsychic Dynamics (Marijo Lucas, PhD)
- March 24 Use of Countertransference (Marijo Lucas, PhD)
- March 31 TBA: Based on Intern Feedback and Training Needs (Carmen Lewis, PsyD)
- April 7 TBA: Based on Intern Feedback and Training Needs (Carmen Lewis, PsyD)
- April 14 TBA: Based on Intern Feedback and Training Needs (Carmen Lewis, PsyD)
- April 28 TBA: Based on Intern Feedback and Training Needs (Carmen Lewis, PsyD)
- May 5 Review of Upcoming Exit and Transition Process; Terminating with Program Participants (Marijo Lucas, PhD)
- May 12 TBA: Based on Intern Feedback and Training Needs

## SCHOLARLY ATTITUDE: RESEARCH (Competency 8)

- May 19 Intern Presentation (Supervisor of Intern)
- May 26 Intern Presentation (Supervisor of Intern)
- June 2 Intern Presentation (Supervisor of Intern)
- June 9 Intern Presentation (Supervisor of Intern)

June 16	Intern Presentation (Supervisor of Intern)
June 23	INTERN CELEBRATION
June 30	FINAL DAY WRAPUP

## APPENDIX F

### SAMPLE INTERN CERTIFICATE

