



Postdoctoral Fellowship Handbook 2021 – 2022



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Post-doctoral Fellowship Handbook 2021-2022 Training Year

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I. Introduction	5
A. About Friends Hospital	5
B. Other Training Programs at Friends Hospital.....	5
C. Post-doctoral Fellowship in Clinical Psychology	5
D. Accreditation.....	5
II. Overview of the Fellowship.....	6
A. Training Model	6
B. Primary Clinical Programs.....	Error! Bookmark not defined.
1. Adult Program.....	8
2. Adolescent Program.....	8
3. Older Adult.....	8
C. Clinical Experience.....	9
D. Supervision.....	9
E. Didactic Training.....	10
III. Application Procedure	10
A. Eligibility	<u>10</u>
B. Application Materials.....	<u>12</u>
C. Interviews.....	<u>12</u>
D. Matching	<u>12</u>
1. APPIC Regulations and Policies.....	<u>12</u>
E. Timeline.....	<u>13</u>
F. Compensation	<u>13</u>
IV. Program Components and Structure.....	<u>13</u>
A. Supervised Clinical Experience	<u>13</u>
1. Individual and Group Psychotherapy.....	<u>13</u>
a. Individual Psychotherapy.....	<u>13</u>
b. Group Psychotherapy.....	<u>14</u>

- 2. Consultation [14](#)
 - a. Treatment Team Meetings [14](#)
 - b. Behavior Management [14](#)
 - c. Clinical Leadership [15](#)
- 3. Assessment..... [15](#)
 - a. Psychological Testing [15](#)
 - b. Brief Screening [16](#)
- B. Supervision..... [16](#)
 - 1. Individual Supervision [16](#)
 - a. Individual Therapy [16](#)
 - b. Group Therapy [16](#)
 - c. Assessment..... [16](#)
 - d. Supervision of Practicum Students [17](#)
 - 2. Group Supervision [17](#)
- C. Didactic Training..... [17](#)
 - 1. Fellowship Didactic Seminars Series..... [17](#)
 - a. Psychotherapy and Case Presentations [17](#)
 - b. Assessment..... [18](#)
 - c. Cultural Diversity and Individual Differences [18](#)
 - d. Professional Ethics and Legal Issues [18](#)
 - e. Professional Practice Issues [188](#)
 - f. Special Topics..... [19](#)
 - 2. Resident Presentations [19](#)
 - 3. Assigned Readings..... [19](#)
 - 4. Hospital-Wide Training Opportunities [19](#)
 - a. Hospital-Wide Trainings [20](#)
 - b. Other Ongoing Groups and Therapeutic Activities [20](#)
- D. Professional Development Opportunities [20](#)
 - 1. Supervision of Psychology Externs [20](#)
 - 2. Hospital Committees and Task Forces [20](#)
 - 3. Administrative and Quality Improvement Projects [20](#)
 - 4. Professional Presentations [21](#)

V. Procedures	22
A. Evaluation of Interns	22
1. Evaluation Measures	22
a. Resident Self-Assessment	22
b. Ethics Exam	22
c. Individualized Training Plan.....	22
d. Resident Evaluation	22
2. Evaluation Process	23
B. Program Evaluations	23
C. Intern-Staff Relations	23
Appendix I: Psychology Department and Associated Faculty	25
Appendix II: Goal, Objectives, and Competencies.....	26
Appendix III: Friends Hospital Rotation Description.....	31
A. General Adult Programs.....	31
B. Older Adult Program.....	31
C. Young Adult Program.....	32
D. Adolsecent Program.....	32
E. Intensive Adult Program.....	32
Appendix IV: Psychology Trainee Grievance Policy and Procedure.....	33
Appendix V: Psychology Trainee Performance Policy and Procedure	38
Appendix VI: Psychology Trainee Termination Policy and Procedure.....	41

I. Introduction

A. About Friends Hospital

Friends Hospital, founded in 1813, is the first private psychiatric hospital in the United States. Originally modeled after The Retreat, a Quaker asylum founded in York, England during the 18th century, the hospital is located in Northeast Philadelphia on a majestic 100-acre campus. Today, Friends Hospital provides recovery-oriented inpatient behavioral health services for a diverse population of individuals from the Philadelphia area. Friends Hospital is owned by Universal Health Services Inc., of Delaware (UHS), the largest national provider of inpatient services, and therefore has access to vast clinical expertise and resources including numerous local sister facilities.

Friends Hospital utilize a multidisciplinary approach, integrating professionals from psychiatry, psychology, nursing, social work, expressive arts, and chaplaincy. Treatment teams employ a recovery-oriented and empirically-supported approach to care.

B. Other Training Programs at Friends Hospital

In addition to our psychology training programs, Friends Hospital is a teaching hospital which serves as a training site for psychology practicum students, psychiatric residents, medical and nursing students, social work interns, marriage and family therapy students, expressive art therapy students, and clinical pastoral education students. A variety of educational seminars, workshops, case conferences, and continuing education activities are available to all students in residence, as well as the larger hospital community.

C. Post-Doctoral Fellowship in Clinical Psychology

Friends Hospital's Post-doctoral Fellowship in Clinical Psychology provides an opportunity for candidates with a completed doctoral degree in clinical and counseling psychology to work under close supervision in a professional setting that is committed to the principles of recovery-oriented, trauma-informed care and empirically-supported treatments. The Fellowship program employs a Practitioner-Scholar model of training and is grounded in cognitive and behavioral approaches to therapy, including integrated care interventions. The program provides exposure to a broad range of clinical experiences, roles, and responsibilities, and encourages professional development through clinical experience, supervision, and didactic training. Cultural competence and ethical decision-making is emphasized.

D. Accreditation

Friends Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Friends Hospital is licensed by the Pennsylvania Department of Public Welfare as an inpatient facility, and retains a Crisis Intervention Services (walk-in) license. The Fellowship in Clinical Psychology has been fully accredited by the American Psychological Association (APA) since 1979 and is in good standing of the Association of Psychology Pre-Doctoral and Post-Doctoral Fellowship Centers (APPIC).

Questions regarding accredited status should be directed to the APA Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
(202)336-5979
www.apa.org/ed/accreditation
Email: apaaccred@apa.org

II. Overview of the Post-Doctoral Fellowship

A. Training Model

The program employs a Practitioner-Scholar training model. The Post-doctoral Fellowship Program seeks to develop competencies in seven areas of professional practice. The goals of the training program are outlined below.

Goal 1: To train psychologists who adhere to the highest standards of professional conduct.

Goal 2: To train psychologists with an appreciation of the science of psychology and its applications so as to be able evaluate the effectiveness of their clinical work (e.g., monitoring patient outcomes)

Goal 3: To train psychologists capable of applying advanced, evidence-based clinical competencies in differential diagnoses, psycho-diagnostic evaluations of patients and interventions to a wide variety of problems with varying patient populations.

Goal 4: To train psychologists who are knowledgeable about larger systems of care for behavioral health disorders.

Goal 5: To train psychologists capable of taking on roles as clinical leaders in the profession as well as in the wider community.

Goal 6: To train psychologists who understand the impact of individual differences on clinical care and to be aware and sensitive individual diversity.

Goal 7: To deepen the Fellow's work in research, supervision, or teaching by choosing one area of concentration.

Friends Hospital seeks to produce professional psychologists who utilize scholarly inquiry to inform clinical practice and who are competent both professionally and clinically, allowing them to deliver treatment that is recovery-oriented and trauma-informed to a diverse population of

persons living with behavioral health disorders. It is also the goal of the fellowship to train students to become psychologists who are capable of taking on clinical leadership roles in the behavioral healthcare field. (See Appendix II for the program's goal, objectives, and competencies.)

B. Primary Clinical Programs

Residents work approximately 40-50 hours per week in order to achieve 1500 training hours at the completion of the post-doctoral year. This requirement allows post-doctoral fellows to meet the standards for licensure in most states. Due to the nature of being in hospital settings, holiday and weekend rotations are an expectation of the Fellowship. Residents conduct individual and group therapy, as well as behavior assessments and support plans if applicable, under the supervision of a licensed clinical psychologist. Additionally, the Resident takes on a clinical leadership role by advising treatment teams on the progress of individuals in their treatment and discharge planning, behavior modification, and program development. The psychology Resident serves as a key member of the treatment team.

Friends Hospital provides recovery-oriented inpatient behavioral health services for a diverse population of individuals from the Philadelphia area. The hospital has a 192-bed capacity with several specialty programs, including recovery-oriented treatment units, an older adult unit, an adolescent unit with an integrated educational program, and an intensive adult unit for individuals with acute mental health symptoms requiring a higher degree of supervision and support. Our Crisis Response Center (CRC) is a fully-functional psychiatric ER which evaluates and triages both walk-in and involuntary admissions. The Greystone/ Hillside Residential Facility is also located on site, serving adult individuals with chronic mental health conditions.

The Clinical Psychology Fellowship Program is designed to provide broad training, with opportunities for postdoctoral fellow to gain supervised training in the assessment and treatment of persons living with a wide variety of behavioral health disorders and allowing for focused training in specific areas of interest in programs dealing with Adult, Older Adult (over 55), and Adolescent.

The fellowship programs are structured to provide the fellow with a balance of direct clinical training, supervision, educational programming, and professional development opportunities; postdoctoralfellows spend 50% of their time, or 20 hours, in the provision of direct clinical service, with the remaining time comprised of supervision, supervising clinical psychology practicum students, didactics and non-direct clinical service. The training year is individually tailored to provide supervised training and access to specific area of interest. Postdoctoral fellows receive intensive supervision, including a minimum of two hours of individual supervision, with the opportunity for fellows receiving additional supervision. Postdoctoral fellows spend a minimum of six to eight hours a week in didactics and supervision. The balance of training activities allows postdoctoral fellows to gain supervised training in evidence-based practice and prepare them for autonomous practice.

Friends Hospital utilizes a multidisciplinary approach, integrating professionals from psychiatry, psychology, nursing, social work, expressive arts, and chaplaincy. Treatment teams employ a recovery-oriented and empirically-supported approach to care.

During an average day, Residents spend a large portion of their time on working with a multidisciplinary team to provide patient care. **(See Appendix III for a list of current major clinical unit descriptions at Friends Hospital.)** There are several programs from which the resident can choose to focus their clinical and scientific interests. The Programs are as follows:

1. Adult Program

The training offered within the Adult program emphasizes evidence-based practice(EBP), focusing on research that informs and supports clinical interventions in this patient population. The Postdoctoral fellow gains experience and receives supervision in EBP, including, but not limited to: Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy, Dialectical Behavior Therapy (DBT), Acceptanceand Commitment Therapy, Interpersonal Therapy (IPT), Couples and Family interventions, and Seeking Safety. Given the acuity of the patient population the Fellow is supervised to conduct valid and reliable structured and semi-structured assessments and screenings to determine co-morbidities and/or differential diagnoses. The post-doctoral fellow will attend and consult with the multidisciplinary treatment team to which the fellow is assigned.

In addition, the Resident has the opportunity to rotate through the Crisis Response Center (a psychiatric ER). Residents would gain experience with conducting crisis evaluations and providing individual/ family interventions, collaborating/supporting the admissions staff (including nurses, social workers, peer specialists, and psychiatrists) regarding emergency commitment (302) procedures, obtaining collateral information, providing input on diagnosis and recommended level of care. Residents help to provide continuity of care services congruent with a recovery-oriented treatment model.

2. Adolescent Program

The Adolescent program provides both depth and focus on the area of child psychology by providing training that is based on further developing knowledge,skills and competencies. The breadth of the program is evident in the range of treatment modalities employed and type of diagnoses treated, ensuring a varied experience and exposure to patients with a range of presenting concerns and problems. The Fellow attends and participates in the daily multidisciplinary treatment team meetings. The Fellow conducts psychological, behavioral and functional assessments and implements psychotherapeutic interventions with this specific patient population thereby gaining expertise in the various treatment issues with the specific population. In addition the Fellow will actively manage and continuously improve the motivational and reinforcing point system that is an integral part of the therapeutic milieu. One aspect of the management of the point system is to train staff in an on-going basis.

The training offered within the program emphasizes evidence-based practice (EBP), focusing on research that informs and supports clinical interventions in our patient population. Fellows gain experience and receive supervision in a number of treatments including Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Family Therapy. In addition, the fellow will have an opportunity to develop and implement a behavioral support plan based on the results of a behavioral assessment.

3. Older Adult Program

The Older Adult Program is a 24 bed unit that serves individuals generally aged 55 and older who are coping with mood and anxiety disorders, dementia, psychotic disorders, as well as

medical, neurological, and social issues commonly associated with aging. The Older Adult program affords the fellow to develop knowledge, skills and competencies. The breadth of the program is evident in the range of treatment modalities employed and type of diagnoses treated, ensuring a broad experience and exposure to patients with a range of presenting concerns and problems. The Fellow will become familiar and understand the interaction between complex medical disorders and the presentation of psychiatric symptoms.

Common concerns of the patients in this program include loss of loved ones, declining physical health, loss of functioning, and giving up independence. The Resident provides group and individual therapy under the supervision of a licensed psychologist utilizing empirically-supported interventions to attempt to instill a sense of competence and self-efficacy and encourage those to take an active role in their recovery and emotional well-being. Social interaction is encouraged to reduce isolation. The Resident on the Older Adult unit attends the daily treatment team meeting and case conferences for individuals on the unit as needed. The Resident will conduct various behavioral, psychological, functional, and neuropsychological assessments and screening to assist in determining the correct diagnosis or for dispositional issues. In addition the Resident will have an opportunity to provide on-going consultation to Greystone/ Hillside, a residential program on grounds for the seriously mentally ill who are psychiatrically stable but are in need of monitoring and assistance in their daily activities. Residents will complete their primary clinical program on a unit or combination of units that matches his/her primary interests. However, Residents will have opportunities to gain experience on units and programs throughout Friends, with the specific preferences and training needs of the Resident in mind, and according to the needs of the hospital.

C. Clinical Experience

Throughout the training year, Residents are involved in a variety of core training activities, such as intervention, consultation, psychological assessment and testing, crisis assessment and intervention, and triage on inpatient units. Residents also may provide psychological services in our Crisis Response Center (a psychiatric ER) and Greystone/ Hillside, a residential program on grounds for the seriously mentally ill. Residents would gain experience with conducting crisis evaluations and providing individual/ family interventions, collaborating/supporting the admissions staff (including nurses, social workers, peer specialists, and psychiatrists) regarding emergency commitment (302) procedures, obtaining collateral information, providing input on diagnosis and recommended level of care. Residents help to provide continuity of care services congruent with a recovery-oriented treatment model.

D. Supervision

Clinical supervision is an integral part of the clinical training experience: individual and group supervision for psychotherapy, consultation, and psychological assessment is provided by the psychology department faculty. Residents receive at minimum two hours per week of individual supervision by a licensed psychologist. Group supervision is held for one hour each week, and focuses on a variety of topics, including the fellow's' clinical work on the units, supervision of externs (psychology practicum students), and

other areas of professional development (e.g., ethics, professional identity, diversity, licensure preparation). Pertinent readings on the topics of clinical interventions, supervisory models, professional development, diversity, and ethical/legal issues are provided. Residents also actively provide supervision/ mentorship for externs. Residents attend daily unit treatment team meetings to discuss current clinical cases on the unit with the interdisciplinary team.

E. Didactic Training

Residents attend psychology department didactic seminars and continuing education programs, and have the opportunity to participate in program-development/administrative projects. Residents develop presentation skills by giving a minimum of two presentations throughout the year, one research and one clinical case presentation. Additionally, weekly two hour didactics are conducted for Residents that cover a wide range of clinical, ethical/legal, assessment, and professional development issues. Seminars feature expert guest lecturers and moderators from a variety of disciplines throughout the hospital, as well as outside organizations and focus on one area of professional psychology. Residents present therapy and assessment cases and conduct a formal training presentation on an area of their expertise and/ or interest. There will also be opportunities to assist in training and didactics for other psychology students, Friends staff and outside agencies, in accordance with the interests of the Resident. Residents have the opportunity to attend other hospital-wide seminars that are available to all staff including case conferences, and continuing education opportunities. Residents also attend and participate in daily treatment team to consult on current clinical cases with their unit's treatment team (consisting of the psychiatrist, social worker, utilization review member, activities therapist, nurse, and clients). In addition, the Resident will attend with other psychology trainees a weekly seminar on supervision.

III. Application Procedure

A. Eligibility

The Fellowship is open to qualified students with a Master's Degree who are enrolled in an APA-Accredited Clinical Psychology (preferred), Counseling Psychology, or School Psychology doctoral program, have completed their formal course work, have passed all comprehensive exams, and have successfully proposed their dissertation at the time of Fellowship application. Evidence of supervised training and course work in empirically-supported principles of treatment, group and individual interventions, psychopathology and differential diagnosis, cultural diversity and individual differences, professional ethics, research and statistical methods, and psychological assessment techniques is required. A total of 1400 hours of experience is required, which includes a minimum of 450 intervention hours and 25 assessment hours in a supervised practicum. For those applying to the adolescent program, there is an additional requirement that of the 1400 total hours, 250 of the intervention hours be conducted with a child or adolescent population. Highly qualified candidates generally have prior inpatient/partial/ or school experience, group therapy experience, a focus on empirically-supported interventions, a desire for continued

assessment experience, and exposure to recovery-oriented treatment environments. Our postdoctoral fellowship is a good fit for students who have trained in scientist-practitioner and clinical scientist graduate programs, as well as those from practitioner scholar programs where there is a strong emphasis on evidence-based treatment. Candidates with practicum and training experience in the specialty area(s) to which they are applying are a particularly good fit.

Requirements for application to our program:

All applicants must have completed:

- APA- or CPA-accredited graduate programs in clinical, counseling psychology, schoolpsychology, or clinical child psychology programs;
- APA- or CPA-accredited internships;
- Completed all requirements for their PhD or PsyD prior to beginning their appointment.
- A current copy of the applicant's Curriculum Vita.
- A copy of the applicant's transcript from his/her doctoral program
- A letter of interest specifying their clinical and scientific interests and how the post-doctoral fellowship at Friends Hospital can further their stated interests.
- Three letters of reference from the Applicants Director of Training (DCT) of their Doctoral Program, Director of Internship Training at their internship site and a psychologist who has supervised the applicant.

Selection of fellows is done by the Postdoctoral Director team (consisting of the Director of Psychology/Training and the Chief Supervising psychologist), with input from the staff in each focus area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience in the specific focus area
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Goodness of fit between the applicant's stated training and professional goals and the resources of the training program and medical center
- Strength of letters of recommendation from professionals who know the applicant well

Friends Hospital is committed to fostering a diverse community in which all individuals are welcomed, respected, and supported to achieve their full potential. Our program emphasizes recruitment and acceptance of a diverse class of fellows. We invite applicants to share any

information that would be helpful in their application to our program.

Friends Hospital is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Friends Hospital welcomes applications from all who would bring additional dimensions to the teaching and clinical missions.

B. Application Materials

Friends Hospital uses the AAPI online application, which can be accessed via the APPIC website at www.appic.org.

C. Interviews

Qualified applicants will be invited to interview at Friends Hospital. Interviews – either remote or in person - will take place in December and January, and will consist of information sessions, a tour of the facility with descriptions of the other UHS rotations, group and individual interviews with faculty; those applicants who choose to interview by coming to campus will have an opportunity to have lunch with members of the Department of Psychology and psychology trainees

D. Matching

The Friends Hospital Fellowship in Clinical Psychology participates in the APPIC's Fellowship Match Program (see APPIC statement below). Friends Hospital has a Partial Affiliation with the Philadelphia College of Osteopathic Medicine (PCOM).

All applicants must register with National Matching Services, Inc. for the Matching Program in order to be eligible to match to this Fellowship program. Further information on NMS can be obtained from their website at: www.natmatch.com/psychint.

The computer match results will be released in February, at which time matched applicants will be emailed by the Director of Psychology or designated faculty member to confirm the appointment. A formal written confirmation letter will be sent to the matched intern, with a copy sent to the matched Resident's university department chairperson.

1. APPIC Regulations and Policies

The Fellowship program at Friends Hospital abides fully with all APPIC match policies. The policy statement regarding the Matching Program can be viewed at the APPIC website at: www.appic.org. This Fellowship site agrees to abide by the APPIC policy that no person at this training site will solicit, accept, or use any ranking-related information from any Fellowship applicant.

E. Timeline

Please see the APPIC Directory or the Welcome Letter and Instructions to Applicants (available on Friends Hospital’s website) for the application due date and interview notification date.

F. Compensation

Compensation for those applicants accepted into the program is a yearly stipend in the amount of \$42,000.00. Residents accrue 21 paid time-off days, which includes conference or dissertation days, sick time, vacation time, and holidays (holiday and weekend coverage on a rotating basis is an expectation of the internship). Health insurance, including dental and vision, is available at minimal cost to Residents if desired. Testing materials and textbooks/ training materials are also provided. Psychology Fellows have designated space at each rotation in which they have access computers and printing, digital scoring and interpreting of test results when appropriate, and space to see patients for individual therapy. In addition, students can utilize IT support and clerical support services.

IV. Program Components and Structure

A. Supervised Clinical Experience

The Fellowship at Friends Hospital includes a wide range of training and professional development opportunities. In the first few weeks of training, each Resident meets with their supervisors to discuss their personal training goals for the year. These goals are formally documented, and are regularly reviewed and revised by the Resident and his or her supervisor. As part of a vast mental health company, UHS, a wide variety of clinical and educational programs take place at all rotation sites, and the psychology department faculty is committed to helping Residents access these opportunities.

1. Individual and Group Psychotherapy

a. Individual Psychotherapy

Residents are responsible (in collaboration with their treatment teams) for the assignment of individual therapy cases to either psychology externs (psychology practicum students) and/or themselves. The Fellowship is focused on empirically-supported principles of treatment including trauma-informed care, and the psychology faculty has a specific focus on behavioral and cognitive therapies. The Fellowship seeks to effectively triage individuals for individual therapy based upon clinical presentation, acuity, length of stay, and overall level of need. Although the Resident is responsible for the administrative and clinical oversight of this function at the unit (s)/ caseload level; Residents are provided guidance and training by the psychology faculty and within the team by the attending psychiatrist and other team members. Individual therapy work is conducted under the supervision of a licensed psychologist. Residents learn to coordinate their individual psychotherapy services with concomitant psychopharmacological and milieu interventions, group psychotherapy, and other therapeutic disciplines (e.g.,

expressive arts therapy, peer specialists, chaplaincy). On some rotations, there is an opportunity for Residents to co-facilitate family sessions in consultation with social services, psychiatry, and other senior staff.

b. Group Psychotherapy

Residents provide group psychotherapy and are an integral part of the planning and implementation of the group psychotherapy program on their rotation. Similar to individual therapy, group therapy employs empirically-supported principles of treatment, and is individualized for the current patient population and the specific needs of the group. Group therapy topics include, but are not limited to CBT-based coping skills, Principles of Wellness and Recovery Action Planning (WRAP), Seeking Safety, mindfulness, DBT skills, anger management, stages of change, emotion regulation, grief and loss, and social skills training. Residents have the flexibility to develop and implement their own evidence-based group topics, with the guidance of their supervisors.

2. Consultation

a. Treatment Team Meetings

In this Fellowship, Residents represent psychology within the multidisciplinary treatment team meetings, as well as case conferences. Treatment teams meet to review the progress, treatment and discharge plans for each individual receiving services. Residents learn to succinctly and accurately communicate the progress of treatment (both individual and group), case conceptualization, as well as the results of psychological testing if applicable. Additionally, Residents gain an understanding of the roles of psychiatry, social work, nursing, and allied therapies in the treatment of individuals across various settings. Residents collaborate with other treatment team members in the development of individualized treatment plans, including assessment and discharge recommendations.

b. Behavior Management

A major role of Residents is helping the treatment teams to understand, conceptualize, and manage unsafe, challenging, and treatment-interfering behavior that may arise. The treatment team reviews these patterns of behavior during team meetings, and the psychology Resident provides specific suggestions for ways of managing the behavior and individualizing the treatment program to meet the individual's needs in addition to the creation and implementation of a behavior plan. This area represents a unique strength that psychology, as a discipline, contributes to the treatment of the individual.

c. Clinical Leadership

The role of the Post-Doctoral Resident, as professionals completing their training at the doctoral level, is that of a clinical leader. Residents are encouraged to build collegial working relationships with other members of the treatment teams, and

provide consultation and feedback to members of other disciplines. Members of the treatment teams rely on the Resident to answer questions regarding behavior management, ethical and legal conduct, discharge recommendations, case conceptualization, and the selection of appropriate interventions for specific cases. The Resident provide consultation both formally (e.g., behavior plans, testing and screening reports) and informally (e.g., verbal feedback, treatment team meeting discussions).

3. Assessment

Fellows are expected to have basic training in cognitive, personality and psychopathology, and diagnostic assessment prior to starting the Fellowship.. Training in psychological assessment and brief screening is an important component of the Fellowship experience. All aspects of assessment including test selection, administration, report writing and individual and provider feedback are supervised by the licensed psychologist supervising the assessment case. The supervisor also reviews and co-signs the completed report. At the end of the Fellowship year, the Resident will be prepared to conduct and complete assessment batteries and brief screenings with many different populations. While some examples of measures are listed below, this may vary depending on the rotation site/ population.

a. Psychological Testing

Under the supervision of a licensed psychologist, Residents have the possibility of completing comprehensive assessment batteries (defined by a cognitive measure, an objective personality measure, and a projective measure) and several screening measure administrations during the year given the clinical needs of the treatment teams. Training is provided in the use of a variety of assessment instruments, including but not limited to, measures of cognitive functioning (e.g., WAIS-IV, WISC-IV, WASI-II, KBIT-2, TONI-4), screening measures of cognitive functioning (e.g., MoCA, RBANS, Bender Gestalt II), measures of personality and psychopathology (e.g., PAI, PAI-A, MMPI-2, MMPI-A, SCL-90), screening measures for targeted symptom areas (TSI-2, TSCC, STAXI-2, RADS-2, SASSI-3) as well as training with projective assessments (e.g., Exner Comprehensive System for the Rorschach, TAT). Behavioral inventories coordinating observations of patient and collateral sources are also included (CBCL, ABAS-II, BASC-2, Conners, SSRS, Barkley Scales: Functional Impairment, Executive Functioning, and Adult ADHD Rating Scale.)

An integral part of the assessment process is the development of the ability to complete timely and focused evaluations that provide significant contributions to treatment planning. Psychological testing reports are written in an integrated format, with particular attention to those factors that give rise to and maintain the individual's adaptive and maladaptive behavior. Residents are expected to focus on both strengths and areas needing support, and to make appropriate and realistic recommendations for treatment and discharge. As part of the assessment process, Residents develop skills in providing informed consent and feedback to patients

regarding the assessment process. They are also afforded the opportunity to learn consultation skills. When a testing referral is assigned to an intern, he or she consults with the referring clinician and treatment team before, during, and after the assessment. After the results and conclusions of the assessment are reviewed and approved by the supervising psychologist, the Resident presents verbal feedback and a brief written preliminary progress note describing initial impressions to the referring clinician and treatment team. A formal written report is then completed, reviewed and approved by the supervising psychologist, and becomes a part of the individual's permanent record.

b. Brief Screening

In addition to larger psychological assessment batteries, Residents conduct brief screening measures as part of the provision of care. Typically, referrals for brief screenings are to answer specific and targeted clinical questions (e.g., presence of trauma symptoms, severity of drug or alcohol use, risk for self-harm, presence or absence of cognitive impairment). Residents receive training in the use of brief screening instruments (e.g., TSI-II, SPS, SASSI-III, WASI-II, K-BIT, R-BANS), with a specific emphasis on translating the results into actionable feedback and recommendations for the treatment team. The process for brief screenings is identical to assessment batteries, including oversight by a licensed psychologist; with the exception that there does not need to be a referring clinician and the report is in a brief, 1-2 page format.

B. Supervision

1. Individual Supervision

Supervision of Residents includes weekly meetings, in-vivo observation of clinical work (both individual and group), and a review of documentation (e.g., progress notes, testing reports). In-vivo supervision will occur at least once per quarter for group therapy, individual therapy, and assessment.

a. Individual Therapy

The Resident is assigned a licensed psychologist as their supervisor. The two individual hours per week may be distributed between one or two psychologists depending on the training site. Residents receive a range of supervision from licensed psychologists with a variety of orientations. Supervisors are trained in and value empirically-supported principles of treatment, and will include relevant topics (e.g., selecting appropriate interventions, current, evidenced based) in supervision.

b. Group Therapy

During their rotations, the Resident functions as a therapist and group facilitator in psychotherapy groups. Supervising psychologists may observe groups with Residents and serve as role models, when necessary, during group therapy. After

sessions in which a supervising psychologist has observed, the Resident and psychologist review the session allowing for supervision of group skills in-vivo. In supervision, the Resident receives guidance regarding group dynamics, topics, and functional levels of the attendees.

c. Assessment

When a testing case is referred to a Resident, a licensed psychologist on staff is assigned to supervise the testing case. Supervision covers aspects of instrument selection, administration, scoring and interpretation, unit consultation, providing feedback, and integrated report writing. Residents must discuss all findings with their supervisor prior to giving any feedback (including preliminary impressions) to other staff members (e.g., referring physician, treatment team).

d. Supervision of Practicum students

The individual supervision of the resident also can be used to discuss supervisory issues with practicum students that the resident is supervising and mentoring. In addition, the resident will attend the weekly Supervision Seminar that is provided to both interns and the Resident.

2. Group Supervision

Weekly group supervision meetings will be facilitated by a licensed psychologist. Group supervision lasts for one hour, and includes a variety of topics relevant to either an intern or resident's clinical work. Typically, Residents are invited to informally present cases (individual, group, or assessment) which they are currently working on, with an emphasis on challenging or unique cases. Case discussion and peer consultation on specific clinical questions is encouraged. Residents may also choose to discuss other ethical, professional, or systemic issues which have arisen in the course of their work at the hospital. Discussion of the Resident's and interns' supervision of externs (psychology practicum students) is also encouraged. This time is also used to review and discuss relevant scholarly work in the field. The group supervision meetings serve as an ongoing forum for discussion and professional development, and will be facilitated by the faculty throughout the year.

C. Didactic Training

1. Fellowship Didactic Seminars Series

To further Resident training, weekly seminars (2 hours each) will be conducted. Seminar topics will include but are not limited to:

a. Psychotherapy and Case Presentations

The training seminars contain a range of presentations on a variety of clinical issues and interventions hosted by in-house staff and faculty from the professional communities of Philadelphia and outside areas. Frequently, case presentations are

included along with didactic material in an effort to integrate theory and practice. Content areas include, but are not limited to the theory and techniques of cognitive and behavioral therapies, analysis of behavior, acceptance- and mindfulness-based approaches to therapy, brief and solution-focused therapy, recovery-oriented clinical care, trauma informed care, and empirically supported foundations of treatment. The format of these presentations is flexible in order to better address the needs of the audience and the presenters..

b. Assessment

In didactic lectures, measures of cognitive functioning, personality and psychopathology, screening measures for targeted treatment issues, and structured diagnostic interviews are reviewed. Testing cases are presented to assist in the refinement of the integration of all tests used in answering referral questions and developing an integrated report.

c. Cultural Diversity and Individual Differences

Awareness of, and respect for, cultural diversity and individual differences are addressed throughout all of the Resident’s clinical rotation experiences and training at Friends Hospital. The hospital’s longstanding Quaker tradition is founded on the notion of respect for all people. This philosophy is present in virtually all aspects of care. Within the first week of the Fellowship, the Resident is required to attend a training module on the hospital values, which is part of their general hospital orientation. A minimum of 5 hours of seminar time during the year is devoted to didactic presentations on cultural and individual differences, and cultural responsiveness. Diversity issues are routinely addressed by each of the hospital’s inpatient treatment teams, as well as by individual psychology supervisors who provide weekly supervision of all assessment and therapy cases. Diversity is also evident in the range of specialty rotations, and the staff that we employ. The heterogeneous and ethnically diverse populations and range of psychopathology represented mirror the vast diversity of the Philadelphia area.

d. Professional Ethics and Legal Issues

Knowledge and understanding of ethical and legal issues is essential to the delivery of psychological services. Thus, training in this area is interwoven throughout the entire Fellowship training experience. These issues are highlighted in individual supervision, formal case presentations, treatment team meetings, and didactic seminars. Topical issues related to professional ethics are discussed in group supervision on a regular basis with members of the psychology faculty, and are covered in readings provided to interns.

e. Professional Practice Issues

Given the commitment of the Fellowship to train students in the practice of clinical psychology, issues of professional practice are highlighted and explored whenever possible. Topics such as ethics, legal statutes, risk management,

practice formation and development, medical record documentation, program development, outcome measurement, and service delivery models are covered in a number of didactic seminars throughout the training year.

f. Special Topics

The seminar series addresses special clinical and professional practice topics based on the interests of the current Resident class as well as the prevailing concerns facing the profession. Past seminar topics have included motivational interviewing, sexual addiction, substance use and trauma-related treatment using *Seeking Safety*, CBT-based anger management, CBT for schizophrenia, competency-based supervision, sleep disorders, primary care psychology, and occupational stress.

2. Resident Presentations

Throughout the training year, the Resident conducts two formal presentations for the psychology department. This provides the opportunity to refine organization and presentation skills, as well as conceptualizing complex material so that it can be presented in a clear, cogent, and clinically useful manner. These presentations provide the opportunity to receive constructive feedback from peers and supervisors. A psychology department faculty member, as well as peers, attend all case presentations and provide evaluative feedback after the conclusion of the presentation. The two presentations include: one clinical presentation of a clinical case (including relevant background, diagnostic information, and questions that are raised) and one didactic presentation which could be the Resident's dissertation or areas of clinical interest and research.

Intern and Resident presentations are not intended to serve as a primary didactic component of the Fellowship program, or to relieve other staff members of the responsibility of providing didactic training. Rather, they are intended to supplement the Fellowship program's series of didactic seminars and provide the Residents with the opportunity to learn presentation skills while sharing their own knowledge and experience with each other. There also may be opportunities to present cases/didactics to other disciplines in the hospital.

3. Assigned Readings

Throughout the training year, Residents are assigned readings from contemporary sources in clinical psychology and professional practice. Psychology department faculty selects these readings with the goal of presenting a diverse range of topics, and to supplement didactic seminars and group supervision topics. Faculty will also be selecting research articles for review and discussion in journal club. These articles will be provided to the students.

4. Hospital-Wide Training Opportunities

As a large group of teaching facilities, with active educational and Fellowship programs in a variety of disciplines (including psychology, medicine/psychiatry, nursing, social

work, expressive arts, clinical pastoral education, and couples and family therapy), the Friends Hospital Fellowship has many additional opportunities for training available to psychology interns. Some examples are listed below (exposure to these opportunities may vary slightly depending upon the Resident's current rotation):

a. Hospital-Wide Trainings

Trainings facilitated by outside presenters are periodically hosted by all UHS facilities, and staff-development trainings are organized by these locations and various departments. These are open to all UHS hospital staff, including Residents. Past topics have included recovery-oriented care, suicide risk assessment and prevention, trauma-informed care, gender diversity, mindfulness, professional development, ethics, child abuse reporting, religion/ spirituality, and service excellence.

b. Other Ongoing Groups and Therapeutic Activities

Co-leadership and/or observation of ongoing groups led by professional hospital staff are available to Residents and are arranged on an individual basis. Past Residents have participated in groups on dance/movement therapy, pet therapy, substance misuse, music therapy, recreation therapy, and art therapy. Residents have also participated in community meetings and observed 12-step meetings.

D. Professional Development Opportunities

1. Supervision of Psychology Externs

The Externship in Clinical Psychology was developed for doctoral externs (psychology practicum students) to work in the psychiatric hospital setting part-time, under the clinical and administrative supervision of the psychology department faculty. In addition to enhancing the hospital's quality of care and providing externs with a challenging training experience, the program allows Residents to have direct experience providing clinical supervision. The Resident is assigned to more than one extern for one hour of formal supervision/mentorship per week. Additional opportunities exist to supervise externs who conduct psychological assessments.

2. Hospital Committees and Task Forces

Fellows will have the opportunity to serve on committees and hospital-wide task forces focused on specific issues throughout the hospital site. Previous committees on which Residents have served include the Re-admission Reduction Committee, Trauma Informed Care, Patient Satisfaction Committee, Restraint and Seclusion Reduction Committee, and a task force to standardize group programming. Our Residents are often sought after as members of committees for their high level of clinical skill and experience in a variety of clinical settings.

3. Administrative and Quality Improvement Projects

Residents who are interested in administrative roles have the opportunity to observe and shadow hospital administrators, which may include the observation of administrative meetings, discussions and readings on administrative and management topics, and facility walk-throughs. Residents are also invited to discuss and propose initiatives to improve and document the quality of clinical care at these UHS facilities. Interested Residents should discuss their ideas and solicit feedback from their supervisors, who may refer them to the appropriate hospital administrators. In order to gain valuable experience in quality improvement measures, the Resident will participate in a QI Audit to gather data from charts regarding paperwork completed by the clinical team.

4. Professional Presentations

UHS marketing departments periodically conduct hospital and community-based activities, in which Residents have the opportunity to serve as mental health consultants and speakers. In the past, Residents have presented at National Depression and Anxiety Screening Days, local schools, community organizations, and reserve military units based in Pennsylvania. Residents also have the opportunity to provide in-service trainings to hospital staff, and have designed and presented aspects of new employee orientation.

V. Procedures

A. Evaluation of Interns

Fellows receive ongoing formal and informal feedback throughout the training year. Feedback is provided by the Director, licensed psychologists functioning as supervisors, and unit treatment team members. Informal feedback in supervision is an important and continuous component of the Fellowship program and psychology department faculty are committed to identifying and addressing any problem areas as soon as possible with the intern.

1. Evaluation Measures

A variety of self- and supervisor-report measures are used throughout the year to provide objective, formal feedback to interns. These include:

a. Resident Self-Assessment

The self-assessment, completed at the start of training, provides a baseline self-report measure of general knowledge and proficiency levels in many different training domains, as outlined in the program goals. This self-assessment is repeated at mid-year and end-of-year, to obtain their degree of development in the same domains. The results of self-assessment are reviewed with the Resident at end-of-year evaluation.

b. Ethics Exam

As an objective measure of the Resident's development as ethical professionals, each Resident is given an ethics test at the start of their training year. This exam is given to Residents again at the end of the training year in order to provide a measure of outcome regarding their acquisition of knowledge in the area of ethics. A minimal score of 90% at end-of-year is required for completion of internship.

c. Individualized Training Plan

Each Resident completes a training plan in collaboration with their supervisor and the Director at the beginning of the training year. The plan includes personalized goals and methods by which to achieve them during each rotation and throughout the training year. The training plan is periodically reviewed (at minimum a semi-annual basis), and revised by the Resident and his or her supervisor as needed. Progress on their training goals is reviewed at mid-year and end-of year.

d. Resident Evaluation

The Competency Benchmarks in Professional Psychology Readiness for Entry to Practice Level Rating form is an instrument used by the psychology department faculty to provide a bi-annual, formal, written evaluation of the Resident. The Resident is encouraged to review this measure during orientation to the program and throughout their training so that he/she is aware of the parameters on which

he/she will be evaluated by their supervisors. This document serves to establish clear expectations for Resident's clinical performance and professional conduct for the year. At the mid-point and end of the year, the Resident's supervisors will review this form with the intern, identify any areas requiring attention, and set priorities for the remainder of the training year. Minimum expectations of a 2.0 on the overall score of each domain at the mid-year evaluation and 3.0 at the end of the year are required to successfully complete the Fellowship.

2. Evaluation Process

All psychology supervisors provide the Resident's primary supervisor with feedback about their performance. Additionally, all professional hospital staff working directly with the Resident is asked to complete an evaluation form based on their experiences working with the Resident and these are submitted to the Director. The psychology staff integrates and synthesizes this feedback and prepares one master composite evaluation, which is presented to the Resident in the mid-year and end of year reviews with the Director of Training and/or primary supervisor. In this meeting, strengths and areas for improvement are discussed and training goals are formulated. Residents sign and receive a copy of their evaluations.

Informal progress and feedback regarding development are discussed with each Resident by his or her supervisors throughout the training year. Formal, written evaluations are conducted on a bi-annual basis. At this time, the Resident's progress and goals are reviewed and revised as needed.

B. Program Evaluations

At the end of the year, The Resident will complete evaluations of their supervisors and their clinical Program. Evaluations include both objective ratings, and subjective narratives about their training and supervision. Residents will submit their supervisor evaluations anonymously through Google Surveys, and are encouraged to note any negative experiences or concerns, as well as positives about their training experience. At the end of the training year, Residents complete an in-depth evaluation of the Fellowship program. Data from these evaluations are reviewed by the psychology department and hospital leadership as part of Friends hospital's ongoing commitment to improving and developing the Fellowship program.

C. Intern-Staff Relations

Friends Hospital and the Fellowship program recognize the right of Residents and all staff to be treated with the utmost courtesy and respect at all times. All interactions between Residents, interns, psychology supervisors, and hospital staff are intended to be professional, collegial, and conducted in a manner that reflects the highest standards of the profession as described in the APA's *Ethical Principles of Psychologists and Code of Conduct*. Residents always have the right to question any aspect of their training and performance evaluations. The Resident and the Fellowship program are subject to all UHS human resources policies and procedures. Additionally, there are internship-specific policies and procedures related to Resident grievances, staff conflicts with interns, failure to reach performance expectations, and termination from

internship. These policies and procedures are summarized in Appendices VI, VII, and VIII respectively. The Director of Psychology and other hospital leadership are always available to meet with Residents individually to discuss problems if and when they arise.

Appendix I

Staff

Fellowship Program Director

Gerald McKeegan, Ph.D., ABPP, MCP, BCBA-D

Friends Hospital Psychology Faculty

Gerald McKeegan, Ph.D., ABPP, Licensed Psychologist – Director of Psychology

Catherine Verdeur, Psy.D., Licensed Psychologist – Supervising Psychologist

Peter Vernig, Ph.D., Licensed Psychologist- Chief Clinical and Innovations Officer

Appendix II

Goals, Objectives, and Competencies

Effective 8/19/2014

Adapted from: *Competency Benchmarks in Professional Psychology*, American Psychological Association

Goal 1: To train psychologists who adhere to the highest standards of professional conduct.

Objective A: To apply ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and larger systems.

Competency 1: Demonstrate advanced knowledge and application of the APA *Ethical Principles of Psychologists and Code of Conduct* and other relevant ethical, legal, and professional standards and guidelines.

Competency 2: Independently utilize an ethical decision-making model in professional work.

Competency 3: Independently integrate ethical and legal standards with all other competencies.

Objective B: To demonstrate behavior and comportment that reflects the values and attitudes of the field of psychology.

Competency 1: Monitor and independently resolve situations that challenge professional values and integrity.

Competency 2: Conduct self in a professional manner across settings and situations.

Competency 3: Independently accept personal responsibility across settings and contexts.

Competency 4: Independently act to safeguard the welfare of others.

Competency 5: Display consolidation of professional identity, demonstrate knowledge about issues central to the field of psychology, and work to integrate science and practice.

Objective C: To engage in personal and professional self-awareness and reflection with awareness of competencies and appropriate self-care.

Competency 1: Demonstrate reflectivity in the context of professional practice, act upon this reflection, and use oneself as a therapeutic tool.

Competency 2: Accurately self-assess competence across competency domains, integrate self-assessment into practice, recognize one's own limits of knowledge and skill while acting to address limitation, and plan to enhance knowledge and skills.

Competency 3: Self-monitor issues related to self-care and promptly intervene when disruptions occur.

Competency 4: Independently seek supervision when needed, and make active use of supervision.

Goal 2: To train psychologists with an appreciation of the science of psychology and its applications.

Objective A: To demonstrate and understanding of research (including methodology, analysis, and its application to behavior) and a respect for scientifically derived knowledge.

Competency 1: Independently apply scientific methods to practice.

Competency 2: Demonstrate advanced-level knowledge of core science (i.e. the science of human behavior).

Competency 3: Independently apply knowledge and understanding of scientific foundations to practice.

Objective B: To integrate research and clinical expertise in the context of service delivery.

Competency 1: Independently apply knowledge of evidence-based practice (including empirical bases of assessment, intervention, and other applications), clinical expertise, and patient preferences.

Competency 2: Demonstrate an understanding of the process and function of program evaluation and process improvement.

Goal 3: To train psychologists capable of applying advanced, evidence-based clinical skills to a wide variety of patient populations.

Objective A: To relate effectively and meaningfully with individuals, groups, and larger systems.

Competency 1: Develop and maintain effective relationships with a wide range of patients, collaterals, and colleagues.

Competency 2: Effectively manage difficult communication using advanced interpersonal skills.

Competency 3: Engage in verbal, nonverbal, and written communication that is informative, articulate, succinct, sophisticated, and well-integrated while demonstrating a thorough grasp of professional language and concepts.

Objective B: To deliver clinical interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and larger systems.

Competency 1: Independently plan interventions based upon case conceptualizations which are specific to each case, context, length of stay, and clinical setting.

Competency 2: Display clinical skills with a wide variety of patients and use good judgment in unexpected or difficult situations.

Competency 3: Implement interventions with fidelity to empirical models and the flexibility necessary to adapt these interventions to meet the individual needs of the patient and the clinical setting.

Competency 4: Independently evaluate treatment progress (in terms of specific psychological interventions as well as the patients overall care), and modify planning as indicated, even in the absence of established outcome measures.

Objective C: To conduct both comprehensive assessment and brief screening to aid in

diagnosis of problems, capabilities, and issues associated with individual patients.

Competency 1: Independently select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals.

Competency 2: Independently understand the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

Competency 3: Independently select and administer a variety of assessment tools and integrate results to accurately evaluate referral question(s) appropriate to the clinical setting and patient's length of stay.

Competency 4: Utilize case formulation and diagnosis for intervention planning in the context of stages of human development, overall level of functioning, and diversity.

Competency 5: Independently and accurately conceptualize the multiple dimensions of the case based on the results of assessment.

Competency 6: Communicate results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate and timely manner.

Goal 4: To train psychologists who are knowledgeable of larger systems of care.

Objective A: To utilize knowledge of key issues and concepts in related disciplines, and to work collaboratively with professionals in multiple disciplines.

Competency 1: Demonstrate awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems, and demonstrate intermediate level knowledge of common and distinctive roles of other professionals.

Competency 2: Demonstrate knowledge of and ability to display the skills that support effective interdisciplinary team functioning.

Competency 3: Participate in and initiate interdisciplinary collaboration directed toward shared goals.

Competency 4: Develop and maintains collaborative relationships over time.

Objective B: To provide expert consultation, guidance, and professional assistance in response to a patient's needs or goals.

Competency 1: Determine situations that require different role functions and shifts roles accordingly to meet referral needs.

Competency 2: Demonstrate knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.

Competency 3: Apply knowledge to provide effective assessment feedback and to articulate appropriate recommendations.

Competency 4: Apply literature to provide effective consultative services (assessment and intervention) in routine and complex cases.

Goal 5: To train psychologists capable of taking on roles as clinical leaders.

Objective A: To receive supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Competency 1: Understand the ethical, legal, and contextual issues of the supervisor role.

Competency 2: Demonstrate knowledge of supervision models and practices as well as limits of competency to supervise.

Competency 3: Engage in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their patients.

Competency 4: Provide effective supervised supervision to practicum students.

Objective B: To provide instruction, disseminate knowledge, and evaluate acquisition of knowledge and skill appropriate to scientific clinical psychology.

Competency 1: Demonstrate knowledge of didactic learning strategies and how to accommodate developmental and individual differences.

Competency 2: Apply teaching methods in multiple settings (e.g., peer training, staff in-service training, and student didactics).

Objective C: To develop skill in the management of the direct delivery of services and basic hospital administration.

Competency 1: Develop and offer constructive criticism and suggestions regarding management and leadership.

Competency 2: Participate in management of direct delivery of professional services while functioning appropriately within the management hierarchy.

Competency 3: Demonstrate emerging ability to participate in administration of service delivery programs.

Competency 4: Participate in system change and process improvement.

Objective D: To take action targeting the impact of social, political, economic, or cultural factors to promote change at the individual, institutional, and/or systems level.

Competency 1: Intervene with patients to promote action on contextual or systemic factors impacting development and functioning.

Competency 2: Promote change at the level of interdisciplinary teams, or the hospital as a whole.

Goal 6: To train psychologists who understand the impact of individual differences on clinical care.

Objective A: To develop awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural, ethnic, religious, socioeconomic, sexual, disability, diagnostic, and personal backgrounds and characteristics.

Competency 1: Independently monitor and apply knowledge of self as a cultural being in assessment, treatment, and consultation.

Competency 2: Independently monitor and apply knowledge of others as cultural beings in assessment, treatment, and consultation.

Competency 3: Independently monitor and apply knowledge of diversity in others as cultural beings in assessment, treatment, and consultation.

Competency 4: Apply knowledge, skills, and attitudes regarding dimensions of diversity (e.g., cultural, ethnic, religious, socioeconomic, sexual, disability, diagnostic) to professional work.

Goal 7: To deepen the Fellow’s work in research, supervision, or teaching by choosing one area of concentration.

Objective A: Considering questions and generating research ideas that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Competency 1: Applies scientific methods of evaluating practices, intervention sand programs.

Objective B: Conducting supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Competency 1: Understand the ethical, legal, and contextual issues of the supervisory role.

Competency 2: Demonstrate knowledge of supervision models and to effectively address limits of competency to supervise.

Objective C: To provide instruction, disseminate knowledge and evaluate acquisition of knowledge and skills in professional psychology.

Competency 1: Demonstrates knowledge of didactic learning strategies and to accommodate developmental and individual differences.

Competency 2: Applies teaching method in multiple settings.

Appendix III: Friends Hospital Rotation Description

Below is a list of the current major rotations (i.e. the inpatient units) at Friends Hospital. The composition of individual units including the population, diagnostic groups served, and programming implemented on the unit changes as Friends Hospital works to meet the needs of the individuals it serves and the surrounding community.

A. General Adult Programs

The General Adult (age 18 and older) Programs are 24 bed units that serve individuals with acute psychiatric issues. Individuals on our general adult units typically struggle with a wide range of diagnostic issues, such as mood disorders, anxiety disorders, psychotic disorders, trauma disorders, dual diagnosis, and Axis II pathology. Many also have comorbid substance use disorders. General Adult programs utilize a recovery-oriented and trauma informed care framework, and Residents implement empirically-supported interventions in individual and group modalities. The General Adult units expose individuals to a psychosocial milieu in which individual treatment, socialization, and group process are emphasized. Residents function as full members of the multidisciplinary team and conduct group and individual therapy under the supervision of a licensed psychologist. Residents are encouraged to take on the role of clinical leaders on their teams, and provide consultation to other professionals (e.g., psychiatrists, social worker, nurses) on difficult cases and behavior-management issues. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

B. Older Adult Program

The Older Adult Program is a 24 bed unit that serves individuals generally aged 55 and older who are coping with mood and anxiety disorders, dementia, psychotic disorders, as well as medical, neurological, and social issues commonly associated with aging. Common concerns of those on this unit include loss of loved ones, declining physical health, and giving up independence. The Resident provides group and individual therapy under the supervision of a licensed psychologist utilizing empirically-supported interventions to attempt to instill a sense of competence and self-efficacy and encourage those to take an active role in their recovery and emotional well-being. Social interaction is encouraged to reduce isolation. The Resident on the Older Adult unit attends the daily treatment team meeting and case conferences for individuals on the unit as needed. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

C. Young Adult Program

The Young Adult Program is a 24 bed patient unit that fully incorporates the recovery-oriented treatment model. Treatment in the Young Adult Unit serves persons generally 18 to 30 living with a range of psychiatric disorders as well as social issues associated with becoming an adult and seeking an identity. The Resident provides group and individual therapy and assessment under the supervision of a licensed psychologist utilizing empirically-supported interventions to attempt to instill a sense of competence, self-efficacy, and problem solving skills; they are encouraged to take an active role in their recovery and emotional well-being. Every patient receives an individualized treatment plan that includes family involvement and interaction with a

community of peers working toward similar goals.

The Young Adult Unit Population consists of college students, young professionals, and early career tradespeople struggling with the emotional and cognitive distress. The program focuses on empowering the individual to be the driving force of his or her treatment, and identifying and involving family, friends, and other social and community supports into each person's care. Treatment is individualized, person-centered, strengths-based, and holistic. The Resident provides empirically-supported individual and group psychotherapy on the unit within a recovery-oriented framework, and in collaboration with other treatment providers. The Resident attends a daily treatment team meeting and functions as a clinical leader in the multidisciplinary team. Groups incorporate a number of themes, including physical health, exercise and yoga, nutrition, spirituality, environment, relaxation, medication, mental health, and substance use. Upon discharge each individual leaves the unit with a discharge plan that includes not only therapy and medication follow-up appointments, but also resources in the community that link the individual with their specific needs, which can include their areas of interest, spirituality, health and wellness, educational and occupational resources, financial resources, etc. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

D. Adolescent Program

The adolescent unit is a 24 bed therapeutic milieu for adolescents aged 13-17 who are coping with a variety of psychiatric and behavioral difficulties. The milieu is designed to address the developmental tasks of adolescence while promoting growth and healthy functioning. The unit functions according to a trauma-informed model based on the premise that the young person will recreate and/or re-enact on the unit the unhealthy relationships and behaviors experienced prior to hospitalization. This provides the opportunity to collaboratively develop new solutions and promote positive change. Much of this work is done in daily group and individual therapy sessions, developing behavioral plans, as well as community meetings. Other treatment services integral to the program include creative arts and movement therapy, and the unit maintains an integrated education program to provide structure and continuity, and helps to keep up to date with studies. Residents function as clinical leaders on the multidisciplinary treatment team and attend treatment team meetings daily. The Resident provides information to the rest of the team regarding the progress in treatment of each patient on the unit. Due to the nature of the unit, some longer-term cases can be expected. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

E. Intensive Adult Program

The Intensive Adult unit is designed for severely and persistently mentally ill individuals who present with a higher level of acuity. Individuals on this unit typically require an additional level of support and supervision to insure their safety and assist with participating in treatment activities. The Resident on this unit has the opportunity to provide group and individual therapy to a population that requires an intensive treatment program. Examples of group topics include social skills training, DBT-based emotion regulation, anger management, and relapse prevention. Residents function as clinical leaders on the multidisciplinary team and attend treatment team meetings daily. The Resident carries a caseload of individuals who need additional support on

the unit. The Resident on the Intensive Adult unit is frequently involved in consulting with the treatment team for treatment and discharge planning, behavior management, and individualization of patients' treatment. Due to the acuity of the unit, the consultative and leadership role of the Resident on this unit is emphasized. Charting and record keeping account for approximately 1-2 hours daily and high-quality documentation is expected.

Appendix IV

Psychology Trainee Grievance Policy and Procedure

Purpose

Friends Hospital Psychology Training Program is fully committed to conducting all activities in strict compliance with the American Psychological Association's *Ethical Principles and Code of Conduct for Psychologists*. While the Psychology Training Program goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues that come to the attention of the Director of Psychology for resolution. This grievance policy is designed to assist trainees and supervisors in the resolution of these issues.

General Policy

The Psychology Training Program will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. It is expected that most problems can be addressed by a candid exchange between the trainee and the supervisor. There may be times when a trainee feels unfairly treated. In this case, the trainee may utilize the grievance procedure outlined below:

- A. The formal grievance procedure is used when the trainee or immediate supervisor have failed to resolve an issue to the satisfaction of both parties.
- B. There will be no retaliatory action taken by Friends Hospital or any of its staff against any trainee who uses this procedure. Moreover, a trainee will not lose pay for time required presenting and discussing the issue grieved.

Definitions

- A. Supervisor- a licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation, and discipline.
- B. Director of Psychology- a licensed psychologist who has the administrative and clinical responsibility for the psychology training program. The Director of Psychology may delegate administrative functions to the site Supervising Psychologist or other licensed psychologists, as necessary.
- C. Trainee- may be any of the following:
 - 1. An individual who has been selected through the Association of Pre and Post Doctoral Fellowship Centers (APPIC) match program or National Clearinghouse and contracted to participate in the Pre-doctoral Psychology Fellowship Program.
 - 2. A pre-Fellowship level doctoral student.
 - 3. A post-doctoral fellow.

Process

Before initiating formal grievance procedures, the trainee should attempt to resolve the conflict through informal discussion with the involved party/parties. The trainee should clearly indicate to the involved party/parties the date and nature of the conflict or complaint, as well as suggestions as to how the complaint may be appropriately resolved to his/her satisfaction. If no resolution can be agreed upon to the satisfaction of both parties, the trainee may then decide to proceed to the first formal stage of complaint. The formal grievance procedure may be accessed by the trainee within ten (10) business days from the occurrence which gives rise to the grievance by the following steps noted below.

Step 1

1. If the problem does *not* involve the immediate clinical supervisor, the conflict should be reported and discussed with that supervisor, who will work to resolve that conflict in a timely and responsible fashion. The initial stage of this report may be informal.
 - A. If this is unsuccessful, a written description of the complaint should be provided to the supervisor within one (1) week of the unsuccessful attempt at resolution. The supervisor will then review the complaint and respond in writing within one (1) week of receipt of the written complaint, suggesting a resolution that appears most appropriate according to professional and ethical guidelines as outlined by the Commonwealth of Pennsylvania’s laws governing the conduct of psychologists.
2. Should this procedure not result in a resolution *OR* if the complaint involves the immediate clinical supervisor, the trainee should proceed to the next step.

Step 2

1. If attempts at the supervisory level to resolve the conflict *OR* if the complaint involves the immediate supervisor, a copy of the written complaint should be provided to the Director of the Psychology/Training Director including a brief description of the nature of the unsuccessful attempts at resolution. The Training Director will take prompt and responsible steps, within ethical limits, to resolve the grievance informally and then formally, if appropriate.
2. If this step is unsuccessful *OR* if the complaint involves the Training Director, the trainee should proceed to the next level of complaint.
3. Beyond this point, if the grievance is still not resolved, attempts to resolve it will follow the grievance procedures as mandated by the Friends Hospital Psychology Trainee Grievance Policy and as outlined in Steps 3 and 4.

Step 3

1. If attempts at the supervisory level to resolve the conflict fail *OR* if the complaint involves the Director of Psychology, the same procedures will apply. Attempts at informal resolution will be promptly made.

2. Failing these steps, formal resolution and discussion may be initiated with the Director of Clinical Services by a written request made within five (5) working days from receipt of the Director of Clinical Services' written answer.
3. The Director of Clinical Services will schedule a meeting at which all parties to the problem will be heard. The Director of Clinical Services may invite witnesses if required and may arrange for an investigation of matters relating to the problem. A record will be made of discussions at the hearing but such record need not be verbatim.
4. The Director of Clinical Services will notify the aggrieved trainee within five (5) working days of his/her decision or of the act that an investigation is in progress. In the latter case, the Director of Clinical Services will give a decision to the aggrieved trainee within three (3) days after the conclusion of the investigation.
5. If this step is unsuccessful, the trainee should proceed to the next level of complaint.

Step 4

1. If the trainee wishes to appeal further, within five (5) working days from the time the Director of Clinical Services' reply is received, the trainee may do so by writing a complaint to the Chief Executive Officer (CEO).
2. The CEO will request a record of the hearing conducted by the Director of Clinical Services, the facts elicited during the investigation, if any, and the reasoning underlying the decision of the Director of Clinical Services.
3. The CEO may convene a second hearing and/or arrange for the convening of an Advisory Committee.
4. The CEO, if required, will determine the membership and chair of the Advisory Committee. The committee will consist of five (5) members, including the chair. The committee will also consist of two (2) members who will be uninvolved peers of the aggrieved trainee. The committee will advise the CEO as to the disposition of the trainee's grievance. The CEO will give great weight to the advice of the committee, but he/she will not be bound by such advice.
5. The CEO will give a written reply to the aggrieved trainee within five (5) working days, either communicating his/her decision or notification that an Advisory Committee is convened. The CEO will communicate his/her decision to the aggrieved trainee within five (5) business days of the Advisory Committee's report.
6. The decision of the CEO will be final and binding upon the Friends Hospital Psychology Internship.

Discharge Appeals

A trainee who has been discharged from the Training Program may appeal directly to the Director of Clinical Services at their current rotation site. The request for appeal must be made

within five (5) days of discharge.

Representation

The Psychology Trainee Grievance Process is an internal one to the Friends Hospital Psychology Internship. The trainee may suggest witnesses who may contribute to the clarification and/or resolution of the problem, but may not be represented by legal counsel nor will persons not connected with the hospital be permitted to be involved in the grievance process.

Appendix V: Psychology Trainee Performance Policy and Procedure

Purpose

The Friends Hospital Psychology Fellowship is fully committed to conducting all activities in strict compliance with the American Psychological Association's *Ethical Principles and Code of Conduct for Psychologists*. The Psychology Fellowship is committed to helping trainees achieve their individual training goals through ongoing feedback during weekly supervision and formal evaluations. In those instances where the trainee is perceived to be failing to meet reasonable performance standards, the clinical supervisor will utilize the following procedure.

General Policy

The Psychology Fellowship will comply with all legal and ethical responsibilities to be non-discriminatory in the treatment of psychology trainees. All trainees during orientation are asked to complete a self-evaluation. Training goals and expectations are developed based on the trainee's documentation of previously acquired skills, the trainee's individual career path and goals, and observation/discussion with the Director of Psychology/Training and the individual clinical supervisor during the first training quarter.

Informal evaluation is an ongoing process in the Psychology Training programs. Meetings with supervisors provide ongoing feedback on a weekly basis as to the trainee's progress toward goals and level of competence in meeting performance standards. More structured, formal written evaluations take place semi-annually, with the mid and end of year evaluations.

The evaluation is a two-way communication. The trainee is invited and expected to evaluate the progress of training. This evaluation includes the individual and group supervision he/she has received during the training period; to provide suggestions and feedback for changes deemed necessary; and to participate in the process of self evaluation in comparison to the evaluations provided by staff in order to round out observations and critiques.

Achievement of a minimum score of 2 at mid-year and 3 at the end of training in each overall domain of competence on the Psychology Fellowship Evaluation form is required. Failure to meet this expectation may result in termination from the program and/or the inability of the program to grant a certificate of completion of the Fellowship. The instrument used is the Competency Benchmarks in Professional Psychology Readiness for Entry to Practice Level Rating form which psychology supervisors use to evaluate the Resident's performance throughout training.

Definitions

- A. Supervisor/ Supervising Psychologist- a licensed psychologist who has direct responsibility for a trainee's clinical work, performance evaluation, and discipline.
- B. Director of Psychology/Director of the Psychology Training- a licensed psychologist who has the administrative responsibility for the psychology training program. The Director of Psychology may delegate administrative functions to any licensed Supervising Psychologist, as necessary.

C. Trainee- may be any of the following:

1. An individual who has been selected through the Association of Pre and Post Doctoral Fellowship Centers (APPIC) match program or National Clearinghouse and contracted to participate in the Pre-doctoral Psychology Fellowship Program.
2. A pre-Fellowship level doctoral student.
3. A post-doctoral resident.

Process

The Director of Psychology and/or clinical supervisor(s) may, at their discretion, request an initial meeting to consider and assess difficulties that may be preventing a trainee from making what is deemed to be appropriate progress toward meeting goals and expectations.

Such a meeting will include:

1. A clear written statement of the nature of the concern or conflict.
2. A notation as to the date, time, place, etc. of the problem, if applicable.
3. A clear statement of informal attempts to resolve the issue that have already been taken.
4. A description of the outcome of such attempts and any perceived response from the trainee.
5. A statement of the staff person's expectations or desired resolution that has not occurred to date.

The meeting must be held at a time and place that will allow the trainee to hear the problem as described and he/she must be given three (3) full days to respond at a second meeting, if needed.

Any issues or suggestions that derive from such meetings will be addressed to the trainee and to the individual clinical supervisor, who will discuss and clarify them with the trainee as part of the next supervision meeting.

Should this process not result in what is considered by the trainee, clinical supervisor, or Director of Psychology as adequate resolution, involved staff will meet as a group to develop an appropriate follow-up intervention or determine appropriate follow up actions. Such actions may involve how the concerns/issues have been evaluated; steps taken toward remediation; and the nature of the ongoing concerns/issues.

The Trainee may respond with informal or formal written notice of disagreement with staff evaluation and recommendations. If this results in a continuing grievance that cannot be

resolved, then the procedures outlined in the Policy on Psychology Trainee Grievance Procedures should be followed toward resolving this grievance.

Successful Completion of the Postdoctoral Fellowship

In order to successfully complete the postdoctoral fellowship, Residents will be rated a “3” or higher in all of rated domains on the Competency Benchmarks in Professional Psychology Readiness for Entry to Practice Level Rating Form by the end of fellowship. A “3” rating is defined as: “Advanced/Consultation as needed. Fellow Demonstrates competency attained at beginning licensure level. Trainee demonstrates refined use of clinical skills. Continued consultation for cases as needed.” To obtain these ratings, the fellow should consistently display the specific quality/skill in every clinical area and/or know when he/she needs to consult at required levels within at least the last month of fellowship.

Fellows will also receive a “3” or higher on the supervision, research, or teaching evaluation, depending on which area of focus they selected for their training year.

In addition, Residents are expected to attend all mandatory didactics and to engage in ethical, professional behavior throughout their time in the fellowship.

Appendix VI: Psychology Resident Termination Policy and Procedure

Purpose

The Friends Hospital Psychology Fellowship adheres to a due process model, which focuses on prevention and a timely response to identified problems. The goal of this model is to ensure that decisions made concerning trainees are not arbitrarily or personally based, and requires the program to identify specific evaluative procedures, which are applied to all trainees.

General Policy

Copies of any written notifications, memos, and/or transcripts of notes made by the Director of Psychology or designee regarding specific trainee issues shall be retained as part of that trainee's competency file. Additionally, the Program must have appropriate appeal procedures in place so that the trainee may challenge an adverse decision or action if he/she so desires. Further, the same guiding principles shall govern the process by which a trainee may address a corresponding issue with some aspect of the Fellowship or one of its members (*see also Grievance Policy and Procedure*).

Resident's Inability to Perform to Competency Standards

A Resident's inability to perform to competency standards is defined broadly as interference in professional functioning characterized by one or more of the following:

1. An inability or unwillingness to acquire and integrate professional and/or ethical standards into one's repertoire of professional behaviors;
2. An inability or unwillingness to acquire or improve professional skills in order to reach an acceptable level of competency;
3. An inability or unwillingness to control personal reactions or manage personal issues that interfere with professional functioning.

The evaluation processes used to assess trainee performance provide the criteria necessary to operationalize this definition. Residents are provided with written feedback from supervisors mid-year and at the end of the year. The evaluations are based on the competencies of the program and are an opportunity to discuss progress toward these competencies as well as the personal goals set by each fellow at the beginning of the training year. By the end of the year, Residents must achieve a rating of "3" or above on the core competencies as the minimum requirement for completion.

Problem behaviors are noted when a supervisor perceives a trainee's behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors or other staff. It is a professional judgment within the discretion of the involved supervisor(s) and the Director of the Psychology Fellowship Program as to when a Resident's behavior is sufficiently impaired to necessitate remediation efforts, versus behaviors reasonably expected, and not excessive, for professionals in training. Problems typically become identified as reflecting an inability to perform to competency standards when they include one or more of the following

characteristics:

- A. The trainee does not acknowledge or take steps to address the problem when it is identified.
- B. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
- C. The quality or quantity of services delivered by the trainee is significantly compromised.
- D. The problem is not restricted to one area of professional functioning.
- E. A disproportionate amount of attention by training personnel is required.
- F. The trainee's behavior does not change as a function of feedback, remediation, and/or time.

In areas of skill competencies, there are expected competency outcomes for trainees during the training year; see **Psychology Trainee Performance Policy and Procedure**.

When areas of weakness are observed, the trainee and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly.

If a trainee demonstrates significant weakness in any area at the mid-year evaluation, and there is a possibility that they are in danger of less than a rating of 3 in any competency area on the Competency Benchmarks in Professional Psychology Readiness for Entry to Practice Level Rating Form towards the 4th and final quarter, the supervisor will provide additional remedial measures so that the trainee will have more individual intervention, practice and time to remedy the deficiency before the completion of the training year.

Supervisors are expected to exercise sound clinical judgment with regard to what can be resolved during supervisory sessions, and when the trainee should be advised or even encouraged to request the intervention of the Director of Psychology.

If a problem is significant and persistent enough to require formal remedial action, the following procedures will be initiated to insure that the handling of such issues is not arbitrary or biased.

- A. At a meeting with the trainee, the supervisor will address the concern(s) directly. If a satisfactory resolution is not reached within a timely manner, the Director of Psychology will be informed, and the trainee will be provided a written summary of the specifications of the notification and a plan of correction, to include a specified time frame for remediation.
- B. If the matter remains unresolved within the specified time frame, a meeting will be held with the trainee, the supervisor, and the Director of Psychology.
- C. If termination of the Fellow is considered, the matter will be brought to the Director of Clinical Services within one working day, and the trainee will be so notified.
- D. The Director of the Psychology will, within three working days, convene an *ad hoc* Training Committee meeting, consisting of the involved supervisor(s), the Director of Clinical Services and the Director of Psychology, to make a final decision. In advance of this meeting, the following steps will be taken:

1. The Director of the Psychology will obtain relevant information from all staff involved with the trainee in a teaching or supervisory relationship, and from peer trainees when, and if, appropriate and relevant to the area of concern.
 2. All members of the department, including the trainee under consideration, will be provided an opportunity to communicate their views directly to the assembled Committee.
- E. The outcome of the Training Committee’s deliberations may be as follows:
1. No further action is warranted.
 2. The development of a formal plan of further corrective actions. Possible remedial steps may include (but are not limited to): changes in format or focus of supervision, increasing supervision, recommending and/or requiring personal therapy, reduction of workload, revision of placement assignment, leave of absence from the Residency, or termination from the Residency.
- F. Once a decision has been reached, the Director of the Psychology will meet with the trainee to notify him/her of the committee’s decision and review the required remedial steps. The postdoctoral fellow receives a written document which includes a definition of the unsatisfactory performance, notice that the postdoctoral fellow was informed and given the opportunity to discuss the concerns and documentation of the plan of action to ameliorate, rectify or monitor the performance. The time frame for monitoring, evaluation and conclusion of the plan is laid out. The plan is signed by the postdoctoral fellow, training director and supervisor(s) who will oversee the plan’s implementation.
- G. The trainee may accept the decision reached by the committee or challenge the committee’s actions by following the Grievance Policy and Procedure.

If a plan of corrective action is implemented, it will include specific criteria for improved performance and mechanisms for continued evaluation of performance. If, after a reasonable amount of time (no more than four weeks unless explicitly stated otherwise), the plan for corrective action does not rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program as represented by the Director of the Psychology and the Director of Clinical Services, will take more formal action, including such actions as:

- A. Giving the trainee a limited endorsement, including specifying those settings or situations in which he/she could function adequately;
- B. Recommending and assisting in implementing a career shift for the trainee;
- C. Termination of the trainee from the training program.

The above procedures are designed to be timely, fair, and appropriately documented and implemented. In most cases of identified trainee inability to perform to competency standards, it is expected that the outcome of the deliberations will be a plan of corrective action. This plan is intended to promote optimal growth for the trainee, to prevent further failures, and to identify a process and the specific performance criteria for eventual re-evaluation.

The above procedures are pre-empted in cases where termination of employment is dictated by Friends Hospital/ UHS policy and procedures, as in the case of patient abuse. Termination of

employment for good reason automatically constitutes termination of the Residency of the Post-Doctoral Fellow.