

THE
University of Vermont
MEDICAL CENTER

**The University of Vermont Medical Center Psychology Internship
Intern Handbook 2021-2022**



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Overview

University of Vermont Medical Center

The University of Vermont Medical Center (UVMHC) is the tertiary care cornerstone of The University of Vermont Health Network (UVMHN), a six-hospital network serving patients and their families in Vermont and northern New York. Through our partnerships with the Larner College of Medicine at UVM and the UVM College of Nursing and Health Sciences, we aim to improve our region's quality of life with innovations in medicine and health care that arise from new knowledge and discovery. Serving a population of more than 1 million people in Vermont and northern New York and approximately 160,000 residents in Chittenden and Grand Isle counties, The UVM Medical Center provides a full range of tertiary-level inpatient and outpatient services and provides primary care services at 10 Vermont locations.

We have earned the distinction of being designated a Level I Trauma Center and we are home to the University of Vermont Children's Hospital, a full-service hospital within a hospital that has been recognized in the U.S. News & World Report Best Children's Hospitals list. In addition, The UVM Medical Center is creating an integrated family of patient-centered medical homes, which foster a team approach to improving health outcomes for patients.

Psychology Internship

Interns will be members of the Department of Psychological Services with an office located within the heart of the department on the medical center's main campus. Internship training will occur at three sites within the UVMHN all of which are located in the greater Burlington, VT area: the medical center's main campus, UVMHC (inpatient medical consultation and ambulatory subspecialty consultation; outpatient psychotherapy), the UHC ambulatory care campus (integrated primary care; family medicine), and our Pediatric Primary Care Williston location (integrated primary care).

Accreditation

The UVMHC Psychology Internship is accredited, on contingency by the American Psychological Association. We were awarded 'accredited, on contingency' status on April 5th, 2020 and are required to submit aggregated outcome data by September 1st, 2021. At that time, our program will be eligible to move to a 'full accreditation' status. Failure to provide outcome data would lead to the program being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site for the 2021-2022 training year.

Information on our accreditation status can be obtained from the Commission on Accreditation website, or through contacting them:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE,
Washington, DC 20002

Web: www.apa.org/ed/accreditation
E-mail: apaaccred@apa.org
Phone: (202) 336-5979

Intern Selection Criteria

This is a clinically-oriented internship; therefore, successful interns will likely come from graduate programs with a strong clinical training tradition and have had robust practicum experiences.

To be considered a candidate for the UVMHC Psychology Internship, applicants must:

- Demonstrate consistency between their interest and the goals of the UVMHC Psychology Internship.
- Be a registered student, in good standing, and have completed all required course work at an APA or CPA approved doctoral level program in clinical or counseling psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.
- Be willing and able to commit to a busy, full-time twelve month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.
- Complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon successful completion of these processes.
 - Detailed information about the post-offer processes is available on pages 18-19 in Appendix A.

Diversity is a driver of excellence. We actively seek diversity and inclusion within our staff and trainees, as well as with those we serve. We believe that diversity is an asset in teaching, research and patient care, and we strive to recruit and develop culturally competent interns who reflect and understand the increasingly diverse populations they will serve.

Notice of Nondiscrimination

The University of Vermont Medical Center is committed to treating all with whom we interact—including patients, family members, visitors, employees, staff, and potential employees or staff—in a non-discriminatory manner. The UVM Medical Center is committed to providing care to all members of its community without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

Intern Benefits

Stipends and health insurance: For the 2020-2021 internship year, the stipend is \$29,120. Interns are also offered comprehensive health insurance coverage through the University of Vermont Medical Center, which is partially paid for by the UVMHC.

Other Benefits: Paid leave in the form of 30 days combined time off (CTO), optional vision and dental benefits, option to contribute (with employer match) to a 401K, dissertation defense time, and a \$500 professional development stipend.

Organization Mission Summary and Statement of Values

Our mission is to improve the health of the people in the communities we serve by integrating patient care, education, and research in a caring environment.

- We respect the dignity of all individuals and are responsive to their physical, emotional, spiritual and social needs and cultural diversity.
- We are just and prudent stewards of limited natural and financial resources.
- We foster a climate which encourages both those receiving and providing care to make responsible choices.
- We strive for excellence in quality and care and seek to continuously learn and improve.
- We acknowledge a partnership with the community to ensure the best possible care at the right time, in the right place, and by the right provider.
- We are caring and compassionate to each other and to those we serve.
- We communicate openly and honestly with the community we serve.

Psychology Internship Mission Statement and Training Model

The aim of the UVMCC Clinical Psychology Internship program is to provide generalist training in an intellectually stimulating and respectful environment that prepares interns to deliver effective, entry level psychological services to diverse populations in multidisciplinary settings across a continuum of care. We also strive to offer students opportunities to explore and gain experience in more specialized service areas to enhance their understanding of themselves as clinicians and inform their future training and career choices.

The internship follows a Practitioner-Scholar Model that provides psychology interns the skills and training necessary to become successful practitioners of child, adolescent, and/or adult psychology, with an emphasis on delivering psychological services within a medical center setting. The program is a one-year, full-time placement with a focus in either pediatric/lifespan or adult clinical rotations. Interns will be expected to work 40 to 50 hours per week. Typically, the training year will begin in July and end in June.

Interns are expected to generate revenue for the organization; however, training considerations and intern professional development needs will always take precedence over revenue generation. Interns will be expected to generate approximately 10 billable contact hours per week (which will be a part of the clinical training experiences in their primary tracks), all other time spent in service delivery may or may not be billable and will be based on interns' training needs, balanced with the clinical needs of the patient populations we serve, regardless of revenue generation.

Information Related to the COVID-19 Pandemic

(updated on 8/4/20)

Regional Information and Resources

Vermont Corona Virus (COVID-19) information, including data on corona virus activity, guidelines related to prevention, travel, and testing, guidance for health care workers, summaries of Vermont's response the pandemic, and more:

<https://www.healthvermont.gov/response/coronavirus-covid-19>.

Organizational Approach and Philosophy

The University of Vermont Medical Center has been very active and proactive in their approach to managing COVID-19 in the larger VT community, as well as the health of our employees and patients. The organization has partnered with state and local leaders, as well as medical experts to craft a response to the pandemic that is based in the best scientific evidence and data available at this time. We have also remained flexible in our approach to allow for the changing landscape of the pandemic in our region, as well as nationally. An example of this was our move during the first wave of infection, in mid-March, to an entirely remote working format that still allowed for direct service hours through outpatient psychotherapy, integrated primary care, and consult/liaison services. Similarly, since our infection rate has dropped to well below 1% of the population, we have been allowed to transition back to in-person services in critical areas, while continuing to see outpatient psychotherapy cases remotely, where appropriate.

Our community response has led to one of the lowest rates of corona virus infection in the country, the ability to re-open the vast majority of our hospital (and other) services, with continued low infection rates and safety for employees and patients. This link provides more information on our organization's approach:

<https://www.uvmhealth.org/Pages/Coronavirus.aspx>.

Impact on Clinical Training Experiences

- Most clinical service areas are conducted in some combination of remote and in-person work; some involve direct contact with other staff/providers on the medical team, as well as patient contact.
 - As of 8/4/20: inpatient psychiatry is back to in-person service; pediatric consult/liaison has some in-person patient contact and contact with other staff/providers on the medical floors; adult consult/liaison is largely in-person with the option for remote patient care, as needed/dictated by patient needs
 - Services that continue to be (primarily) remote: outpatient psychotherapy, assessment, endocrine, integrated primary care, Trans youth clinic, Cystic Fibrosis services, adult and pediatric hematology/oncology.

- Interns will sometimes be asked to work remotely and sometimes be asked to work on site, following hospital guidelines for masking, cleaning, and physical distancing
- Work within the IBD clinic and the NICU group is not currently being available
- New HR policies have been generated that apply to interns that are updated on a regular basis and are available on the employee intranet on PPE, travel, quarantine, COVID testing, and paid time-off for COVID related issues
- Interns are expected to follow hospital policies related to travel, quarantine, monitoring of symptoms, and testing
- Interns may continue to share an office space that is devoted to trainees (while we have the capacity to do so and maintain physical distancing expectations). They will also be utilizing individual office space available in the department on a rotating basis (intern office, supervisor offices, and therapy rooms)
- Currently, interns are not being asked to work in-person with COVID positive patients
- No NICU support group or other groups are being offered at this time

Supervision

- We will make our best effort to always have a supervisor on-site when interns are working on-site. This may not always be possible and, in the rare circumstances when a supervisor cannot be on site, they will remain available remotely (via phone, page, or digital call) during all patient care times. Trainees will not be asked to do work in-person that is not already being done by a supervisor in that service area.
- Supervision is largely being conducted remotely, with some supervision in-person, depending upon the service area and comfort level of supervisor and intern. We are making every effort to transition back to in-person supervision when it is organizationally possible and prudent from a health/safety perspective.

Other Learning Experiences

- Didactics and grand rounds presentations are (largely, but not exclusively) being conducted remotely

****All of the changes described above are subject to more change as the situation with the pandemic in our area evolves along with our organizational, departmental, and programmatic responses to it. ****

Clinical Training Experiences

There will be core elements of training in which all interns will participate, including didactics/seminars and assessment experiences integrated into their rotations throughout the year. In addition to these elements, there will be two year-long tracks from which interns can choose, with either an adult or pediatric/lifespan focus. The exact nature of training and amount of time spent in each activity will be determined in discussion with the intern, with every effort made to prioritize their particular training preferences, while taking into consideration adequate service coverage and availability of supervision time.

In general, in both tracks, interns could expect to spend approximately 15 to 20 hours engaged in consult/liaison work, 8-10 hours with outpatients (in various clinics), 6 hours engaged in supervision and didactics/seminars, 4 to 5 hours participating in a specialty service area, and up to five hours engaged in assessment, scholarly projects, documentation/report writing, and/or other educational activities. See Below for a description of the training experiences:

Assessment

Psychological Assessment Experience

Supervisor: Marlene Maron, Ph.D., ABPP

We respect the place of efficient and effective psychological assessment in the care of patients across the lifespan and across settings. Interns will have the opportunity to administer psychological batteries to answer complex questions about diagnosis, prognosis, and functioning, as well as brief assessments to clarify a patient's current status or needs. Cases for assessment are identified throughout the year in various rotations. Interns work, in collaboration with their supervisors and Dr. Maron, to develop an appropriate battery, administer tests, analyze and interpret results, and write reports and communicate feedback, as appropriate.

Adult Track

General Adult Medical Psychology Consult/Liaison

Supervisors: Marissa Coleman, PsyD

Medical Psychology provides inpatient consultation services to patients and staff on medical-surgical units in the hospital. Interns assess psychosocial and emotional behavioral concerns and provide appropriate intervention while patients are admitted. Interventions frequently address coping/adjustment to illness or injury, developmentally appropriate understanding of diagnosis/treatment, pain management, procedural distress, grief, traumatic stress, or other emotional/behavioral difficulties. Interns also serve as liaisons between the medical team and the patient/family to better enhance communication and facilitate understanding. They may also continue to follow patients on an outpatient basis. Interns regularly participate in multidisciplinary team meetings, care conferences, and program development. Goals of the work are to minimize the impact of stressful hospital experiences, promote adaptive coping,

help patients and their families return to their baseline well-being, and provide appropriate mental health referrals and follow-up post hospital admission.

Cancer Center Consult/Liaison and Outpatient Treatment

Supervisor: Shira Louria, PsyD

Interns will have the opportunity to learn within a multidisciplinary team of oncologists, surgeons, psychologists, nurses, and social workers and gain experience in providing psychological support to individuals diagnosed with various types of cancer and undergoing treatment (chemotherapy and/or radiation therapy). In addition to their medical diagnoses, patients present with a range of psychiatric symptoms at acute and/ or chronic levels. Consultation may be requested for guidance to medical staff and support to patients and their families. Psychological support may be requested on both an inpatient and outpatient basis. Interns may also have an opportunity to co-lead a clinical/psycho-educational group at the Cancer Center, currently we are working on building a group for individuals with metastatic disease process.

The Cancer Center rotation provides an opportunity to work with adults diagnosed with various types of cancer with both short and long-term psychotherapy. Interns may participate in various cancer tumor boards and oncology/hematology rounds. Emphasis is placed on biopsychosocial components that influence coping, and adjustment to illness, while focusing on the development of resilience and adaptive coping skills.

Adult Specialty Services

IVDU Integrated Hospital Service

Supervisors: Marissa Coleman, PsyD and Tara McCuin, PhD

Interns will have the opportunity to engage in consult/liaison work, program development, program evaluation, and staff education, as part of an interdisciplinary approach that was developed to better serve patients who have been admitted to the hospital for complications related to intravenous drug use. In addition to the skills typically used on a C/L service, Interns will focus on helping staff effectively implement a behavioral protocol, as well as developing their own use of motivational interviewing techniques, distress tolerance and emotion regulation skills, and other brief interventions designed to promote harm reduction in patients with substance use disorders.

Inpatient Psychiatry

Supervisor: Mary Marron, PsyD

The University of Vermont Medical Center has two inpatient psychiatry units: a 12 bed unit designated primarily for the treatment of mood and anxiety disorders and a 16 bed locked unit designated primarily for the treatment of psychosis and acute mania, which is also the milieu in which all patients who must be hospitalized involuntarily, due to risk of harm to self or others, are treated. Facilitating communication across disciplines is an essential role of psychologists on the inpatient psychiatry service at UVMCC, and trainees will be expected to communicate effectively and clearly with all staff on the milieu. The inpatient psychiatry treatment team at

UVMMC takes a patient oriented approach to care, utilizing the least restrictive means available to keep patients safe and work towards discharge. Understanding the interplay between the culture of care and psychological intervention is a critical element of inpatient work and interns will have the opportunity to observe, participate in, and discuss this dynamic during their experience on inpatient psychiatry. Training opportunities on these inpatient units could involve psychological assessment, individual psychotherapy, and/or group psychotherapy. Interns will have the opportunity to treat patients struggling with severe mental illness including schizophrenia spectrum disorders, bipolar affective disorder, severe depression, and severe personality disorders. Interns may also attend daily rounds, which includes a patient centered rounds component, making use of the Open Dialogue approach

Cystic Fibrosis Integrated Service

Supervisor: Tara McCuin, PhD and Courtney Fleisher, PhD, ABPP

This is a multidisciplinary outpatient specialty care clinic and an inpatient hospital service. Interns may participate in inpatient rounds or deliver targeted services for prevention and intervention. They may also be called upon to assist with communication with medical providers, promoting optimal disease management, treatment adherence and self-care, and helping patients and families navigate adjustment to the demands of chronic and life limiting illness. Using principles of triage, interns may refer for more involved assessment and/or intervention that may be provided by the intern in an outpatient setting. Interns also have the opportunity to consult with medical providers to optimize patient and family-centered care and understand the conceptual underpinnings of the care of patients with complex medical and psychosocial needs.

Pediatric Track

Pediatric Consult/Liaison

Supervisors: Courtney Fleisher, PhD, ABPP and Marlene Maron, PhD, ABPP

Pediatric Consultation/Liaison interns provide family-centered inpatient consultation services to children and adolescents, families, and staff on pediatric, pediatric intensive care (PICU), and neonatal intensive care units (NICU). As part of a combined psychology and psychiatry service, interns provide evaluation and psychotherapeutic interventions to children and adolescents facing acute and chronic medical and surgical conditions. Consultation is commonly requested to assist patients and families with new diagnoses; life threatening and/or traumatic injuries; possible losses; behavior negatively impacting medical adherence and overall health; physical symptoms not adequately explained by medical diagnoses; and care while awaiting psychiatric placement following significant self-harm behavior. The opportunity to adapt empirically informed psychological interventions in the fast-paced medical setting provides excellent pediatric psychology training. Interns additionally serve as liaisons between the medical team and the patient/family to enhance communication and facilitate understanding. On a weekly basis, interns participate in multidisciplinary medical walking rounds and psychosocial rounds. Opportunities may arise to consult to pediatric subspecialty clinics (e.g., diabetes and neurology/headache) to deliver targeted assessment of and intervention to patients with condition-related psychological concerns.

Integrated Primary Care

Supervisors: Logan Hegg, PsyD and Rebecca Ruid, Ph.D.

Interns will have the opportunity to experience different models of mental health integration in primary care settings. Services include: consultation to primary care teams; psychodiagnostic evaluation; evidence-informed short-term interventions for common mental/behavioral health conditions; quality improvement projects; outreach to schools and community-based organizations; and teaching and learning with pediatric residents. Interns may also have the opportunity to train in other primary care settings, including family medicine or adult internal medicine practices.

Pediatric Specialty Services

Pediatric Irritable Bowel Disease (IBD) Specialty Care (not currently being offered)

Supervisor: Courtney Fleisher, PhD, ABPP

As part of the Pediatric Crohn's and Colitis Program, interns may conduct baseline assessments of youth newly diagnosed with irritable bowel disease (IBD) to identify psychosocial interventions useful for patients in managing their medical condition. Patient education about the gut-brain connection, coping skills development, self-management and medical adherence, problem-solving school challenges, and anxiety and depression intervention are clinical skills interns are called upon to apply with this patient population in the outpatient clinic and inpatient hospital settings. The UVM Children's Hospital's Pediatric Crohn's and Colitis Program, an active participant with the Improve Care Now Network, applies the principles of quality improvement to better the outcomes of pediatric patients with IBD. Interns may collaborate with the multidisciplinary team to evaluate the impact of systemic changes in the psychosocial care of youth with IBD.

Cystic Fibrosis Integrated Service

Supervisors: Courtney Fleisher, PhD, ABPP and Tara McCuin, PhD

This is a multidisciplinary outpatient specialty care clinic and an inpatient hospital service. Interns may participate in inpatient rounds or deliver targeted services for prevention and intervention. They may also be called upon to assist with communication with medical providers, promoting optimal disease management, treatment adherence and self-care, and helping patients and families navigate adjustment to the demands of chronic and life limiting illness. Using principles of triage, interns may refer for more involved assessment and/or intervention that may be provided by the intern in an outpatient setting. Interns also have the opportunity to consult with medical providers to optimize patient and family-centered care and understand the conceptual underpinnings of patients with complex medical and psychosocial needs.

Trans Youth Program

Supervisors: Marlene Maron, PhD, ABPP and Kimberlee Roy, PhD, ABPP

As part of the integrated Transgender Youth Program (YTP), interns will work collaboratively with adolescent medicine, nursing, and social work in a twice a month outpatient clinic setting. Interns will have the chance to assess new patients for gender dysphoria/gender identity needs

and meet with returning patients to assess ongoing health and wellness. The YTP program regularly consults with schools and other programs around our region on best practices for working with transgender youth. Interns have the opportunity to take on individual therapy cases if they wish. Interns may also have opportunity to engage in quality improvement or research projects as the program grows.

Pediatric Hematology/Oncology

Supervisor: Kimberlee Roy, PhD, ABPP

The Pediatric Hematology/Oncology Psychology Rotation at the University of Vermont Children's Hospital is a combined inpatient/outpatient experience devoted to creating a sense of continuous care for patients no matter what phase of treatment they are in. Interns are often able to meet patients soon after diagnosis and continue to follow them during inpatient stays and outpatient clinic visits. Interns attend integrated rounds with the Pediatric Hem/Onc team (which includes; oncologists, nurses practitioners, social work, nursing, pharmacy, child life, social work, research coordination, and medical residents) once a week to help provide a psychological perspective on patients and consultative advice on management of medical team, patient, and family concerns. Interns attend outpatient clinic once per week to meet with patients and be available for consultation. Interns may also have the opportunity to engage in assessment through the Children's Oncology Group (COG) protocols for treatment. There is also ongoing research in the department.

NICU Support Group (open to interns in all tracks, not currently offered)

Supervisor: Marissa Coleman, PsyD

This is a group aimed at providing psychological support and psycho education for NICU and Transitional Care families. The intern will co-facilitate this group weekly with Dr. Marissa Coleman. Additionally, the intern will meet with Dr. Coleman for 30 minutes of supervision aimed at processing group dynamics and co-facilitation experiences. Themes of the group will likely include the following: post-partum support, parenting stress, grief and loss, birth trauma, and family dynamics.

Lifespan Track

The lifespan track will comprise a combination of experiences from the pediatric and adult tracks. Typically, a lifespan intern will gain year-long experience on the adult consult/liaison service and in one of our integrated primary care clinics. They will have a six month rotation on adult hematology/oncology, as well as six months on the pediatric hematology/oncology service. In addition to those core experiences, they will have the opportunity to choose at least one (and potentially more) adult or pediatric track specialty experiences.

Prior to the start of internship, all matched interns will be surveyed about their preferences for specialty experience and every effort will be made to honor those preferences during the training year.

Didactics and other learning opportunities

In addition to clinical activities, interns will participate in a combination of formal didactic seminars and informal, one-to-one teaching and mentoring by the primary supervisors of their core tracks. All students are further encouraged to attend lectures, seminars, and other Grand Round series offered through the medical center and the University of Vermont (the schedule of offerings is updated regularly by the hospital and will be made accessible to all interns). Below is a description of the didactic schedule:

Clinical Topics in the Academic Medical Center (weekly, 1hr):

The goal of this course is to support the development of advanced competencies in general practice areas, as well as provide exposure to issues of specialty clinical practice, in the context of the academic medical center setting. Interns will receive didactic instruction in a wide range of topics relevant to clinical practice in this setting. The course will consist of readings, didactic lectures, case presentations, and open discussion intended to familiarize the intern with the medical center setting and its professional demands. Further, interns will receive specific instruction about assessment and intervention for several different medical conditions and populations that we serve at the medical center.

Professional Development Seminar (bi-monthly, 1hr):

This seminar provides the opportunity for interns and psychology training faculty to discuss important issues central to our work and identity as clinical psychologists, including: ethics and standards of practice, psychology as a profession, legal and political issues, diversity issues, and sensitivity to individual differences, the integration of research and clinical work, career development, theoretical bases of important content areas, and socialization into the profession of psychology. This seminar is designed to prepare interns for the transition from student to entry level psychologist.

Equity, Diversity, and Inclusion Seminar (monthly, 1.5hrs):

The EDI Didactic Series is a year-long seminar that provides experiential training in areas related to multiculturalism and fostering a sense of belonging among trainees. The eleven session series is facilitated as a closed process group focusing on (a) processing how one's own culture affects both the personal and professional self and (b) increasing understanding of how the intersection of multiple identities impacts the therapeutic process. Intentionally shifting from traditional multicultural training, the focus shifts from a "way of doing" to "a way of being." Increasing cultural humility and engaging in critical conversations about one's own identity is the hallmark of this unique series.

Supervision Seminar (monthly, 1hr):

Didactic presentations, readings, group discussion, and in-session activities are utilized to provide interns with foundational knowledge for developing competency in the provision of clinical supervision.

Grand Rounds Series (September – May, Fridays 10:30-11:45, Davis Auditorium):

Interns will be strongly encouraged to attend Psychiatry Grand Rounds which offers presentations on a wide range of topics in mental health and psychiatric medicine by speakers from around the country. A list of the current Psychiatry Grand Rounds topics and schedule can be found at <http://www.med.uvm.edu/psychiatry>. In addition, interns will be encouraged to attend Pediatric, Family Medicine, Internal, and Neurology Grand Rounds, as well as Pediatric Professor Rounds and Ethics Case conferences, as topics are addressed that pertain to the practice of psychology in the medical center.

Gibbard Lectureship Series (annual, full day lecture series):

Interns will be strongly encouraged to attend the Bruce A. Gibbard Lectureship in Psychiatry at the University of Vermont. This is an endowed lectureship established in 2003 to honor the memory and contributions of Dr. Bruce Gibbard who died September 4, 2002. The Bruce A. Gibbard Lectureship supports visiting scholars in the areas of Dr. Gibbard's interests (bridging neuroscience with psychoanalysis, teaching students and residents about psychodynamics, ethics, dream work, and therapeutic action). A schedule of past speakers/topics can be found at http://www.med.uvm.edu/psychiatry/conferences/gibbard_lecture

Intern Performance and Evaluation

In addition to ongoing verbal feedback through individual supervision, group supervision, informal interactions with staff and mentors, and group learning processes, interns will receive formal written evaluation and feedback utilizing the UVMCC Psychology Trainee Competency Evaluation at least three times during the training year. This evaluation will give ratings that specify whether interns are meeting minimal levels of expected achievement, as well as opportunities for more in depth feedback from their supervisors on their areas of strength and need for further development. This evaluation process will also alert interns to any remediation processes that may need to be initiated and involve them, their supervisor, and the training director in a process of developing and implementing that plan. Decisions about retention and termination will be made based on completion of required remediation processes and demonstrated ability to meet minimum competency requirements by the end of the internship year. Profession-Wide Competency areas that will be assessed include: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills (see Appendix C, pages 28-34).

More detailed information on intern performance evaluation, feedback, retention, and terminations decisions, as well as retention and termination decision, identification of remediation for competence and/or problematic behavior, due process steps of notice, hearing, and appeal, can all be found in our Policies and Procedures document (Appendix A) of this handbook.

Living in Vermont

Below are a couple of websites with resources and helpful information about living in the Burlington, VT area:

<https://www.uvmhealth.org/gme/Pages/life-in-vermont.aspx>

<http://www.vermont.org/experiences/burlington>



Appendix A

UVMVC Psychology Internship Policies and Procedures

Intern Recruitment and Selection

The UVMVC internship program will participate in the APPIC Match program. We will require the completion of the match application, the applicant's current matriculation in an American Psychological Association (APA) or Canadian Psychological Association (CPA) - accredited doctoral program in Clinical or Counseling Psychology, as well as indication from the applicant's Program Director that the applicant has completed adequate preparation for internship. This will be a clinically-oriented internship and so we will place a premium on those experiences that prepare applicants for clinical practice informed by scholarship. We will encourage a minimum of 500 intervention hours of practicum training and emphasize to students that successful applicants to our program will likely have had a diverse practicum experience and come from programs with a strong clinical training tradition. Listed below are specific requirements for students' preparation.

The University of Vermont Medical Center is committed to treating all with whom we interact—including patients, family members, visitors, employees, staff, and potential employees or staff—in a non-discriminatory manner. The UVMVC Psychology Internship program believes that diversity is a driver of excellence. We actively seek diversity and inclusion within our staff and trainees, as well as with those we serve. Recognizing the limited ethnic and racial diversity of Vermont, we will actively seek interns to develop a community within our department that is more diverse than the population of our State. We believe that diversity is an asset in teaching, research and patient care, and we strive to develop culturally competent interns who reflect and understand the increasingly diverse populations they will serve.

Required Doctoral Program Preparation and Experiences

To be considered a candidate for the UVMVC Psychology internship, applicants must:

- Demonstrate consistency between candidate's interest and the goals of the UVMVC Psychology internship.
- Be a registered student, in good standing, and have completed all required course-work at doctoral level program in clinical or counseling psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.
- Be willing and able to commit to a busy, full-time twelve month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.

Appendix A

- Complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon passing each of the included screens/checks listed below.

Post-Offer Processes at the University of Vermont Medical Center:

The Human Resources post-offer process applies to all new hires, re-hires and reinstatements and requires the following:

- A. An extensive background investigation which includes, but is not limited to, a social security number search, a county criminal conviction search, basic employment verification, education history verification, and a comprehensive sanctions database check of the following:
 - The U.S Government System for Award Management (SAM) (<https://www.sam.gov/portal/public/SAM/>)
 - The Department of Health and Human Services' Office of Inspector General's (OIG) List of Excluded Individuals/Entities (<http://exclusions.oig.hhs.gov/>)
 - The New York State Office of the Medicaid Inspector General (OMIG) (<http://www.omig.ny.gov/search-exclusions>)
 - The Social Security Administration Death Master List ([\">https://www.ssdmf.com\)\](https://www.ssdmf.com))
 - For providers, the National Plan Provider Enumeration System (NPPES) (<https://npiregistry.cms.hhs.gov>) – done through Credentialing, if needed.
- B. A criminal record check from the Vermont Criminal Information Center;
- C. A check of the Vermont Adult Abuse Registry and the Vermont Child Protection Registry;
- D. A signed statement from the new hire confirming s/he is not on the list of sanctioned individuals identified in the databases noted in Section IIIA. (UVM Medical Center will not employ any Ineligible or Blocked Person.);
- E. A signed pre-employment statement;
- F. A completed I-9 U.S. Department of Justice form;
- G. A completed EEO form;
- H. A health screening from Employee Health;
- I. A physical capacity screening for designated positions;
- J. Candidates for positions in our Specialty Pharmacy must submit to a drug screen from a vendor approved by the UVM Medical Center. Specialty Pharmacy candidates who refuse to obtain a drug screen within the time frame requested may have their offer of

Appendix A

employment rescinded. The recruiter informs the candidate of the result of the drug screening. If a Specialty Pharmacy candidate's drug screen reveals a positive test result, dependent on the circumstances, his/her offer of employment may be rescinded.

- K. Licensure and/or certification validation for designated positions;
 - L. A Department of Motor Vehicles check for designated positions.
- IV. All information submitted by an applicant relating to his/her prospective employment with UVM Medical Center must be true and accurate. Falsified or misrepresented information is reason for rejection or termination.

UVM Medical Center reserves the right to reject an applicant for any lawful reason.

Financial and Administrative Assistance

Financial assistance: For the 2021-2022 internship year, the intern stipend is \$29,120. Interns are also offered comprehensive health insurance coverage through the University of Vermont Medical Center, which is partially paid for by the UVM Medical Center. Paid leave will be available in the form of 30 days combined time off (CTO) that interns can use as needed throughout the year.

Administrative support: Administrative/clerical support is available to the interns through the administrative staff in Psychological Services. Interns will each have access to a computer, the internet, and the medical center's private network and electronic health record. They will have access to a hospital phone, their own phone number and confidential voicemail.

Technical support is available through the UVM Medical Center's Information Technology services.

Intern Performance Evaluation

In addition to ongoing verbal feedback through individual supervision, group supervision, informal interactions with staff and mentors, and group learning processes, interns will receive formal written evaluation utilizing the UVM Medical Center Psychology Trainee Competency Evaluation (see Appendix C, pages 28-34) at least three times during their training year. This evaluation will give them ratings that specify whether they are meeting minimal levels of expected achievement, as well as opportunities for more in depth feedback from their supervisors on their areas of strength and areas in need of further development. This evaluation process will also alert interns to any remediation processes that may need to be initiated and involve them, their supervisor, and the training director in a process of developing and implementing that plan, as well as making decisions about retention and termination based on completion of remediation processes and ability to meet minimum competency requirements.

Appendix A

Successful internship performance will include:

- Completion of all competency requirements of the internship, as described in the UVMCC Psychology Trainee Competency Evaluation form (see Appendix C, pages 28-34).
- Completion of UVMCC Evaluation of Supervisor Form for all supervisors during the internship year (see Appendix C, pages 36-37)
- Completion of an exit interview with the Training Director or designee
- Receipt of the Certificate of Internship completion from the Training Director

Completion of Training Program and Due Process

(Retention and termination decisions, identification of remediation for competence and/or problematic behavior, due process steps of notice, hearing, and appeal)

The UVMCC Clinical Psychology Internship Program is committed to demonstrating excellence in training and providing interns with the support they need to develop the skills necessary for entry level practice. Our goal is to take a non-threatening, compassionate, and growth oriented approach to all remediation processes with interns. If a supervisor feels unable to do so (personality conflicts, etc.), another supervisor will become involved with the intern.

Typically, problems within training will be defined as difficulty within the following areas of professional functioning:

- Maintaining Professional Standards
- Professional Skills Development
- Professional Behavior
- Ethical Boundaries

It is not uncommon for trainees to exhibit difficulty in some of these areas and require increased supervisory support and potentially remediation; however, difficulty in these areas that is considered problematic often includes one or more of the following qualities:

- The intern does not acknowledge, understand, or address the problem when it is identified,
- The problem is not merely a reflection of a skill deficit which can be rectified by enhanced training,
- The quality of services delivered by the intern is significantly negatively affected,
- The problem is not restricted to one area of professional functioning,
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
- The problematic behavior has potential for ethical or legal ramifications if not addressed,
- The problematic behavior negatively impacts the intern cohort, the culture of the department, or that of the organization

Appendix A

When it is recognized that a trainee needs remedial work for competence and/or to address areas of behavioral concern, the below procedures will be followed:

Notification of Problem and informal resolution attempts: The primary supervisor will first discuss the problem(s) directly with the intern. The intern will be given time to correct the problem(s), as deemed reasonable by the supervisor, as well as direct instruction/discussion on reasonable/acceptable ways of correcting the problem. The supervisor will keep written documentation of this process. If the intern has not made sufficient progress in rectifying the behavior or skill development, the primary supervisor will initiate a formal review process. The Training Director may be involved as the final arbiter in determining the progression from informal to formal review.

If the behavior includes gross misconduct, clear violations of ethical guidelines or Vermont State law, the primary supervisor will initiate the formal review process immediately. Similarly, a formal review process will be initiated immediately if an intern receives a score of “1” on a competency evaluation.

Formal Review: When the Training Director is notified of the need for formal review, a Review Committee will be appointed by the Training Director consisting of the primary supervisor, the Training Director, and other training supervisors as deemed appropriate/necessary by the Training Director. A formal review meeting will be scheduled and the intern will be invited to submit a written statement in response to the problem that has been brought forth to the committee. The intern may also be invited to participate in parts of the meeting, as deemed appropriate by the Training Director. Following the meeting, the Committee will make the determination for implementing a remediation plan, placing the student on probation, or dismissal from the program. Each of these options is described in more detail below.

Remediation Plan: A written plan is developed by the supervisor in collaboration with the Training Director. The plan will contain: a description of the intern’s unsatisfactory performance or behavior, actions needed by the intern to correct the behavior, actions planned by the supervisor to support the intern in correcting the problem, the time line for correcting the problem, specific procedure for evaluating whether the problem has been adequately addressed, and action that will be taken if the problem is not corrected. The intern will have the opportunity to review the plan with their supervisor, sign, and return to the Training Director. Copies of this documentation will be kept in the intern’s file and the intern’s Graduate School Director of Clinical Training will be notified. If a problem is not successfully remediated, the intern will be placed on probation.

Appendix A

Probation: Interns will be notified in writing that they are on probation and that non-compliance with the remediation plan could result in dismissal from the internship program. Probation is a time limited process that remains remediation oriented. The purpose of the probation is to assess the intern's ability to complete the internship and to return to a more fully functioning state. During a probationary period, the Training Director and supervisor systematically monitor (for a specified length of time) the degree to which the intern addresses changes and/or otherwise substantially improves the behavior associated with the probation. The intern will be also be notified of: the specific behavior(s) involved in the probationary status, the recommendations for rectifying the problem, the time frame of the probation, and the procedures to ascertain whether the problem has been addressed.

At the end of the probationary period, if the Review Committee determines that there has not been sufficient improvement in the intern's behavior, the training director will communicate in writing to the intern and the interns Director of Clinical Training that the conditions for revoking probation have not been met. This notice will include the course of action the Review Committee has decided to implement, which may include: 1) making adjustments to remediation plans and/or extended the probationary period or 2) moving for dismissal of the intern from the training program.

If it is determined by the Review Committee that the intern has met the requirements of probation within the allotted time, a letter revoking the intern's probationary status will be provided to the intern and the Director of Clinical Training of their doctoral program.

Dismissal: A dismissal from the internship may be issued for the following reasons:

- The intern has not made sufficient progress during the probationary period, and the Review Committee has determined that further intervention will not sufficiently address the issue or that remediation is not feasible within the allotted time frame and resources of the internship program
- The severity of the problem signifies gross misconduct or includes ethical and/or legal violations that have caused or have the potential to cause harm to patients, the training program, and/or the University of Vermont Medical Center.

The decision to dismiss an intern from their placement will be made through consensus of the Review Committee, in discussion with training supervisors, the Department Manager/Chief Psychologist, and possibly the intern's Director of Clinical Training, and would represent a discontinuation of participation by the intern in every aspect of the program. The Training Director may decide to suspend the intern's clinical activities during the time period the

Appendix A

decision is being made. Before taking final action, the Review Committee, Chief Psychologist/Department Manager and training director may meet with and interview the intern. The training director will communicate to the intern's academic department that the intern has not successfully completed the internship. In addition, they will provide a statement as to action to be taken on salary, fringe benefits, and training certification. In some cases of termination, training certification may be granted for the period of months of acceptable service. The intern will be informed of their right to appeal this decision.

Appeal Process: If an intern disagrees with the decision of the Review Process, they may appeal the decision by requesting a hearing via the Appeal Form located in Appendix C (page 41) submitted to the Training Director within 5 business days of the Review Committee's decision. After receiving the Appeal Form, the Training Director will appoint and convene an Appeal Panel to review the request.

The Appeal Panel will consist of at least three staff members involved in internship training. The Training Director will make every effort to choose staff that are uninvolved in the disciplinary matter and have not participated in previous steps of the review process. The Appeal Panel will review all documentation and may interview any or all involved parties. The Appeal Panel will make a decision to either uphold or modify the decision made through the Review Process. The decision of the Appeal Panel will be considered final. Written communication of the decision will be sent to the intern and the Director of Clinical Training at the intern's doctoral program.

Grievance Procedures

The following guidelines are provided to interns who may be experiencing problems in their internship that are interfering with their progress in the training program. Interns can pursue grievances about the program, staff members, supervisors, other interns, or other employees and staff of the hospital. No negative repercussions from the members of the Psychology Trainee Committee will result when intern's claims are made in good faith.

Prior to filing a grievance concern, we encourage all interns to first address their concern(s) with the parties directly involved. An honest attempt to resolve any grievance should be made by all parties involved prior to taking any more formal grievance action. If the grievance involved the policies of the Training Program, the intern is expected to speak with their primary supervisor and/or the Training Director. Any instance of staff or supervisor misconduct, discrimination, or harassment should be brought immediately to the attention of the Training Director or Chief Psychologist.

Grievance Process: If an intern has concerns, he or she should first notify his or her immediate clinical supervisor and/or the internship Training Director as described above, if the situation

Appendix A

cannot be addressed to the intern's satisfaction in this way, the intern should ask the Training Director for review by the Internship Grievance Committee. In the case of legal or harassment concerns, the intern is also entitled to pursue reporting procedures available through the University of Vermont Medical Center Office of Human Resources.

The UVMGC Grievance Committee: The Grievance Committee will be appointed by the Training Director. The Grievance Committee will consist of at least three staff members involved in the internship training. Only staff uninvolved in the investigated matter may sit on the Grievance Committee. The Grievance Committee will investigate the grievance and communicate with all involved parties prior to reaching a decision. The Grievance Committee will then render a decision in the form of a written recommendation to the Training Director, who will then make the final decision on the matter. If the decision is still dissatisfactory to the person who had filed the grievance, he or she may file the grievance with the Chief Psychologist. If the grievance involves the Chief Psychologist she will be excused from the process, and her immediate supervisor (Medical Group Director) or an appointed designee will hear the grievance.

Supervision Requirements

Interns will receive a minimum of four hours of weekly, face-to-face supervision with doctoral level licensed psychologists, at least two of which will be individual supervision hours provided by psychologists in the primary service area(s) in which the intern is engaged. Interns will also participate in weekly group supervision experiences. At least one supervisor in the training program will remain available to interns at all times to address any consultation or supervision needs that may arise.

Maintenance of Records

All records, including intern, staff, and alumni data; intern, staff, and learning activity evaluations; written information involved in remediation, termination, and grievance process; and communications with accrediting bodies (i.e. APA and APPIC) will be kept and maintained by the Training Director permanently. The records will be stored securely in a filing cabinet on site, as well as electronically, following the privacy policies of the medical center. Interns can request access to their records at any time and will be provided with paper or electronic copies.

Non-Discrimination

The University of Vermont Medical Center is committed to treating all with whom we interact—including patients, family members, visitors, employees, staff, and potential employees or staff—in a non-discriminatory manner. The UVM Medical Center is committed to providing care to all members of its community without regard to race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran

Appendix A

status or obligation for service in the armed forces.

Appendix B

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 8/4/20

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The aim of the UVMCC Clinical Psychology Internship program is to provide generalist training in an intellectually stimulating and respectful environment that prepares interns to deliver effective, entry level psychological services to diverse populations in multidisciplinary settings across a continuum of care. We also strive to offer students opportunities to explore and gain experience in more specialized service areas to enhance their understanding of themselves as clinicians and inform their future training and career choices.

The internship follows a Practitioner-Scholar Model that provides psychology interns the skills and training necessary to become successful practitioners of child, adolescent, and/or adult psychology, with an emphasis on delivering psychological services within a medical center setting. This is a clinically-oriented internship; therefore, successful interns will likely come from graduate programs with a strong clinical training tradition and have had robust practicum experiences.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours		Yes	Amount: 500
Total Direct Contact Assessment Hours	No		Amount:

Describe any other required minimum criteria used to screen applicants:

Describe any other required minimum criteria used to screen applicants:

- Demonstrate consistency between their interest and the goals of the UVMCC Psychology Internship.
- Be a registered student, in good standing, and have completed all required course work at a doctoral level program in clinical or counseling psychology.
- Have completed supervised practicum and clinical placement experience with a minimum of 500 total intervention hours.

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- Have successfully proposed dissertation by time of internship application.
- Be willing and able to commit to a busy, full-time twelve month internship.
- Be willing to engage in self-reflection in supervisory and training relationships as needed to ensure ethical and appropriate clinical practice.
- Ability to complete all post-offer hiring processes required for employment at the University of Vermont Medical Center. Internship appointment is contingent upon these processes.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$29,120	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	N/A	
Hours of Annual Paid Sick Leave	N/A	
Hours of Annual paid Combined Time Off (Vacation and sick leave)	240	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): optional vision and dental insurance, option to contribute (with employer match) to a 401K, life insurance, excused dissertation defense time, and a \$500 professional development stipend.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Appendix B

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2020	
Total # of interns who were in the 3 cohorts	2	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center	1	
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other	1	
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Appendix C

University of Vermont Medical Center Psychology Trainee Competency Evaluation Form

Trainee: _____ Supervisor: _____

1st Evaluation 2nd Evaluation Final Evaluation Other: _____

Assessment Methods Used:

- Direct Observation Video Observation Patient Feedback
 Review of Written Work Discussion of Cases Feedback from other staff
 Review of Test Data Case Presentation

Competency Rating Descriptions

6	Ability to Teach and Lead in this Area. This is a level that will likely only be reached in select areas of competency even at completion of post-doctoral training. The individual is sought out by doctoral level providers on a regular basis for advice and consultation.
5	Advanced/Skills comparable to autonomous practice at licensure level. This is the rating expected at the completion of postdoctoral training. Trainee is functioning at the level of a psychology staff member and supervision is only required due to the intern's unlicensed status.
4	High Intermediate/Occasional supervision needed. This is a frequent rating at completion of internship. Competency has been attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
3	Intermediate/Should remain a focus of supervision. This is a common rating throughout internship and practicum. Routine supervision of each activity.
2	Entry level/Continued intensive supervision is needed. This is a rating most common for practicum. Routine, but intensive, supervision is needed.
1	Remedial work is needed. Requires remedial work if trainee is on internship or practicum. This rating should be accompanied by a specific remediation plan.
N/A	Not Applicable for this training experience or not assessed during this training experience

Appendix C

Competency 1: Research

	Displays ability to critically evaluate and discuss the research literature and disseminate information in seminars, case conferences, journal club, walking rounds, grand rounds presentation, or other scholarly activities
	Demonstrates scientific mindedness through use of critical thinking, demonstration of scholarly curiosity and questioning of assumptions, and an understanding of evidence-based practice
	Participates actively in seminars, case conferences, and other learning/scholarly activities

Comments:

Competency 2: Ethical and Legal Standards

	Demonstrates knowledge of ethical, legal, and professional standards and guidelines and acts accordingly in all professional contexts
	Demonstrates awareness of ethical dilemmas as they arise and utilizes an ethical decision making model when resolving dilemmas
	Completes required patient documentation promptly, clearly, and accurately

Comments:

Competency 3: Individual and Cultural Diversity

	Demonstrates awareness and knowledge of self and others as shaped by individual and cultural diversity and context
	Understands the impact of self and other cultural variables on the clinical context and applies that knowledge appropriately in clinical work
	Demonstrates understanding of the current theoretical and empirical knowledge base as it relates to addressing diversity, equity, and inclusion in all professional roles
	Articulates and applies a framework for working effectively with areas of individual and cultural diversity both familiar and unfamiliar to the trainee
	Applies knowledge, skills, and attitudes appreciative of individual and cultural diversity to all professional roles ensuring that they are able to work effectively with a range of diverse individuals and groups

Comments:

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Competency 4: Professional Values, Attitudes, and Behaviors

	Demonstrates professionalism that reflects the values of the field of psychology, including: integrity, deportment/conduct, accountability, concern for the welfare of others, and commitment to professional identity (self-awareness, knowledge central to the field, integration of science and practice)
	Demonstrates reflectivity in the context of professional practice and functioning; acts upon reflection to maintain personal well-being and uses self appropriately as a therapeutic tool
	Actively participates in the supervision process by seeking and using supervision appropriately, with openness and responsiveness to feedback
	Responds professionally in increasingly complex situations with a greater degree of independence throughout the course of training

Comments:

Competency 5: Communication and Interpersonal Skills

	Develops and maintains effective relationships with a wide range of individuals including colleagues, our community and organization, supervisors, supervisees, and patients
	Communicates effectively in both verbal and written expression in all professional contexts
	Manages complex/difficult interpersonal situations appropriately in relation to their professional context
	Demonstrates awareness of impact on others in the professional setting and has ability to adjust behavior appropriately

Comments:

Competency 6: Assessment

	Demonstrates knowledge of diagnostic classification systems, functional and dysfunctional behaviors, potential patient strengths and psychopathology, and ability to apply this knowledge within the context of the assessment or diagnostic processes
	Appropriately selects and applies evidence-based assessment tools and methods taking into consideration the identified goals and questions of the assessment and relevant contextual (e.g. family, social, societal and cultural) and individual diversity characteristics of the patient

Appendix C

	Demonstrates ability to interpret assessment results following current research and professional standards and guidelines
	Utilizes assessment data appropriately to inform case conceptualization, diagnosis, and recommendations while appropriately distinguishing between subjective and objective aspects of the assessment process
	Communicates findings and recommendations of the assessment accurately, clearly, and effectively to all relevant audiences

Comments:

Competency 7: Intervention

	Establishes and maintains effective psychotherapeutic relationships with patients
	Formulates evidence informed treatment plans appropriately linked to the case conceptualization and patient goals for treatment
	Displays clinical skills necessary to implement interventions informed by the scientific literature, assessment findings, diversity characteristic of the patient and therapist, and other relevant contextual variables
	Demonstrates ability to apply the relevant research literature to clinical decision making and utilizes good clinical judgement in unexpected or difficult clinical situations, adapting evidence informed interventions appropriately
	Monitors the impact of interventions and adjusts case conceptualization, goals, and treatment plan accordingly

Comments:

Competency 8: Supervision

	Engages appropriately in peer supervision/consultation, role-play of supervision practice, and/or direct supervision with other health professionals
	Fosters and maintains a positive atmosphere for peer and supervisee learning
	Demonstrates the skills necessary to build and maintain a positive peer consultation and/or supervisory relationship

Comments:

Appendix C

Competency 9: Consultation and interprofessional/interdisciplinary skills

	Forms effective consultative relationships based on accurate knowledge and respect for the roles and perspectives of other professionals
	Clarifies and refines referral questions and goals of consultation, develops and implements an appropriate consultation plan, and communicates consultation findings and recommendations effectively

Comments:

Summary of Strengths:

Areas For Additional Development:

Appendix C

Competency Goals

Goal for practicum evaluations

All competency areas will be rated at a level 2 or higher. No competency areas will be rated as a 1.

Goal for Intern evaluations done prior to Final Evaluation

All competency areas will be rated at a level 3 or higher. No competency areas will be rated as a 1 or 2.

Goals for Final Evaluation of interns

At least 80% of competency areas will be rated at a level 4 or higher. No competency areas will be rated as a 1 or 2. Note: exceptions would be made in specialty area rotation that would take a more intensive course of study to achieve this level of competency and the primary supervisor, training director, and trainee agree that a rating lower than 3 would be appropriate for this particular experience (e.g. a neuropsych minor rotation for a general track trainee).

Goal for post-doctoral evaluations done prior to the Final Evaluations

80% of competency areas will be rated at a level 4 or higher. No competency areas will be rated 1 or 2.

Goal for post-doctoral Final Evaluations

At least 80% of competencies will be rated at a level 5 or higher. No competency areas will be rated as lower than 4. Note: exceptions would be made in specialty area rotation that would take a more intensive course of study to achieve this level of competency and the primary supervisor, training director, and trainee agree that a rating lower than 4 would be appropriate for this particular rotation (e.g. a neuropsych minor rotation for a generalist track trainee).

Remedial Work Instructions

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out immediately, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised, attached to the evaluation form, and implemented promptly.

Appendix C

Achievement of Competency Goals

_____ The trainee **has** successfully completed their competency goal. We have reviewed this evaluation together.

_____ The trainee **has not** successfully completed their competency goal. We have made a joint, written remediation plan which is attached to this evaluation, and which includes specific dates for completion. Once completed, the trainee will be re-evaluated. We have reviewed this evaluation together.

Supervisor Signature: _____ Date: _____

Training Director Signature: _____ Date: _____

Trainee Comments (if any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee Signature: _____ Date: _____

Appendix C

University of Vermont Medical Center Psychology Trainee Evaluation of Supervisor

Supervisor Name: _____

Trainee Name: _____

Date: _____

As part of a continuous quality improvement effort, your feedback is used to strengthen the quality of supervision provided to trainees. We encourage you to address each of these topics directly with your supervisor on an as needed basis; however, we will also utilize summaries of the data you provide here to give feedback to supervisors in a more anonymous fashion and improve our program moving forward.

Please fill out this form and submit to the Training Director. If the training director is your supervisor, please complete the form and submit to the Chief Psychologist.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree	N/A
This supervisor placed a high priority on my learning needs and professional goals						
The supervisor offered a supportive professional relationship						
This supervisor taught me practical skills and gave me practical guidance that was relevant and useful in my placement						
The supervisor directed me to appropriate literature and helped me to apply information from literature to practice						
This supervisor provided fair, timely, and useful feedback about my knowledge and skills and worked to make sure I understood the feedback						

Appendix C

The frequency and length of scheduled supervision sessions was satisfactory						
This supervisor consistently was available for scheduled supervision sessions and provided the scheduled amount of time						
The supervisor was accessible if needed, between supervisory sessions						
This supervisor was an effective role model who demonstrated respectful professional interactions with me and, if observed, with others						
Overall, I would rate this supervisor's ability to supervise as highly effective						

Please comment on specific ways for this supervisor to improve as a supervisor and a role model:

Please comment on specific strengths of this faculty member:

Trainee Signature: _____ Date: _____

Appendix C

Evaluation of Didactic/Seminar Presentation

Psychology Training Program
University of Vermont Medical Center

Fill out only one form per presenter/topic.

Date of Presentation: _____ Presenter: _____

Topic: _____

1. On the basis of my overall impression of this presentation I would evaluate it as:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

2. The consultant was well prepared for the presentation.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

3. The material presented was interesting.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

4. The material presented was informative.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

5. The consultant's method of presentation was:

Excellent_____ Good_____ Undecided_____ Bad_____ Very Bad_____

6. The consultant addressed relevant diversity issues.

Strongly agree_____ Agree_____ Undecided_____ Disagree_____ Strongly disagree_____

7. What aspect of the presentation did you like most and why?

8. What aspect did you like the least and why?

9. Suggestions for improvements in the topic or the consultant's presentation.

Appendix C

UVMCC Psychology Internship Remediation Plan

Intern: _____ Date of Formal Review: _____

Review Committee Members: _____

Primary Supervisor: _____

Competency Domain affected: _____

Description of Problem(s): _____

Date the problem(s) was first addressed with the intern: _____

Steps or measures already taken by the intern to address these problems: _____

Steps or Measures already taken by the supervisor to address these problems: _____

Competency Domain	
Target Behaviors	
Expectations for Acceptable Performance	
Recommendations and steps for Remediation	
Supervisors Responsibilities	
Timeframe for acceptable performance	
Review meeting date	

I, _____, have reviewed the above remediation plan with my Training Director and primary supervisor. My signature below indicates that I fully understand the above remediation plan. I agree/disagree with the above plan (please circle one). My comments, if any, are attached (*PLEASE NOTE: Comments are required if the intern disagrees with the plan*).

Appendix C

Intern/Date	Training Director/Date	Primary Supervisor/Date
Review Committee Member/Date	Review Committee Member/Date	Review Committee Member/Date

Appendix C

UVMCC Psychology Internship Appeal Form

Intern:

Date:

Primary Supervisor:

Please attach all documents and relevant information to this coversheet. Documentation should include the following:

- A complete and concise statement of your appeal.
- The date and nature of the review decision in question
- A discussion of the specific resolution you seek
- Any other documentation that you believe would be relevant to the review decision in question

If needed, you are encouraged to seek assistance and/or mentoring on this process from any senior staff member or non-agency professional.

Intern Signature

Date