Samaritan Health Services
Psychology Internship
2020-2021 Academic Year
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ACCREDITATION/MEMBERSHIP STATUS

Samaritan Health Services Psychology Internship Program is accredited by the American Psychological Association (APA) effective April 24, 2020. The next program site visit is to be held 2023. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st St NE, Washington DC, 20002
Telephone: (202) 336-5979

Samaritan Health Services Psychology Internship Program is a member of APPIC and participates in the APPIC Match. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.
INTRODUCTION

Samaritan Health Services (SHS) is a network of hospitals, clinics, and health services located throughout the beautiful Willamette Valley and central coast region of Oregon. The network began in 1997 with two hospitals joining to serve the Mid-Willamette Valley and has grown to five hospitals, 70 physician clinics, a senior care facility and several healthcare plans all with the goal of “building healthier communities together”.

The SHS internship year allows students the opportunity to use and further develop clinical and research skills in a variety of settings and with different populations. The goal of the internship is to ensure the development of proficiency across the basic areas of clinical, health, and neuropsychology including assessment, therapy, consultation, and research. The focus is on generalized training in preparation for a formal post-doctoral residency program. This is accomplished in three different primary and secondary settings. These settings range from rural health care on the Central Oregon Coast to more urban settings in the Mid-Valley. Although each clinic setting is unique and has its own specialized opportunities, each rotation is in a primary care clinic where interns work as part of a multidisciplinary team with a focus on integrated behavioral health care rather than a co-located model. In health psychology settings, interns work with patients referred from physicians and advanced practitioners who have a health concern that is being impacted by a behavioral health condition. As part of the integrated health care model, interns work with referred patients on a short-term basis to target behavioral health habits and concerns, helping patients to develop a healthier lifestyle and more effective coping skills. In neuropsychology settings, interns work with patients across the lifespan in answering consultations regarding differential diagnosis, monitoring of cognitive status, and return to
various activities (e.g., work, play, etc.). Interns also consult with and make recommendations to medical personnel to ensure patients are receiving optimal health care. In addition to individual therapy and assessment, interns have the opportunity to lead and co-lead a variety of behavioral health groups such as smoking cessation, pain management, and weight loss support.

Each clinic is unique and located in a distinctive geographic location in Oregon, which allows students a variety of patient populations with which to work. The coastal region is more rural and allows students the opportunity to work with a culturally diverse population of adult and adolescent patients, many of whom have typically been underserved. This area has a high incidence of patients with drug and alcohol addictions, as well. The Mid-Valley regions are also culturally diverse and tend to be more broadly represented on the socio-economic spectrum. Students are required to travel to and from these sites, thus it is advisable that students have their own transportation. Travel times between sites vary from 30 minutes to 2 hours at the most, depending on clinic rotations. A map is provided for your convenience.

MISSION STATEMENT

Equip the psychologists of tomorrow by providing ethical, comprehensive, integrated and innovative training in the field of health psychology and neuropsychology.
TRAINING PHILOSOPHY

Samaritan Health Services is dedicated to educating and training upcoming practitioners in psychology. As the national healthcare model adapts, it is appropriate and important for psychologists to be skilled in collaborating with other healthcare professionals in order to best serve the public. Such proficiency requires being well-informed about the interplay between physical and psychological health, driving use of the biopsychosocial model. Similarly, as psychologists merge into medical primary care clinics, generalist training is key in effectively providing primary psychological care. Thus, the Samaritan internship program espouses a generalist training model; this includes traditional mental health services, health psychology, and neuropsychology as the most salient areas of training for primary care.

Effective psychologists must also have skill in reviewing literature and research as well as clinical skills. To achieve this goal, our training program adheres to a practitioner/scholar model. Interns learn how to responsibly consume evidence-based research as well as how to consult with patients and physicians.

Profession-Wide Competencies:
Internship training focuses primarily on meeting the profession wide competencies laid out by the APA Standards of Accreditation (SoA). Generally, these competencies cover the intern performance in: direct patient services, ethical practice, utilization of research, interpersonal and professional presentation, provision and receipt of supervision, and interprofessional functioning within a wide population and a variety of clinical presentations. At the outset of clinical rotations, interns and supervisors meet to discuss and develop objectives for training based on individualized needs and interests, in relation to the SoA competencies. The nine specific competencies consist of:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
• Consultation and interprofessional/interdisciplinary skills

**Program-Specific Competencies**

In addition to the foundation of clinical proficiency structured by the SoA, an important part of internship training involves program or organization specific competencies, which includes goals of leadership and organizational navigation, and patient advocacy and empowerment. These program specific competencies are referred to as:

• Management
• Advocacy

**PSYCHOLOGY INTERNSHIP PROGRAM STRUCTURE**

The Samaritan Health Services psychology doctoral internship program contains two different tracks, the Medical/Health Psychology track and the Neuropsychology track. Tracks consist of three different rotations and each rotation consists of a “Major” area of emphasis (24–32 hours per week) and “Minor” area of emphasis (8 hours per week maximum; optional). The other 8 hours of the training week are divided amongst didactics, research activity, class socialization, and administration activities. Interns work with the training committee to develop their training plan for the year at the outset of internship. Please refer to the “training experiences” section at the conclusion of this section for a listing of all the different rotations available. *These rotations are subject to change based on staff availability.* A sample training plan for the year is also provided. According to APPIC, the results of Match are binding, including your assigned track.

In the *Medical/Health Psychology track*, at least two of the three major rotations during the training year consist of experiences emphasizing integration of mental and behavioral health services within primary care. These are primary care placements, with the intern operating as a part of an integrated care team. While the overall goal of this track is to provide experience within a Behavioral Health Consultant model of care, there is some variation in implementation that is based on supervisor style/practice, population being served, and specific clinic needs and set up. Typically, a caseload will include each of: patients with a primary mental health diagnosis, patients with a primary medical diagnosis or condition, and a high level of comorbidity of both mental and behavioral health conditions.
The Medical/Health Psychology track is devoted to training clinical health psychologists capable of functioning as scientific investigators and as practitioners, consistent with the highest standards of clinical health psychology. This is in line with APA Division 38 language for advancing the role and contribution of the field in the understanding and treatment of health and illness, through a lens of integration. Additionally, the standards of accreditation for health service psychology (HSP) identify several common elements to training in this area, which are guiding principles for this track and internship program as a whole: 1) integration of empirical evidence and practice, 2) progressive training, providing a graded and ultimately cumulative or comprehensive experience for the provision of services, 3) engagement in actions and practices demonstrating respect and understanding for cultural and individual differences and diversity. Trainees enrolled in this track have the option to include available specialty health clinics as minor rotations through the year, and/or complete a more assessment-based minor with neuropsychology or bariatrics. The minor is equivalent to 1 day a week.

Intern preference for rotations is of course taken into consideration when designing a training plan in collaboration with the Training Committee. The training plan is meant to meet the training needs of the interns by providing opportunities to develop skills needed for taking the next professional step into residency and/or as an entry level psychologist. Not all preferences can be accommodated through the training year, due to unforeseen changes that can occur within the program and/or organization as a whole.

The Neuropsychology track consists of two blocks (two 4-month rotations) conducting neuropsychological evaluations within an outpatient neuropsychology clinic and a sports medicine clinic. These major rotations can be either 4 days a week (with no additional minor rotation) or 3 days a week (with a different minor rotation). Minor rotations typically include experiences in a health psychology site. However, a minor rotation is also offered in primary care neuropsychology with an adult focus and a minor or major rotation is offered in pediatric neuropsychology.

Neuropsychology track interns with less intervention experience may be encouraged by the training committee to consider a minor rotation in a primary care health psychology rotation during block one or two to prepare for the third block in the training year. The third block includes a major rotation within a health psychology site focusing on medical/health psychology and psychotherapeutic
interventions with a minor in neuropsychology for continuity of training. The rationale for this relates directly back to the generalist training espoused by the training program. Neuropsychology track interns are not expected to have the same level of expertise in health psychology as their health track counterparts; however, it is emphasized that more intensive exposure will lead to a better understanding of health-based interventions ultimately resulting in improved patient care. Specifically, goals include:

1) Increased knowledge base for psychological disorders,

2) Engagement in health-related assessment (e.g., pain, sleep, bariatrics, etc.),

3) Improved effectiveness with working on a multidisciplinary team,

4) Learn methods of crisis assessment/intervention,

5) Becoming more familiar with our primary referral source (primary care providers),

6) Developing motivational interviewing skills with the goal of improving the effectiveness of neuropsychological feedback sessions, and

7) Gain exposure to primary care behavior change oriented groups

The Neuropsychology track meets Division 40/Houston Conference guidelines for training in Neuropsychology, with neuropsychology track interns spending 50-75% of their time within neuropsychology over the course of the training year. Each track affords a wide variety of training experiences and intern preference for rotations is taken into consideration when designing a training plan that meets training needs of developing skills for entry level psychologists.

Training Experiences – East Linn County

Samaritan Family Medicine Resident Clinic - Lebanon
Samaritan Family Medicine Resident Clinic – Lebanon merged with the Mid-Valley Medical Group in January 2018. This is a more rural site located approximately 30 minutes from Corvallis in the foothills of the Cascade Mountain range. This site is considered a patient centered medical home that provides comprehensive medical, psychological, and social care. The providers at Samaritan Family Medicine Resident Clinic – Lebanon treat individuals across the lifespan and participate in
teaching and training residents. Currently the clinic is staffed by 14 primary care providers, including eight family medicine doctors, four residents, a nurse practitioner, and a physician assistant. Training in this clinic operates from the behavioral health consultant model and focuses on behavior change, managing chronic conditions, collaboration with the whole medical team, brief CBT, and motivational interviewing. There may also be opportunities to lead/co–lead psychoeducation groups and shared medical appointments. The primary supervisor for this clinic is Alexandra Koenig, Ph.D. Jude Walsh, LCSW, also practices as a BHC at this clinic and offers shadowing opportunities.

**Sweet Home, Brownsville, and Park Street**

At the Sweet Home, Brownsville, and Park Street (Lebanon) clinics, Dr. Johnson sees patients ages 18 and up with mental and behavioral health issues. She conducts diagnostic assessment, brief psychotherapy and cognitive screenings. The Sweet Home clinic has four physicians and two physician assistants and includes an urgent care walk-in clinic, legal aide, chaplain, diabetic management/nutrition, and dental services. The Brownsville clinic generally has one full time physician and one physician assistant. The Park Street clinic has two physicians, a third part time physician, a nurse practitioner, two physician assistants, chaplain, and diabetic management/nutrition. The primary supervisor for this clinic is Allegro Johnson, Ph.D., MSCP. In addition to clinic activities, Dr. Johnson is the chairperson of the Lebanon ethics committee.

**Training Experiences – Albany and Corvallis**

**Cardiology – Corvallis**

At the Good Samaritan Regional Medical Center Heart & Vascular Institute–Cardiology, Dr. Samantha Domingo sees patients age 18 and older with behavioral health and psychological concerns. Dr. Domingo conducts diagnostic evaluations, develops plans for cardiovascular behavioral risk modifications, and brief ongoing treatment and support. This clinic has a team of 28 top notch providers which include cardiologists, cardiac electrophysiologists, and advanced practitioners. Mornings are dedicated to rounds with the inpatient team of cardiology providers consisting of an attending cardiologist, a cardiology fellow, and medical interns.
rotating through the cardiology specialty. Bedside evaluations, care consultations, and brief treatment are performed. The afternoon is devoted to outpatient cardiology services. Typical referrals may include smoking cessation, changes in diet/physical activity, depression, anxiety, and adjustment related to cardiac conditions and/or procedures. The primary supervisor for this location is Dr. Sam Domingo. This clinic is only available for minor rotations.

**Geary Street Family Medicine – Albany (Behavioral Health)**

Samaritan Geary Street Family Medicine is a department of Albany General Hospital. Geary Street Family Medicine treats patients across the lifespan and consists of 12 primary care physicians, two physician assistants, six family medicine residents, one community health worker, two care coordinators, one health navigator, one mental health specialist, one psychiatrist, one primary care psychologist, and one neuropsychologist. Geary Street is a Level 3 Patient-Centered Medical Home and staff participate in true integrated biopsychosocial care. The primary supervisor for this clinic is Petra Zdenkova, Psy.D.

**Geary Street Family Medicine – Albany (Neuropsychology)**

Neuropsychology at this clinic consists of brief cognitive assessments, consultations, and warm hand offs. The population is general adults and geriatrics with referral questions ranging from ADHD to dementia. The primary supervisor for neuropsychology in this clinic is Andrea Jackson, Ph.D.

**Neuropsychology Clinic**

The neuropsychology outpatient clinic at Samaritan Health Services serves primary care and specialty medicine by evaluating cognitive and psychological functioning of patients in the region to aid in differential diagnosis and the development of treatment plans. The clinic serves a wide range of patients, from pediatric to geriatric; thus, there is ample opportunity to learn a wide range of testing methods and gain experience with a broad range of disorders. Although most evaluations are conducted through the outpatient clinic, interns will have an opportunity to rotate in both a co-located and a fully integrated primary care neuropsychology clinic if they choose. Further, all interns
participate in a brief and informal rotation at Samaritan Athletic Medicine to conduct baseline testing for student athletes.

The training on this rotation emphasizes knowledge of the following domains: cognitive models and normal brain functioning, neuroanatomy, neuropathology, neuropsychology practice models (e.g., selection of test instruments from a fixed-flexible battery), statistical properties of tests, case conceptualization and test interpretation, efficient report writing and feedback to referring providers, effective interaction with other disciplines as a consultant, and patient feedback and follow-up. Opportunities may also be available to provide layered supervision to practicum students from Pacific and/or George Fox University. The goal of this rotation varies depending on the intern participating in the rotation. For the Neuropsychology track, the goal is to provide a firm basis in principles of neuropsychological evaluation to facilitate entry into advanced training (i.e., two-year neuropsychology postdoctoral residency). For the Medical/Health psychology track intern the emphasis in this rotation is on developing a working knowledge of these different domains such that the intern is able to perform basic cognitive screens (e.g., MOCA, MMSE, ASRS, WURS, etc.) in a primary care clinic to determine best treatment approaches. Some basic experience with assessment is expected prior to choosing the neuropsychology clinic rotation. The primary supervisors for this clinic are Robert Fallows, PsyD, ABPP-CN; Andrea Jackson, PhD; Ashley Smith-Watts, Ph.D.; Audrina Mullane, Ph.D., ABPP-CN; and Lindsey Felix, PhD, ABPP-CN.

**North Albany Internal Medicine and Pediatrics**
At the North Albany Medical Clinic, Dr. Silver sees patients age 18 and older with mental and behavioral health issues. He conducts diagnostic evaluations, evaluations for gender dysphoria and psychological readiness for hormone replacement therapy, and brief ongoing treatment. This clinic has 2 primary care physicians, 1 pharmacist, and medical assistants. In addition, he provides limited behavioral health services to urgent care and obstetrics within this clinic. This clinic is available as a minor rotation with Dr. Silver providing supervision.

**OB/GYN – Corvallis**
At the Good Samaritan Regional Medical Center OB/GYN Clinic, Dr. Zdenkova sees primarily patients age 18 and older with mental and behavioral health issues. She conducts diagnostic evaluations and brief CBT treatment. Common presentations
include postpartum and peripartum depression, anxiety, loss and grief, pelvic and endometriosis pain, and other women’s health and mental health concerns. This clinic has 4 obstetrics/gynecology physicians, 7 midwives, and 1 OMT physician. The primary supervisor for this location is Dr. Zdenkova. This clinic is only available for minor rotations by advanced interns.

**Samaritan Family Medicine - Corvallis**

The training on this rotation emphasizes clinical integration in a primary care setting. The clinic operates with eight physicians, two physician assistants, 15 resident physicians, two to three medical interns, and additional medical students. The training on this rotation emphasizes knowledge of the following domains: cognitive models and associated brief interventions for both mental and behavioral health concerns, case conceptualization and screening measures interpretation, efficient documentation and feedback to the medical providers and staff, effective interaction with other disciplines as a consultant, and patient feedback and follow-up. Navigating the clinic requires a behavioral health consultant model of clinical service and communication. Opportunities may also be available to provide layered supervision to practicum students. The goal of this rotation varies depending on the intern participating in the rotation. The primary supervisors for this clinic are Michael Herman, PsyD and Terra Bennett-Reeves, PsyD.

**Weight Management Clinic - Corvallis**

The Samaritan Weight Management Institute is an ASMBS Center of Excellence for weight loss and metabolic surgery for adults. Staff consists of two surgeons, one nurse coordinator, three dietitians, one psychologist, one endocrinologist, medical assistants, and medical residents and interns. SWMI is a progressive program requiring an interdisciplinary approach to weight management and in particular, requires working closely with the dietitians to assist patients in meeting pre- and post-surgical recommendations. Psychologists both within Samaritan and the community provide additional support in assessment and treatment. Patients must meet pre-surgical requirements that include meetings with the physicians and
nurse coordinator, monthly meetings with the dietitians, and at least one assessment with a psychologist; this entire process often occurs over a 6-month period prior to surgery being approved and scheduled. The pre-surgical psychological assessments include both an interview process and utilization/interpretation of formal assessment measures. The surgical decision-making is completed at monthly review committees, requiring the ability to present cases at an interdisciplinary level. In addition to pre-surgical psychological assessments, training on this rotation focuses on utilizing CBT, mindfulness, ACT and DBT for weight management and disordered eating. Interns also participate in leading at least one surgical support group. This site is available as a minor rotation for 2020–2021 and the primary supervisor for this site is Dr. Bella Vasoya. Depending on other training demands additional supervisors for this experience possibly include Michael Herman, PsyD, and Terra Bennett-Reeves, PsyD.

**Urgent Care and Samaritan Family Medicine Southwest**
The training on this rotation emphasizes clinical integration in a primary care setting and meeting the unique needs of patients presenting at urgent care. The clinic operates with two physicians serving family medicine patients and two physicians or physician assistants serving the urgent care population, four nurse practitioners, one care coordinator, and one primary care psychologist. This rotation offers opportunities to serve children, adolescents, and adults. Training is provided on crisis assessment and stabilization for patients presenting at urgent care, including acting as a behavioral health consultant both in person and telephonically to providers serving urgent care patients in all SHS communities. Urgent care treats conditions that require immediate attention but are not considered to be life-threatening or severe enough to be cared for in the hospital emergency department. Behavioral health staff and interns work primarily in an integrated primary care psychology model, but also have the opportunity for more in-depth mental health treatment when other resources are not available in the community. The primary supervisor for this site is Sandy Minta, PsyD.

**Training Experiences – Coastal Clinics**
Because these clinics are geographically remote, students choosing these rotations will have the option of staying in a dorm-type setting located next to one of the clinics with other medical residents.
Samaritan Pacific Internal Medicine (SPIM) is one of the two internal medicine outpatient clinics serving Newport Oregon and surrounding small coastal communities. SPIM and Samaritan Coastal Communities Internal Medicine are both departments of the Samaritan Pacific Communities Hospital. SPIM cares for patients age 18 and older. Clinic professional staff currently includes three primary care physicians and one nurse practitioner, one RN care coordinator, one referral specialist, and one primary care psychologist. SPIM is a Level 3 Patient-Centered Medical Home, and participates in the Comprehensive Primary Care Initiative, and is also in the process to become a federally designated Rural Medical Center. The clinic treats a wide range of medical conditions. Behavioral health staff and interns work primarily in an integrated primary care psychology model, but also have the opportunity for more in-depth mental health treatment when other resources are not available in the relatively small community. The primary supervisor for these sites is Marc Taylor, Ph.D.

Additional Experiences

Evidence Based Psychotherapy
In addition to the major and optional minor rotation experiences, all interns participate in a year-long rotation in evidence-based psychotherapy. The modalities include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE). Each intern is expected to provide evidence-based psychotherapy throughout the year and training is provided upon entering the program and throughout the year during supervision. Each intern conducts evidence-based psychotherapy under supervision, carrying two to three cases with one supervisor for the year. Supervision for the evidence-based psychotherapies is in addition to track specific supervision and interns choose a different supervisor than their track supervisor.

Supervision
Each week interns receive a minimum of 2 hours of formal individual supervision with their primary rotation supervisor and a minimum of 1 hour of individual supervision from their minor rotation supervisor (if applicable). Additionally, interns receive 1 hour of individual supervision with their evidence-based psychotherapy supervisor each week, as well as 1 hour of group supervision with
the director of clinical training and/or the associate director of clinical training. Altogether, interns receive a total of at least 4 hours of individual and group supervision each week, with interns who opt to complete a minor rotation receiving 5 hours. More information about supervision and the evaluation process of the internship is located in the supervision and evaluation section of this handbook as well as the supervision policy and procedure (Appendix A).

**Research**

Research is a necessary component to the field of psychology and working out of a practitioner-scholar training model emphasizes the need for critical research consumption and implementation which is enhanced by prior research experience. Therefore, group research projects are a part of the internship year.

Interns will meet with faculty at the beginning of the year and discuss research opportunities that are available within the program. Interns can choose to complete the research project as two groups of two or as a single group of four, depending on the interests of the group. While research interests may be informed by an intern’s dissertation area, the research must be separate from the dissertation. Regardless of the type of project chosen, interns will need to complete CITI training, the expense for which is covered by Samaritan Health Services.

There are multiple ongoing research projects and several potential projects carried out by staff. Interns are encouraged to consider population health-based projects that are reflective of Samaritan’s mission of “building healthier communities together.” Once interns choose a research mentor, they are required to submit a proposal to the research sub-committee of the training committee. Examples of acceptable projects include:

- **Quantitative Study**: Any project that uses statistical procedures to examine individual or group differences. Projects should be retrospective in nature given the time requirements of this type of project; however, prospective projects can be considered (see program development). Retrospective repositories are available in neuropsychology; however, data can also be pulled from the electronic medical record system (i.e., Epic) for a number of different variables (e.g., questionnaire data, lab values, visit frequency, etc.). A proposal to the IRB is required for this type of research; however, use of retrospective data should qualify for an expedited review.
• Program Evaluation: Any project that uses a systematic method of collecting and analyzing data to answer questions about different projects, policies, or programs. Program evaluation is not considered human subject research, but a proposal to the IRB to confirm exempt status is required. The training committee endorses the CDC approach to program evaluation, found at: https://www.cdc.gov/eval/approach/index.htm

• Program Development: Given the short duration of the internship training year, it may not be possible to fully develop and thoroughly review a program. As such, program development without formal evaluation will be considered. This project should contain a literature review and rationale for the program. The proposed program implementation should be detailed and there needs to be at least one measure for examining patient/program response to the implemented program. Interns should be aware that this type of work is generally considered human subject research that will require full review of a protocol by the IRB (including development of a consent form and consenting process) given prospective hypothesis, intervention application, and measurement of response to intervention.

• Systematic Literature Review: A systematic literature review critically evaluates research in a manner that helps to answer a clearly formulated question. This is different from a literature review which only provides a synopsis of current research. The training committee endorses the Cochrane method for Systematic Literature Reviews, found at: https://training.cochrane.org/interactivelearning

The initial deadlines for materials are as follows:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>Mentor identified</td>
<td>2\textsuperscript{nd} Thursday of August</td>
</tr>
<tr>
<td>Clarify Research Question</td>
<td>3\textsuperscript{rd} Thursday of August</td>
</tr>
<tr>
<td>CITI training complete</td>
<td>4\textsuperscript{th} Thursday of August</td>
</tr>
<tr>
<td>Proposal submitted to research sub-committee</td>
<td>2\textsuperscript{nd} Thursday of September</td>
</tr>
<tr>
<td>Proposals approval/feedback</td>
<td>4\textsuperscript{th} Thursday of September</td>
</tr>
</tbody>
</table>

The proposal to the research sub-committee provides a chance to receive feedback on whether the proposed project meets the threshold of research required as part of
the internship, but also is feasible in the time frame allotted. The proposal should not exceed one page and must include the following elements:

- **Dissertation**: Two to three sentences on your dissertation, providing a brief overview as well as current status.
- **Project Question**: What is it that you are proposing to do and why have you chosen one of the four methods above to do this? This section should not exceed two paragraphs.
- **Previous research**: Brief overview on what research has been done in this area already. This section should not exceed two paragraphs.

Consistent with APA guidelines, authorship and level of contribution should be determined at the outset of the research project. To help facilitate this process, interns are encouraged to discuss authorship with their research mentors, review the APA requirements ([https://www.apa.org/science/leadership/students/authorship-paper](https://www.apa.org/science/leadership/students/authorship-paper)) and consider using a contribution score card to determine authorship order.

The dates for the remainder of the project completion vary by project type; however, the expectation for successful completion is a poster presentation at GME research week as well as a presentation of research at didactics:

- **Quantitative Study**
  - IRB protocol submitted (2\textsuperscript{nd} Thursday of November)
  - Variables from Epic/Repository identified and request submitted to gather information (2\textsuperscript{nd} Thursday of December)
  - Dataset is organized and prepared for next step of analysis, and a request is put in to SHS Research (Olivia Pipitone) to analyze the data (2\textsuperscript{nd} Thursday of January)
  - Introduction and methods section of the poster completed (4\textsuperscript{th} Thursday of January)
  - Results received from SHS research and compiled into poster (3\textsuperscript{rd} Thursday of February)
  - Poster formatted and finalized, submitted to mentor for review and edits (1\textsuperscript{st} Thursday of March)
  - Poster submitted to SHS Research for review and printing (4\textsuperscript{th} Thursday of March)
o Poster presented at SHS Research Week (TBD)
o Poster/PowerPoint presented at didactics (TBD)

• Program Evaluation
  o IRB protocol submitted (2nd Thursday of December)
  o Engage stakeholders (3rd Thursday of October)
  o Describe the program (4th Thursday of November)
  o Focus the evaluation design (2nd Thursday of December; IRB protocol is submitted)
  o Gather credible evidence (2nd Thursday of February)
  o Draw and justify conclusions (1st Thursday of March)
  o Poster formatted and finalized, submitted to mentor for review and edits (2nd Thursday of March)
  o Poster submitted to SHS Research for review and printing (4th Thursday of March)
  o Poster presented at SHS Research Week (TBD)
  o Poster/PowerPoint presented at didactics (TBD)
  o Ensure that results are used and share lessons learned with stakeholders (3rd Thursday of June)

• Program Development
  o Complete literature review and rationale for program, include in full IRB proposal and submit to IRB (2nd Thursday of November)
  o Manage logistics (e.g., set dates and reserve location for project implementation) and respond to IRB requests (Throughout December)
  o Approved protocol received from IRB (End of December)
  o Implementation of program (3rd Thursday of January)
  o Completion of program and gathering of data (3rd Thursday of February)
  o Data is cleaned, organized, and a request is put in to SHS Research (Olivia Pipitone) to analyze the data (4th Thursday of February)
  o Results received from SHS research and compiled into poster (2nd Thursday of March)
  o Poster formatted and finalized, submitted to mentor for review and edits (3rd Thursday of March)
• Systematic Literature Review
  o Review protocol written (3rd Thursday of November)
  o Study search completed (2nd Thursday of December)
  o Study selection and data collection completed (3rd Thursday of January)
  o Data analyzed and results interpreted (4th Thursday of February)
  o Poster formatted and finalized, submitted to mentor for review and edits (3rd Thursday of March)
  o Poster submitted to SHS Research for review and printing (1st Thursday of April)
  o Poster presented at SHS Research Week (TBD)
  o Poster/PowerPoint presented at didactics (TBD)

Posters presented at research week as well as posters/PowerPoint presented during didactics must be reviewed by the research mentor. Additionally, any faculty member that contributed data to the project should also be consulted throughout study completion and must approve any final product.

Authorship should reflect the trainee (first author) and any faculty member who contributed data/review of the final project. Further, depending on the level of data analysis/consultative support provided, interns are encouraged to consider including collaborators from research and development in authorship. Although the final product is a poster presentation delivered during the Graduate Medical Education Research Fair and didactics, interns are encouraged to present their research at a local or national psychology/medical health related conference. Interns with research experience who have the time and support of their mentor may consider writing a paper; however, interns should understand that this is a significant undertaking that will inevitably require input past the internship year due to the length of time peer-review can take. Up to 2 hours is allocated for this project on a weekly basis while the project is being completed, usually occurring at the end of the didactic day. The previous projects completed include:


Vasoya, B., James, C., Bennett-Reeves, T., Yassin, S., Fallows, R., & Mullane, A. (2018, May). Normative data for the MMPI-2-RF and an exploration of the effects of ethnic background on psychological profiles in a college athlete population. Poster presented at the Samaritan Health Services Research Week, Corvallis, OR.

Note: Poster also presented at the Oregon Psychological Association Annual (OPA) Conference (2019, May), Eugene, OR. Recipient of the 2019 OPA Diversity award.


Note: Poster presented at the SHS Research week (institutional presentation) in May 2020.

**Didactics and Socialization**

Another goal of the internship is to provide interns further classroom style education about various areas of psychology. The goal of this is to continue to build knowledge base, but activities place particular emphasis on skill development. To meet this need, the program at Samaritan Health Services provides 2 hours of
didactics per week focusing on a variety of issues, including intervention, research, and assessment. Issues relating to diversity and ethics are infused into all didactic topics and presented by a wide range of speakers, including professional in the Samaritan system but also community leaders/providers. The internship class also has a socialization hour, each week, to coincide with the day didactics are offered in order to foster a strong internship class. Didactic topics may include:

- Working in a Hospital Culture
- Working in a Primary Care Clinic
- Spiritual and Cultural Diversity
- Understanding Diversity in Gender & Sexual Identity
- End of Life and Palliative Care
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk and Threat Assessment
- PTSD Assessment and Treatment
- Skill-Based Approaches to Chemical Dependence
- Empirically based therapies
- Neuropsychology
- Utilizing the MMPI-2-RF
- Utilizing health psychology instruments (e.g., MBMD, Eating Inventory, QOL, etc.)
- Detecting Malingering and Exaggerated Presentations
- ADHD across the lifespan
- Psychopharmacology for Psychologists
- Professional and career development
- Presentations from peers to cohort and training committee (see Presentations section)

Journal Club and Diversity Meetings
In addition to didactics, interns participate in a journal club that meets for 30 minutes each week, with the exception of a diversity meeting that occurs once a month for 60 minutes. The journal club alternates between diversity topics one week and health or neuropsychology topics the next week. Interns rotate responsibility of choosing an appropriate, strong article for the group to review (at least one week in advance). The presenting intern provides a review of the article, including the prior research, the methodological strengths and weaknesses of the study or review, results, and how the article can be incorporated into clinical work. A template to consider using includes:
1. Describe what type of article it is (e.g., review, empirical, chapter, etc.)
   a. Empirical
      i. What was the previous research (if any)?
      ii. What was their hypothesis?
      iii. Was their statistical approach sufficient/appropriate? Why or why not?
      iv. What were the results?
         1. What was statistically significant?
         2. Does it have clinical significance?
      v. What are the limitations of this research?
   b. Review/Chapter
      i. Provide a walk-through of the text, but avoid just reading the information back
      ii. Think about:
         1. What did you know about this going into it?
         2. What did you learn about as a result of this reading?
         3. What would 5 take away points?

2. Evoke group discussion
   a. What are the implications of this research?
   b. Where does future research need to be done?
   c. Are there any important ethical considerations?
   d. Does this apply to people of different diversity than the study group (e.g., think broad... age, gender, ethnicity, disability status, LGBTQ, etc.)
   e. One other question of your choosing.

The diversity meeting occurs on the 1st Thursday of the month and takes the place of the journal club that day. The first 30 minutes of the meeting include opportunities to discuss cultural sensitivity and explore personal/professional challenges with the postdoctoral fellow. The other 30 minutes is facilitated by diversity committee staff members, with the following objectives, expectations, and tasks in mind:

**Objectives:** The objective of this seminar is to provide trainees with the sensitivity, awareness, knowledge, and skills in an effort towards cultural humility in the field of psychology. **At the conclusion of the seminar, trainees will be able to:**
1. Identify and describe how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

2. Identify and describe salient aspects of their patient’s unique worldview and how to successfully integrate this into assessment and treatment.

3. Recognize the need for consultation, and properly identify/utilize culturally relevant knowledge bases and resources.

4. Implement successful multiculturally competent assessment, intervention, and professional communication skills within clinical practice, supervision, and consultation.

**Expectations:**

- Attendance is mandatory. If absent, trainees are still required to turn in their assignment for that week.

- Trainees complete a Reflection Assignment using the Reflection Worksheet for each seminar, except for Intern Presentation Days.

- Trainees complete 2 Cross Cultural Community Activities – one to be completed by January 2020, and the other to be completed by June 2020.

- Each trainee will lead one group. You can choose from a list of selected topics or speak to one of the facilitators about a topic of your choosing, which is to be approved before your presentation date.
  
  o Topics can include: Age, Health Disparity, Socioeconomic Status, Disability, Ethnicity, LGBTQI, Religion/spirituality, and Rural populations.

**Tasks:**

- Seminar activities, readings, videos, discussions, and trainee presentations.
  
  o While you are encouraged to challenge your own comfort with these topics, we are not requiring you to disclose to a level that feels unsafe or unnecessarily uncomfortable to you.
This is not an evaluative process, meaning that your participation in the Diversity Seminar will not have any bearing on your progress in the internship. You will not be negatively evaluated if you have a personal reason for not choosing to disclose something about yourself or your experience of the seminar. With that said, we highly encourage participation as we have found the experience to be a great opportunity for self-reflection and growth.

All assignments allow for varying degrees of self-disclosure. We all come to this at different developmental levels and the seminar organizers understand that.

• Complete Monthly Reflection Worksheets

The Monthly Reflection Worksheets include submitting a completed reflection worksheet in response to an activity you participated in during the month. The activities can be from any of the three categories below:

1. Clinical Case (therapy or assessment). Part of the assignment is to present and discuss your reflections with your supervisor and reflect on that process.

2. Cross Cultural Community Activity. This would be an activity you would not normally attend with a local cultural group with which you do not identify. In the past interns have gone to Northwest Art and Air Festival and the Festival Latino.

3. Scholarly Reading. This can be a written reflection on the assigned readings in the seminar. You can also select your own scholarly readings. Reading from reputable journalists are also acceptable.

Family Medicine Resident Didactic

Interns will be joined at didactics by a family medicine resident for part of the year. Residents will rotate every four weeks; however, two of the weeks they are attending didactics they will provide a 30-minute talk on a topic of interest to the interns after journal club. These informal presentations are designed to increase interprofessional communication while building some of the medical knowledge of
psychology trainees. Previous topics have included: diabetes medication, diabetes pathology, thyroid functioning, IBD and IBS, and oncology medications.

Presentations
Psychologists are called on to develop presentations for a variety of audiences and being able to do so is an essential skill. Therefore, each intern is required to develop one presentation with a primary supervisor throughout the training year, not based on their dissertation, and deliver that talk in a group format. Possible venues might include clinic meetings with multidisciplinary teams or grand rounds at a hospital. In addition to this presentation, there is a requirement that each intern present on cases to their class and members of the training committee throughout the year. These requirements vary by track as health psychology presents two therapy and one assessment case and neuropsychology presents two assessment and one therapy case. These presentations take place during didactics throughout the year. Feedback regarding both the general presentation and the specific therapy and assessment presentations is provided to the intern.

Training Committee
The training committee is composed of psychologists within Samaritan Health Services who design, evaluate, and modify the doctoral internship program. The training committee is composed of a subset of faculty supervisors on a 2-year commitment to the committee. Feedback from the current internship class is essential in making sure that training needs are being met in the most effective manner. Therefore, each intern is responsible for serving as the chief intern to the training committee for a 3-month period. The chief intern will attend the first or last 5–10 minutes of each month’s training committee meeting and report any concerns or feedback the intern class may have. Additionally, all interns are encouraged to, and supported in, providing both formal and informal feedback throughout the year. More information on the training committee can be found in the “Operations of the Training Committee” section below.

Chief Intern
In addition to reporting to the training committee, the chief intern is responsible for sending out weekly reminders to the SHS Behaviorists and Family Medicine Resident regarding didactics, journal club, and upcoming events. A template is provided by the training committee to facilitate this. Further, the chief intern is expected to serve on the Graduate Medical Education (GME) Resident Quality
Committee along with a psychology resident. The charter for this committee consists of the following:

**Duties and Goals**

1. The RQC Chair and Vice-Chair will be responsible for conducting the operation of the meetings and that the RQC is in compliance with its charter

2. Encourage and promote the development of quality improvement / patient safety initiatives and research within GSRMC and its residency programs

3. Increase resident knowledge and application of quality improvement methods and tools.

4. Share quality improvement project and outcomes information between and among residency programs.

5. Be a repository of resident initiated quality improvement / patient safety initiatives and research.

6. Promote the sharing of resident research projects and scholarly activity within GSRMC

7. Support residents who wish to initiate quality improvement / patient safety projects and research.

8. Serve as the resident peer review committee (RPRC)

**Resident Peer Review Committee (RPRC)**

The RPRC serves as the forum to review cases referred by the Chair of the GSRMC Peer Review, Risk Management, Section Chief, DIO or other. Their task is limited to providing assessments to the following questions:

1. Was there adequate documentation by the resident?

2. Was adequate supervision as defined by GME policy provided and documented in the medical record?

3. If applicable. Was the procedure performed according to program specific policy regarding procedural competency and independence?
4. Did the resident and/or fellow practice outside of their level of competence?

5. Other assessment will be allowed on a case by case basis as approved by the GSRMC DIO

At the discretion of the RQC chair and faculty advisor, the committee may interview involved students, residents and fellows.

Recording and reporting of the minutes shall fall under the disclosing requirement and regulation of the GSRMC.

**Social Work Mentors**

Two social work mentors serve as non-voting members of the training committee. Their role is to provide support to the intern cohort, advocate and protect the trainees in resolving varying professional issues, and facilitate communication between the training committee and the trainees. To accomplish this, they attend training committee meetings and host monthly lunch meetings with the trainees. They also complete mid-block informal evaluations of supervisors (see evaluations section below). Only information that is gathered during the mid-block informal rotation evaluation or information that violates Samaritan’s Diversity and Non-Discrimination policy or the American Psychological Association (APA) ethical code is required to be shared with the training committee.

**Sample Training Plan**

Upon start of the training year with Samaritan, interns meet with the DCT and ADCT to review program materials and proceed through hospital and department orientation. Ultimately, there are a number of training clinics and supervisors to choose from in creating the Major/Minor/Long Term case combination for each training Block. To assist the interns in creating their plan, during the orientation period at the outset of the year, they are introduced to and spend time with each supervisor in rotation meetings/presentations. During this time the supervisors provide a detailed description of their site and supervisory style. The interns are encouraged to take notes and ask questions during these meetings. The interns are then given a Block 1–3 worksheet with space to fill in Major, Minor (optional), and Long-Term Case locale and supervisor through the entire year, including days of the week on service. This year long plan is then vetted with the Training Committee who ask follow up questions in relation to the intern's overall
career trajectory and how their plan informs or adds to that trajectory, as well as how their plan challenges them in areas of growth. A plan can be approved or amended during the Training Committee vetting, which is done collaboratively with the intern. This plan can be adjusted through the year, and it is the intern who brings such requests back to the Training Committee for discussion and implementation of such changes. With this in mind, a sample training plan may look like the following:

*Neuropsychology Track (Maximum 5 hours supervision, 5 hours didactic/research, 28 hours direct service)*

<table>
<thead>
<tr>
<th>First Rotation</th>
<th>Second Rotation</th>
<th>Third Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Emphasis (19 direct hours, 2 supervision hours)</td>
<td>Neuropsychology Clinic</td>
<td>Neuropsychology Clinic (no minor rotation)</td>
</tr>
<tr>
<td>Minor Emphasis (7 direct hours, 1 supervision hour)</td>
<td>Bariatric Clinic</td>
<td></td>
</tr>
<tr>
<td>Evidence Based Psychotherapy (2 direct hours, 1 supervision hour)</td>
<td>Year Long</td>
<td></td>
</tr>
<tr>
<td>Research, Didactics, Socialization, Group Supervision</td>
<td>Year Long</td>
<td></td>
</tr>
</tbody>
</table>

*Health Psychology Track (Maximum 5 hours supervision, 5 hours didactic/research, 28 hours direct service)*

<table>
<thead>
<tr>
<th>First Rotation</th>
<th>Second Rotation</th>
<th>Third Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Emphasis (19 direct hours, 2 supervision hours)</td>
<td>Samaritan Geary St. Family Medicine (no minor rotation)</td>
<td>Samaritan Coastal Clinics</td>
</tr>
<tr>
<td>Minor Emphasis (7 direct hours, 1 supervision hour)</td>
<td>Bariatric Clinic</td>
<td></td>
</tr>
<tr>
<td>Evidence Based Psychotherapy (2 direct hours, 1 supervision hour)</td>
<td>Year Long</td>
<td></td>
</tr>
<tr>
<td>Research, Didactics, Socialization, Group Supervision</td>
<td>Year Long</td>
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</table>

Further, there is an expected progression within tracks, such that the neuropsychology intern should develop preparedness for residency training in the following manner:
Step One: Developing expertise in psychometrist work as characterized by:

I. Error free (95-100% accuracy, consistently) test administration and scoring
II. Appreciation of the importance of standardization, but also understanding of when it is appropriate to step away from standardization (e.g., testing limits, simplifying instructions, etc.)
III. Builds effective rapport both independently and efficiently that promotes the patient’s best engagement level while allowing the intern to manage most challenging behaviors

Step Two – A: Clinical interview and case preparation skills

I. Independently reviews the medical record and is able to provide a clinical overview to supervisor
II. Appropriate selection of tests and normative data, taking into consideration patient diversity factors and clinical question
III. Observes primary supervisor conducting interview
IV. Conducts portion of interview under primary supervisor’s interview template
V. Develops an interview template specific to intern’s style
VI. Conducts comprehensive clinical interviews efficiently and effectively under direct supervision

Step Two – B: Expands differential diagnoses and develops efficiency in writing comprehensive yet concise clinical reports (may occur concurrently with step Two – A)

I. Report writing
   a. Reviews report style of supervising psychologist for patients seen together
   b. Writes sections of reports, leaning on supervising psychologist’s writing style/technique
   c. Writes clinical reports while developing own unique style
   d. Focuses on increased efficiency with report writing while remaining concise. Increases number of patients seen per week in preparation for residency volume.

II. Differential diagnoses is divided into two categories, depending on the primary emphasis for the neuropsychology intern (pediatric or adult)

<table>
<thead>
<tr>
<th>Adult</th>
<th>Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Dementia differentials with an appreciation of the normal aging process and conversion from aging to mild cognitive impairment to dementia.</td>
<td>I. Appreciation of the typical developing child including understanding of developmental milestones</td>
</tr>
<tr>
<td>II. Integration of general adult testing, starting with ADHD and TBI</td>
<td>II. Assessment of ADHD and SLD</td>
</tr>
<tr>
<td>III. Focus on specialty disorders within adults, including stroke, multiple sclerosis, epilepsy, etc.</td>
<td>III. Integration of ASD and ID</td>
</tr>
<tr>
<td></td>
<td>IV. Focus on specialty disorders such as FASD, stroke, epilepsy, etc.</td>
</tr>
</tbody>
</table>

Step Three – Although it may occur alongside continued development of differentials and report writing skills, provision of feedback to patients and their families requires a degree of comfort with differentials and report writing that mandate it be last in the training sequence. In this sequence, the intern:

I. Observes the supervisor deliver feedback to patients and collaterals
II. Provides sections of the feedback session under direct supervision
III. Provides the entirety of the feedback through direct or indirect (Panopto) supervision
Throughout the week, interns are expected to work no less or more than 40 hours per week. The workday mirrors the structure of the primary supervisor’s workday. Each intern receives a maximum of 5 hours of supervision per week, 4 hours being individual and 1 hour being in a group. The 28 clinical hours are based on 4 clinical days (between major, minor, and long-term cases), which would provide a total of 32 hours, minus the 4 hours of clinical supervision then received. The fifth day, to make a 40-hour work week, is spent in didactics, group supervision, journal club, diversity meeting, research, and administration time for the interns. With this in mind, a sample week may look like the following:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Minor Rotation</td>
<td>Didactics, Group supervision, research, journal club, diversity meeting, admin time, and socialization</td>
<td>Major Rotation and two long term therapy cases</td>
<td>Major Rotation</td>
<td>Major Rotation</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Non-Clinical Hours</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Supervision</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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**SUPERVISION AND EVALUATIONS**

Psychology interns are provided with a minimum of 4 hours of weekly supervision. Two hours of formal individual supervision are provided with the major rotation, 1 hour of formal individual supervision with the EBT yearlong supervisor, and the remaining 1 hour of supervision consists of group supervision with the DCT/associate DCT. Interns who opt to complete a minor rotation receive an additional hour of formal individual supervision each week for a total of 5 scheduled hours. Please review Samaritan’s policy on supervision (Appendix A).

The format for all evaluations is provided at the outset of the training year, during orientation. Evaluations of psychology interns are ongoing throughout the training year. Brief, informal evaluations are completed by the intern’s direct supervisor at the midpoint of each of their rotations and a formal, structured evaluation is
completed at the end of every rotation for a total of three (3) evaluations over the course of the training year. Evaluations are primarily the responsibility of the major rotation supervisor; however, if an intern is on a minor rotation, that minor rotation supervisor provides input to the major rotation supervisor, which ultimately affects the rating of the block. In addition, long term therapy supervisors also complete brief midpoint evaluations and formal, structured evaluations at the end of the rotation for a total of two (2) evaluations over the course of the training year.

Interns meet with the social work mentors at midpoints of blocks to provide feedback regarding their supervisors and rotation experience. The information is gathered individually and then de-identified and aggregated. The term “de-identified” however does not equate to confidentiality. That is, the social work mentors are required to report unfair treatment as outlined by the Samaritan Diversity and Non-Discrimination policy and the ethical code of the American Psychological Association. The social work mentors present this de-identified information to the training directors of the program initially, before presenting it to the training committee at the next in-person TC meeting.

Interns also complete formal evaluations of their supervisors, as well as comprehensive program evaluations at the mid and endpoints of the training year with an external consultant. In addition to these evaluations, interns will complete brief evaluations of their weekly didactic seminars. All evaluations are then used to inform any necessary changes to the internship program. The evaluation schedule is as follows:

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<th></th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
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<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<td>Block One</td>
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<td>Major Rotation</td>
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<tr>
<td>Minor Rotation</td>
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<td>Long Term Therapy</td>
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<td>Evals of Supervisors</td>
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<tr>
<td>Program Evaluation</td>
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<td>Block Two</td>
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<td>Block Three</td>
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F = Formal Evaluation; I = Informal Evaluation; M = Meeting with social work mentors; In addition, didactic evaluations are completed weekly.
Interns must receive a minimal rating of “at expected level” in each area of their rotations. The rating scale is as follows:

5  Advanced: Consistent, independent high-level demonstration of competency at the midpoint of the year. By the end of the year this level represents expertise in the skill.

4  Above Expected Level: Competency demonstrated in majority of settings with ongoing focus and discussion in supervision at the midpoint of the year. By end of training year, this level represents both competency in the skill but a level of maturity/ability that is expected of someone 2–5 years out of training.

3  At Expected Level: Foundation of skills present, but competency development is still an integral part of supervision at the midpoint of the year. By end of training year, this level represents readiness for entry into the profession at the level of an independent practitioner or a post-doctoral resident, dependent upon the individual intern.

2  Below Expected Level: Competency appears newer for intern and development of foundational skills with frequent review is the focus of supervision. By end of training year, this level represents a need for continued required supervision.

1  Limited: Development in this competency is needed. Despite frequent review and focused feedback in supervision, growth in this competency was not evident. Development in this competency remains lacking. By the end of training year, this level represents continued limited proficiency with the skill, still requiring a significant portion of supervision.

Below expected level ratings trigger the due process policy (see Appendix B). The final evaluation of each rotation (block) clearly indicates “at expected level” or “below expected level”. All three rotations (blocks) must be “at or above expected level” in order to complete the internship. The only exception to needing an “at or above expected level” requirement to pass the rotation, and ultimately complete internship, would be an intern who was on a performance improvement plan.
Completion of internship requires successfully completing all requirements of the performance improvement plan. Evaluations will take into consideration the following:

1. Reviewed intake write up’s, progress notes, and terminations.
2. Staff observations of clinical interventions.
3. Presentation of therapy and assessment cases.
4. Presentation of challenging cases in multidisciplinary clinical case consultation meetings.

The supervisor reviews the evaluation form with intern focusing on progress made in current rotation. Throughout the supervision process feedback and discussions will be continuous. Thus, interns will be provided with informal feedback prior to formal evaluation, such that nothing on the evaluation should come as a surprise. The DCT/aDCT will review all intern evaluation forms when completed and determine whether or not intern has successfully completed the rotation. Copies of all evaluations will also be incorporated into the information provided in formal correspondence to the intern’s graduate program. Written evaluations are maintained in the intern’s file.

In addition to evaluation of the intern and supervisor, interns also participate in periodic program evaluation. The goal of this is to refine program structure and quality of didactics throughout the training year. These evaluations include weekly rating of didactics that are presented. In addition, an outside consultant not otherwise affiliated with the training program meets with the interns at the midpoint and end of year to conduct an external review. The format of this is face-to-face interviews that results in a de-identified report back to the Samaritan Psychology Training Program faculty.
Michael D. Herman, PsyD, Director of Clinical Training, Licensed Psychologist in primary care, and Clinical Assistant Professor of Psychiatry at the College of Osteopathic Medicine of the Pacific, Western University of Health Sciences. Dr. Herman received his doctorate from Loma Linda University in 2009. His internship was completed at Spark M. Matsunaga VAMC (Pacific Islands VA) in Honolulu, HI. His residency was completed at Geisinger Medical Center in Danville, PA. Dr. Herman was licensed in the state of Oregon in 2011 and has been working for Samaritan Health Services since this time. While a part of SHS he has worked within several departments providing clinical assessment and intervention. He also participates in a database repository for research opportunities. His role of DCT was granted in 2015 and has included the addition of associated administrative duties. His current clinics include Family Medicine and Bariatrics, both located in Corvallis at GSRMC. The clinics treat people across the lifespan, and Dr. Herman has particular interest in adjustment to chronic illness and pain management. Dr. Herman is a member of the Training Committee, Mental Health Leadership Council, and Adjunct Faculty for the Family Medicine Residency at Samaritan.

Audrina Mullane, PhD, ABPP (Board certified in Clinical Neuropsychology); Licensed Psychologist in Neuropsychology, North Albany location and Associate Director of Clinical Training. Dr. Mullane earned her doctorate from Alliant International University/California School of Professional Psychology in 2014 and completed her internship at VA Maryland Health Care System/University of Maryland School of Medicine in Baltimore, Maryland, as a neuropsychology intern within a larger psychology internship consortium. She then completed a two-year neuropsychology fellowship with the Cleveland Clinic Foundation in Cleveland, Ohio, where she conducted neuropsychological evaluations with patients referred from all major subspecialties, including specialty clinics such as the Center for Brain Health (dementia), Center for Neurological Restoration (movement disorders), Rose Ella Burkhardt Brain Tumor and Oncology Center, and the Epilepsy Center. Dr. Mullane’s clinical interests include neurodegenerative conditions (e.g., dementia and Parkinson disease), epilepsy, and oncology. Her research has largely focused
on patients with epilepsy, as well as collaborated on different projects within the neuropsychology clinic. Currently, Dr. Mullane is licensed in Oregon and board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). Dr. Mullane is a member of the Training Committee and the Governance Committee of the Samaritan Medical Group Leadership Council; she enjoys collaborating with other health professionals.

Alexandra Koenig, Ph.D., Licensed Psychologist in primary care, Assistant Training Director for Psychology Postdoctoral Residency Program, Samaritan Family Medicine Resident Clinic - Lebanon: Dr. Koenig earned her doctorate degree in clinical psychology from Seattle Pacific University in Seattle, WA. She completed internship at Phoenix VA Health Care System in Phoenix, AZ with an emphasis in Primary Care–Mental Health Integration (PCMHI) and a postdoctoral fellowship in PCMHI at VA North Texas Health Care System in Dallas, TX with a special focus in Motivational Interviewing. Upon completion of fellowship, Dr. Koenig began serving in her position as a Behavioral Health Consultant at Samaritan Family Medicine Resident Clinic - Lebanon. There, she provides consultative and behavioral health services to adults 18 years of age and older. Dr. Koenig’s clinical interests include adjustment to and management of chronic pain and chronic illness, behavioral treatment of insomnia, motivational interviewing, self-management of health behaviors, and trauma. Dr. Koenig is a member of the Training Committee.

Petra Zdenkova, PsyD, Licensed Psychologist in primary care, Geary Street, Family Medicine Clinic, and at Samaritan Obstetrics and Gynecology, Assistant Training Director for Psychology Practicum Training. Dr. Zdenkova earned her doctorate in clinical psychology from Adler University in Chicago, IL in 2015. She completed her internship at Pacific Psychology and Comprehensive Health Clinic in Portland, OR, and her post-doctoral residency at Kaiser Permanente NW in Salem, OR. Dr. Zdenkova is currently licensed in the state of Oregon and has been working for Samaritan Health Services since November 2016 at the Geary Street Family Medicine Clinic, and additionally at OB/GYN in Corvallis. Dr. Zdenkova has worked with a wide range of populations in her training and has experience treating individuals across the lifespan. Her clinical interests include
behavioral treatment of insomnia, adjustment to and management of behavioral health concerns and chronic illness, anxiety and panic, trauma, and women’s health. She enjoys supervision and greatly values the opportunity to work with trainees in the field. She enjoys working in integrated primary care and addressing the needs of her community. Dr. Zdenkova is a member of the Training Committee, and also serves on the OPA Ethics Committee, as Chair (June 2020). She also serves as the Assistant Director of Practicum Training.

Kimmy Wilcox, Program Coordinator at Graduate Medical Education (GME) and Academic Affairs: Mrs. Kimmy Wilcox has been with Samaritan Health Services for 5 years and with Graduate Medical Education for 3 years. She has been the program coordinator for all branches of psychology training for the past 2 years. Additionally, Kimmy acts as the coordinator for the Child & Adolescent Psychiatry Fellowship and Osteopathic Neuromusculoskeletal Medicine Residency at Samaritan. Kimmy ensures faculty and trainees have everything they need to complete their tasks at a logistical level. She helps implement program policies and maintain the program budget by tracking and recording all transactions. Kimmy manages communications, non-clinical scheduling, and organizes events and/or meetings related to the program.

Heather Balzomo, LCSW, at Samaritan Lebanon Health Center, Lebanon: Heather Balzomo earned a master’s degree in social work with focus in mental health from San Jose State University in 2007. She completed practicum internships at San Mateo County Family Resource Center and Crisis Intervention Team. She then worked in Child Protective Services for 9 years with both Contra Costa County and Alameda County Social Services. She is currently licensed as an LCSW in both California and Oregon. Heather returned to Lebanon, Oregon in the summer of 2016 and began serving as an LCSW integrated in a primary care clinic for Pediatrics, Adult/Family Medicine, and Obstetrics/Gynecology. There, she provides consultative and behavioral health services to minors and adults. Heather’s interests lie in teaching healthy coping strategies to people of any age and improving health by offering behavioral support in a familiar environment. Heather serves as a social work mentor for the Medical Psychology Training Program and is a non-voting member of the training committee.
Terra Bennett-Reeves, PsyD, Licensed Psychologist in primary care, Samaritan Family Medicine Resident Clinic – Corvallis. Dr. Bennett-Reeves received her doctorate from Pacific University School of Graduate Psychology in 2018. She completed her internship and residency at Samaritan Health Services with focused experience in Primary Care, Behavioral Cardiology, and Weight Management. Areas of interest include health behavior management across the lifespan, women’s health (e.g., fertility, pre and post-partum care, hormonal functioning), weight management and disordered eating, health advocacy for transgender and LGBTQ+ individuals, and mindfulness practices. Dr. Bennett-Reeves is a member of the Training Committee.

Samantha Domingo, PsyD, Licensed Psychologist, Cardiology and Samaritan Internal Medicine, Corvallis: Dr. Domingo earned her doctorate degree in clinical psychology from Nova Southeastern University in Fort Lauderdale, FL. She completed internship at Yale School of Medicine in New Haven, CT with an emphasis in behavioral medicine and a two-year postdoctoral fellowship at Cleveland Clinic in Cleveland, OH with a special focus in health psychology and behavioral sleep medicine. Upon completion of fellowship, Dr. Domingo began serving in her position as a psychologist in primary care at Samaritan Internal Medicine in Corvallis, OR. There, she provides consultative and behavioral health services to adults 18 years of age and older. As of 2020, Dr. Domingo has expanded her clinical practice to Cardiology. Dr. Domingo’s clinical and research interests lie in the area of adjustment to and management of chronic illness, behavioral treatment of sleep disorders, and sexual health. Dr. Domingo is a member of the Good Samaritan Regional Medical Center Continuing Medical Education Committee.

Robert R. Fallows, Psy.D., ABPP (Board Certified in Clinical Neuropsychology), Licensed Psychologist in Neuropsychology, Medical Director – Behavioral Health and Neuropsychology, and Clinical Assistant Professor of Neurology at the College of Osteopathic Medicine of the Pacific, Western University of Health Sciences. Dr. Fallows received his doctorate from the Arizona School of Professional Psychology in 2010 and completed his internship at the North Texas VAMC and residency at the South
Texas VAMC. He is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). Dr. Fallows started the neuropsychology program at Samaritan Health Services in 2012 and oversees the clinical, administrative, and research duties of the clinic. The neuropsychology clinic sees people across the lifespan and Dr. Fallows’ particular interests include dementia, fetal alcohol effects, and sports–concussion issues. In regard to research, primary interests are in patient take-away from provider feedback. He has been the principal investigator of two grant funded studies examining multidisciplinary treatment of ADHD as well as dementia and caregiver support, both with a participatory arts component. Dr. Fallows is also the principal investigator of a neuropsychology repository and a sub-investigator of a multi-disciplinary repository, performs ad-hoc reviews for peer reviewed journals, and routinely serves on scientific poster review committees for national neuropsychology organizations. Dr. Fallows is a member of the Albany General Hospital CME committee, the Training Committee, Mental Health Leadership Council, an Adjunct Faculty for the Samaritan Family Medicine Residency, and Member at Large for the Samaritan Medical Group Leadership Council. Dr. Fallows was awarded the early career service award by the National Academy of Neuropsychology in 2019.

Lindsey Felix, Ph.D., ABPP (Board Certified in Clinical Neuropsychology), Licensed Psychologist in Pediatric Neuropsychology, North Albany location, Samaritan Pediatrics – Corvallis, and Mid-Valley Pediatrics – Albany. Dr. Felix received her doctorate from the Illinois Institute of Technology in 2009 and completed her predoctoral internship at the University of Chicago Medical Center. She completed her postdoctoral fellowship in Pediatric Rehabilitation Psychology and Neuropsychology at the University of Michigan Hospital System. She joined the medical staff at Seattle Children’s Hospital in 2012 where she provided inpatient consultation services on an inpatient Rehab team, conducted inpatient and outpatient neuropsychological evaluations, and supervised predoctoral psychology interns. Dr. Felix’s clinical interests include evaluation of children and adolescents with cognitive, psychosocial, or learning/academic concerns due to a variety of etiologies, such as neurodevelopmental conditions (e.g., ADHD, Learning Disorders, Autism Spectrum Disorders, etc.), prenatal exposures, acquired brain injuries (e.g. traumatic brain injury, concussion, epilepsy, brain tumors, stroke), and other forms of central nervous system
dysfunction. She is board certified in Clinical Neuropsychology through the America Board of Professional Psychology.

Andrea M. Jackson, Ph.D., Licensed Psychologist in Neuropsychology, North Albany location and Geary Street Family Medicine. Dr. Jackson received her doctorate from the University of Windsor in 2017 and completed her internship and residency at Dartmouth–Hitchcock Medical Center. She works at Samaritan Health Services in the Neuropsychology Clinic and at Samaritan Family Medicine – Geary Street. She sees adults with a broad range of cognitive concerns and her particular interests include brain tumors, dementia, and nonepileptic seizures. Areas of research have included psycholinguistics, traumatic brain injury, and brain tumors.

Allegro Johnson, PhD, MSCP, Licensed Psychologist in primary care, Sweet Home, Brownsville, and Park Street Clinics. Dr. Johnson graduated from Texas Tech University with her degree in counseling psychology. She completed her internship at Edward Hines Jr. Veterans Hospital. She completed a fellowship in palliative care at the South Texas Veterans Health Care System. She worked for a rural veteran’s hospital for approximately 7 years in outpatient mental health and geriatric primary care. In 2013, she started at Samaritan Health Services covering the Sweet Home, Brownsville, and Park Street (Lebanon) clinics. Recently, Dr. Johnson received an additional Master’s of Science in Clinical Psychopharmacology through the California School of Professional Psychology. Dr. Johnson’s interests include palliative care as well as ethics, currently serving as the chairperson for the Lebanon ethics committee.

Sandra Minta, Psy.D., Licensed Psychologist in primary care, Samaritan Family Medicine SW and Corvallis Urgent Care. Dr. Minta received her doctorate from The School of Professional Psychology at Forest Institute in 2004. She completed her internship at Linn County Mental Health specializing in Children and Families as well as crisis assessment and stabilization. She completed her residency at Linn County Mental Health, specializing in adults, crisis, and industrial/organizational psychology. Dr. Minta has been trained in Cognitive Behavioral Therapy, Acceptance Commitment Therapy, Brief Solution
Focused Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy. She believes strongly in the strengths-based model of recovery and loves working with transitional aged youth. Her passions include crisis stabilization, co-occurring disorders, and trauma informed care. Dr. Minta is a member of the Training Committee.

Alan Silver, PsyD, Licensed Psychologist in primary care, North Albany Medical Clinics, Albany Samaritan Internal Medicine Resident Clinic and Good Samaritan Regional Medical Center Endocrinology: Dr. Silver obtained his doctorate in 2016 from Pacific University in Hillsboro, OR. He completed his internship at Henry Ford Health System in Detroit, MI. His residency was completed at Samaritan Health Services in Albany, OR where he provided layered supervision (i.e., provided supervision under guidance of licensed psychologist) to psychologist interns in endocrinology and cardiology. Dr. Silver was licensed in the state of Oregon in August 2017 and started working for Samaritan Health Services following licensure. During his employment with Samaritan, he provides behavioral health services in North Albany Medical Clinics, Samaritan Internal Medicine – Albany, and Good Samaritan Regional Medical Center Endocrinology for patients 13 years of age or older. Dr. Silver provides evaluation, ongoing treatment, and care coordination to patients. He holds a special interest in assisting patients with management of health behaviors, as well as factors associated with LGBT health. Dr. Silver is a member of the Training Committee.

Marc E. Taylor, Ph.D., Licensed Psychologist for Samaritan Pacific Communities Hospital and Samaritan Health Center Newport Family Medicine. Dr. Taylor received his doctorate from Southern Illinois University, Carbondale in 1982. He completed his internship at the University of Missouri–Columbia Psychological Services Clinic. His post-doctoral residency was under the Virginia Board of Behavioral Medicine, with a joint placement at Virginia Commonwealth University and Medical College of Virginia. He is currently a Primary Care Psychologist for the Samaritan Health Center Newport Family Medicine. He has worked as a training faculty at three different APA-approved doctoral internship sites, and as a clinical supervisor for a large community mental health clinic. Before joining Samaritan Health, he was employed by the US Army
providing treatment for trauma and conducting therapy outcome research in an intensive outpatient program. Particular interests include treatment of PTSD and anxiety generally, and integrated health care for medically underserved and rural communities.

**Bella Vasoya, PsyD, Licensed Psychologist, Samaritan Weight Management Institute – Corvallis.** Dr. Vasoya received her doctorate from Pacific University Graduate School of Psychology in 2018. She completed her internship at Samaritan Health Services with focused experience in Weight Management, Primary Care, Behavioral Cardiology, Endocrinology, and Athletic Medicine, and her residency at Strong Integrated Behavioral Health with focused experience in Adult Medicine, Endocrinology, and presurgical evaluations for adults seeking gender affirming surgery. She currently conducts pre-surgical evaluations and pre- and post-operative therapy for adults seeking bariatric surgery. Areas of interest include weight management and disordered eating, and health behavior management for complex medical conditions (i.e., diabetes, cardiology, etc.). Her approach to patient care is a combination of brief, solution-focused therapy, cognitive behavioral therapy, and mindfulness practices.

**Ashley Smith Watts, Ph.D., Licensed Psychologist in Neuropsychology, North Albany location.** Dr. Watts earned her doctorate in clinical psychology with an emphasis in behavioral genetics from the University of Colorado Boulder in 2015. During graduate school, her clinical interests included conducting neuropsychological evaluations across the lifespan and providing empirically supported psychotherapies for individuals with serious mental illness. Her research focused on heritability and developmental models of executive functions, self-restraint, and temperament. Dr. Watts completed her doctoral internship and postdoctoral fellowship in adult neuropsychology through the Alpert Medical School of Brown University, where she conducted neuropsychological evaluations with patients across multiple settings, including a psychiatric inpatient hospital, a VA medical center, and two academic medical centers located in Providence, RI. Currently, she conducts neuropsychological evaluations with adult and geriatric patients through the Samaritan Neuropsychology Clinic. Her clinical interests include dementia, ADHD, and
cognitive dysfunction with comorbid psychiatric disorders. Her research interests include topics related to statistics, methodology, and clinical practices in neuropsychology. Dr. Watts is a member of the Training Committee.

Jude Walsh, LCSW, at the Samaritan Family Medicine Residency Clinic, located in Lebanon: Jude Walsh received a master’s in social work degree from Walla Walla University in 2009 and is licensed for clinical work in both Oregon and Idaho. Jude has worked in the private sector, both pre and post master’s degree, in both the mental health and developmental fields in community and home-based services. Jude began to work in the primary care setting in 2015 for St. Luke’s hospital, initially integrating in a clinic in a co-located behavioral health role and then transitioning to St. Luke Twin Falls hospital’s first behavioral health role in the main hospital as a collaborative care manager. The behavioral health role was assisted by the hands-on expertise and extensive training from the University of Washington Advancing Integrated Mental Health Solutions (AIMS) program. In 2018 Jude relocated to Lebanon, Oregon with the goal of utilizing his behavioral health training and experience with Samaritan Health in an integrated, collaborative care role as an LCSW. Jude sees adults, children and adolescents and his primary focus is on interventions and consultations involving the nine interventions in the Integrated Behavioral Health in Primary Care model, including; relaxation training, goal setting, cognitive disputation, motivational interviewing, problem solving, self-monitoring, antecedent-behavior-consequence analysis, stimulus control and assertive communication. To meet the diverse needs of the Lebanon population, however, Jude is adaptive in utilizing experience and other treatment modalities and techniques to meet these needs. Primary modalities of care include Cognitive Behavior Therapy (CBT), Dialectic Behavior Therapy (DBT), Adlerian Psychology, Embrace, Motivational Interviewing, Problem Solving Therapy (PST) and Behavioral Activation. Jude currently serves as a social work mentor for the Medical Psychology Training Program and is also on the advisory board for the Lebanon medical group.

EXPECTATIONS FOR SUCCESSFUL COMPLETION

1. As measured by the evaluation procedures (Reference Supervision Section):
   a. Interns develop skills in psychotherapy and evaluation that are empirically supported.
b. Interns develop skills in generating case conceptualizations that reflect theoretical orientation, intervention strategies, and outcome evaluations.

c. Interns develop skills conducting biopsychosocial intakes in a primary care setting.

d. Interns develop an understanding of the roles and expertise the psychologists provide in a primary care setting.

e. Interns develop an awareness and knowledge of how one’s own cultural diversity, beliefs, and values influence the delivery of competent services.

f. Interns acquire knowledge and skill to perform consultation services in a primary care setting. Interns will demonstrate medical decision making and conduct consistent with the ethical and legal standards of professional psychology.

RECRUITMENT AND SELECTION OF INTERNS

Psychology internship program at Samaritan Health Services abides by the APPIC and APA standards, policies and selection procedures (see Appendix C). Samaritan Health Services is an equal opportunity employer (see Appendix D) and it is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation (see Appendix E). Additionally, SHSPI strongly values diversity and this value is explicitly reflected in multiple areas of the internship including efforts to recruit and retain diverse interns and staff members, create an inclusive and affirming work environment, and effectively train interns to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives (see Diversity and Non-Discrimination Policy, Appendix F).

Internship applications must be submitted through the online APPIC system by November 13th. All complete applications are retrieved from the APPIC service by the director of clinical training and presented to the selection committee. This committee is comprised of core supervising staff. The selection committee reviews each application to determine its overall qualification.

There are two components to the selection process:
A. The selection of interns is based on a committee-based rating of applicants’ qualifications, those qualifications are evaluated utilizing the following criteria:

1) Be in good standing with their clinical, neuropsychology, health psychology program (Copies of transcripts must be submitted for review)

2) Have been admitted to doctoral candidacy/submission of an approved dissertation topic to the intern’s dissertation committee

3) Have a breadth of previous clinical experience, with more weight given to those at an advanced level. Requirements include:
   a. A minimum of 100 assessment hours
   b. A minimum of 350 intervention hours

4) For the health psychology track, preference will be given to applicants with:
   a. 500 hours of direct intervention experience.

5) For the neuropsychology track, preference will be given to applicants with:
   a. 250 hours of assessment experience and
   b. 15 completed comprehensive neuropsychology reports.

6) All comprehensive exams must be completed by the ranking deadline

7) Three letters of recommendation are required, with at least one of them from a clinical practicum supervisor.

8) A letter of interest is required
   a. Demonstrate evidence of multi-cultural psychological knowledge and/or interest, or proposed contribution to program based on ethnic diversity and cultural competence from personal experience
   b. Describe distinguishing characteristics, accomplishments and maturity, that separate the applicant from their peers
   c. Provide commentary on “goodness of fit” with the described program and have a specific interest in the Pacific Northwest region.

9) Regarding goodness of fit, the ideal intern at SHSPIP will have worked in at least one rural practicum setting and have experience in at least one integrated care clinic or medical setting. The applicant should have at least one scientific poster accepted at a national or local conference. Applicants should demonstrate strong writing style and good self-awareness in their essays and cover letter on their application to the program.

B. Open House/Interview Process
a. Qualified applicants are invited to an Interview Open House. This is scheduled over a 1-day period and involves the applicant selecting a full day where they meet internship program staff and supervisors, participate in an interview with program supervisors, tour at least one of the program clinical sites, and are able to ask questions of their own regarding the program. Phone and/or Skype based interviews can be arranged on a separate day in cases where applicants are unable to meet in-person (neither medium is weighted more highly than the other). Those not chosen to interview are notified by letter/email regarding this decision, as soon as the decision has been made.

The internship program follows a policy of selecting the most qualified candidates and adheres to principles espoused by APPIC as well as APA

Interns are rank ordered based on their interest in the program’s stated clinical services and population served and the above listed criteria. The application review process is made as objective as possible by utilizing a 10-point scale for rating prospective interns under 4 categories: Intern Application; Professional and Academic Endorsements; Clinical Interest and Training Experiences; and Education. The internship program described here agrees to abide by the APPIC policy that no person in this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

During the onboarding period, interns are required to complete a pre-internship health assessment (which includes a drug screen) and obtain required liability coverage (see administrative section below) prior to the first scheduled clinical rotation. Interns will be provided with a training contract and details regarding compensation and benefits (see Appendix G).

**APPLICATION TIMELINE**

The program APPIC match policy requires a program code number:

- **Health Psychology:** 236112
- **Neuropsychology:** 236113

The deadline for application submission is **November 13th**

Applicants will be notified of their interview status by **November 30th**
ADMINISTRATIVE

A. Professional Liability Insurance
   a. Intern is required to apply for, and receive professional liability coverage through The Trust Insurance program or an equivalent approved by the training committee. The coverage shall be consistent with the Hospital’s professional liability insurance coverage granted to employed medical and professional practitioners. Such coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Program, if, and only if, the Intern’s alleged acts or omissions identified in the complaint arose out of the Intern’s participation in the Program. No other patient care placements are allowed while participating in the Program, and other employment is highly discouraged. Intern is reimbursed by Hospital for annual premium cost.

B. Program progress
   a. Start and Completion dates
      i. The internship starts the third or fourth week in July (depending on the calendar year) and is completed within 52 weeks
      ii. Annual leave may not be scheduled during the closing days of internship, in order to clear all work-related security items (i.e. return of keys, ID badge, etc.).
   b. Time requirements
      i. The internship is designed as a 1-year, 2080-hour training experience requiring 40 hours of “on duty” time during the regular work week. Regular working hours may vary slightly by clinic, but are generally captured between 8am and 5pm.
         1. 2080 hours being the total hours in a training year, divided by 52 weeks, is equivalent to 40 hours per week (28 direct clinical hours per week is equivalent to 1456 hours and the remainder of the 2080 is made up of didactics, administration, supervision, research, and other cohort activities).
         2. Requirements vary by state of licensure. The Oregon Board of Psychology requires a minimum of 1500 hours of supervised internship experience, at least 25% of which is direct clinical care (OR-858-010-0013).
3. Under extenuating circumstances (e.g., medical condition requiring activation of the Federal Medical Leave Act [FMLA]) and with training committee approval, interns may be eligible for reduced number of hours required for internship completion. Factors to be considered in the decision-making process by the training committee include:
   a. Demonstrated competency as established by formal evaluation procedures (see “Expectations for Successful Completion” and “Supervision and Evaluation” sections),
   b. Total hours required by graduate school for completion of degree are met, and
   c. Minimum hour requirement for the State of Oregon is met.
      i. It is the responsibility of the intern to seek information about minimum requirements for other jurisdictions they may want to practice in.
      ii. Interns are NOT required to work more than 40 scheduled hours of work per week and funds for the internship wages will not cover time spent in scholarly activities (e.g., reading journal articles) outside of on-duty hours.
      iii. Unless prior written approval is received from the DCT/aDCT, interns are not permitted to work from home during regular work hours.
         1. When clinics are closed due to a holiday schedule or inclement weather, there is no option to work from home for those hours which is consistent with Samaritan employment contracts.

C. Performance Improvement Plan/Remediation
   a. Interns identified by their supervisors as not meeting program objectives over the course of internship, not complying with organizational or program requirements, or not meeting professional expectations for attitude and/or behavior are informed initially by the direct supervisor with remediation/performance improvement planning that is communicated to the DCT.
b. The program DCT notifies the intern’s graduate program when the plan is enacted and continues to provide regular updates throughout the course of the plan.

c. Refer to the Appendix B for formal due process policy and Appendix H for retention and termination policy.

D. Complaints

a. Interns who have complaints regarding colleagues, staff, and/or supervisors, are encouraged to first attempt to resolve the issue directly with the individual involved. This is assuming the intern is sufficiently comfortable in addressing the issue with the identified individual. If the intern is not comfortable or if a resolution of the problem is not accomplished, there are further and more formal steps for reaching resolution.

b. Refer to the Appendix I for formal process

E. Policy and Procedures for Patient Care

a. During clinic/rotation orientations interns are introduced to responsibilities in patient care, inclusive of appropriate documentation in the electronic medical record, requirements for signature by supervisors, releases of information, incident reports, and other patient associated forms and procedures.

b. As soon as interns have access to the computer system, which includes the patient EMR database and SHS electronic email, a training session is scheduled to provide instruction on navigation and use.

c. Interns are responsible for adhering to the SHS guidelines on timely completion of notes and reports which may vary from clinic to clinic and will be discussed at the outset of rotations.

d. All testing/assessment reports are completed in the EMR with the supervisor’s signature

e. All written communication regarding patient consultation and patient care should be reviewed by the supervisor and carry the supervisor’s signature.

F. Communication with Graduate Programs

a. All applications require a letter from the graduate program DCT, in addition to the other requested references. This letter is intended to ensure that there are no plans, requirements, obligations, or deficiencies, that will parallel, complicate, or interfere with the
applicants’ requirements to maintain a full-time commitment to the internship program during the training year.
b. The SHS Internship Training Director (DCT) will provide a letter to the graduate program DCT for each intern, at the 6-month mark of program duration to comment on progress and at the end of the training year to comment on completion of the program. These letters are completed by the internship DCT based on rotation evaluations, as well as any commentary or evaluations relating to aspects of training in which the intern participated. Additional correspondence may be sent if an intern is NOT progressing satisfactorily.
c. Interns sign a contract on acceptance of position within the internship program granting consent for the internship program and graduate school program to communicate readily regarding performance, character, and qualifications, in association with both internship progression and graduate program standing.

G. Completion of the internship and future correspondence
   a. Subsequent to completing the internship, there may be a number of reasons for continuing contact with the training program. For instance, documentation on the completion of training hours for licensure may be required.
   b. Requests for letters of reference may be sent directly to any supervisor, from which this has been requested. Copies of these letters of reference should be filed in the intern’s training folder.
   c. The internship program has requirements for accreditation that extend beyond the completion of the training year, such as providing summary information on types of positions taken by interns after leaving the program, documentation on subsequent licensure or professional achievements. The internship program requests that interns provide the internship DCT with the title and location of their initial positions after completing the program and make efforts to provide subsequent achievements thereafter.

OPERATIONS OF THE TRAINING COMMITTEE

The Training Committee meets twice a month with few exceptions (primarily for holidays). Standardized TC Meetings include:

1. In Person, 90-minute meeting
   a. Vote to approve or modify minutes from previous meeting
b. Review of larger training program needs from Drs. Herman and Fallows

c. Program coordinator to review internship and residency trainees’ performances

d. Social work mentors to check in on trainee informal, mid-block evaluation (if applicable)

e. Sub-committee check-in
   i. Didactics (Drs. Herman & Silver)
   ii. Evaluations (Drs. Herman, Fallows, Koenig, and Zdenkova)
   iii. CE & Faculty Development (Dr. Herman)
   iv. Diversity (Drs. Mullane, Bennett-Reeves, and Silver)
   v. Research (Drs. Fallows & Koenig)
   vi. Trainee Challenges & Social Activities (Drs. Minta & Watts)

f. Residency Program (Dr. Koenig)

g. Practicum Program (Dr. Zdenkova)

h. Chief Intern Report

2. In Person, 60-minute meeting
a. Vote to approve or modify minutes from previous meeting
b. Overview of any larger training program needs from Drs. Herman and Fallows

c. Brief sub-committee check-in
   i. Didactics (Drs. Herman & Silver)
   ii. Evaluations (Drs. Herman, Fallows, Koenig, and Zdenkova)
   iii. CE & Faculty Development (Dr. Herman)
   iv. Diversity (Drs. Mullane, Bennett-Reeves, and Silver)
   v. Research (Drs. Fallows & Koenig)

d. Trainee Challenges & Social Activities (Drs. Minta & Watts)

e. Residency Program (Dr. Koenig)
f. Practicum Program (Dr. Zdenkova)

Sub Committees of the Training Committee

As noted above, the Training Committee is composed of subcommittees. The responsibilities of these subcommittees include:

- Didactics: The didactics sub-committee is responsible for developing a set of didactic courses that are presented to interns and residents throughout the training year. They seek out expertise from faculty and community members to present material that promotes generalized training but expands on the specialty track knowledge required for the SHS psychology internship. The goal of the didactics committee is also to include a focus on diversity and ethical issues, while promoting the advancement of skill and knowledge.
• Evaluations: The evaluations sub-committee activities are carried out by the DCT and aDCT. The responsibility of this committee is to review evaluations as they are completed in order to ensure communication of skills and areas of development to supervisors, but also ensure interns are progressing as expected.

• CE & Faculty Development: This committee is responsible for bringing in education opportunities for faculty of the training program. Issues addressed through this sub-committee may include expansion of supervision skill, health psychology or neuropsychology topics, diversity knowledge, and ethical decision making.

• Diversity: The goal of this committee is to expand trainee knowledge and skill regarding different aspects of cultural sensitivity by encouraging trainee understanding their own diversity factors and the interaction within the community at large, with their patients, and with their supervisors/supervisees. To accomplish this, values around different diversity variables are explored in a non-therapeutic context, such as participating at a local cultural event. Trainees are also required to complete reflection sheets on different activities (e.g., cases they have seen, supervision session they had, a cultural outing in the community, volunteering within the community, a scholarly reading they completed, or a didactic presentation they attended) and encouraged to discuss these at monthly meetings. Some diversity factors unique to the service areas of SHS include: lower socioeconomic status, rural region, religion, gender identity, sexual orientation, migrant and day labor occupations, cultural backgrounds, and geriatrics.

• Research: This committee’s responsibility is to provide structure and guidance for the intern as they complete their research project under the mentorship of a faculty member. They are instrumental in ensuring the proposed project meets the requirements of the internship program, helping interns balance research time with clinical and administrative responsibilities, and ensuring timely communication between the faculty member and intern class. The members of the research committee are not responsible for assistance in carrying out the research project unless they are the mentor for the project.

• Trainee Challenges and Social Activities: When the evaluations sub-committee or another TC/Faculty member has determined that a trainee is not progressing as expected, this committee is responsible for ensuring that
the remediation/performance improvement process and due process/grievance procedures are followed. They also work with the social work mentors to ensure that the trainee feels supported throughout the process. In addition to these responsibilities, they also help to plan and coordinate the welcome party, mid-year party, and graduation for the SHS Training Program.

**Excellence in Clinical Supervision Award**

The training committee developed the excellence in clinical supervision award in 2018.

Description: Many psychologists balance multiple roles within a hospital organization, from care provider to patient advocate and administrator to supervisor. The spirit of this award is to recognize supervisors who have excelled within this aspect of their duties, being highly regarded by their supervisees. This award reflects their dedication to providing outstanding clinical supervision exemplified by excellence in teaching, communication, collaboration, consultation, and ability to empower their supervisees. Nominees must have a supervisee within the academic training year (e.g., long term therapy, minor rotation, major rotation, residency supervision); providing didactic lectures alone is insufficient for nomination.

Criteria for nomination: Interns and residents are solicited to nominate a supervisor for the award 6 weeks prior to the end of the internship year. Trainees are requested to nominate a supervisor. The nominations are made to the training program manager and reviewed by the program manager and the director of the GME. Nominations will include the name of the psychologist, and a paragraph providing support for the nomination referencing the description of the award. In addition to the paragraph contributing to the ranking of supervisors, the following information will be taken into consideration:

1. Nominated candidates for the award will be ranked in terms of:
   a. Productivity in the training program, using the scoring system:
      i. The most productive supervisor will be given 4 points
      ii. Second place will get three points
      iii. Third place will get two points, and
      iv. Fourth place will get one point
b. Average evaluation scores from all interns and residents who worked with the supervisor for that year (including through supervision and didactics):
   i. The highest average scored supervisor will be given 8 points
   ii. Second place will get 6 points
   iii. Third place will get 4 points, and
   iv. Fourth place will get 2 points.

*If a supervisor does not have evaluation scores, the Productivity score from above will be substituted.* The total score of A and B above would set the rank order; however, the nominating paragraph may result in the supervisor with the highest “score” not being chosen given other factors not captured by quantitative data. The difference in average evaluation scores versus productivity emphasizes that the award recognizes the quality of supervisor over their productivity. However, productivity within the training program creates a meaningful contribution as well.

The previous award winners are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Awardee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Carilyn Ellis, PsyD</td>
</tr>
<tr>
<td></td>
<td>Robert Fallows, PsyD, ABPP</td>
</tr>
<tr>
<td>2019</td>
<td>Sandra Minta, PsyD</td>
</tr>
</tbody>
</table>

**Best Didactic Presentation Award**

The training committee developed the best didactic presentation award in 2019.

Description: Didactic training is an essential part of intern and resident growth and development. The ability of a speaker to involve the trainee and promote not only educational knowledge, but facilitate and empower skill should be recognized.

Criteria for nomination: Interns and residents are solicited to nominate a didactic presenter for the award. Trainees are provided with a list of the top five didactics that received the highest ratings and are asked to work as a group to choose the didactic that best embodied the award description. A short paragraph to be read aloud at the award presentation is requested.
The previous award winners are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Awardee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Alan Silver, PsyD</td>
</tr>
</tbody>
</table>
**INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**


<table>
<thead>
<tr>
<th></th>
<th>2016-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>11</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>University counseling center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Military health center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Academic health center</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>School district/system</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Unknown</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.
## 2019–2020 Cohort Interns

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Track</th>
<th>School</th>
<th>Post–Internship Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonathan Chua</td>
<td>Med/Health</td>
<td>Alliant IU/CSPP – Los Angeles</td>
<td></td>
</tr>
<tr>
<td>Khushnoo Indorewalla</td>
<td>Neuropsychology</td>
<td>William James College</td>
<td></td>
</tr>
<tr>
<td>Jacob Mills</td>
<td>Med/Health</td>
<td>Marshall University</td>
<td></td>
</tr>
<tr>
<td>Dayna Stierley</td>
<td>Med/Health</td>
<td>Pacific University</td>
<td></td>
</tr>
</tbody>
</table>

## 2018–2019 Cohort Interns

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Track</th>
<th>School</th>
<th>Post–Internship Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Fong</td>
<td>Neuropsychology</td>
<td>University of Oregon</td>
<td>Independent Primary Care Facility/Clinic</td>
</tr>
<tr>
<td>Courtney Hurd</td>
<td>Med/Health</td>
<td>University of San Francisco</td>
<td>Independent Primary Care Facility/Clinic</td>
</tr>
<tr>
<td>Kate Khoukaz</td>
<td>Med/Health</td>
<td>John F. Kennedy University</td>
<td>Other medical center or hospital</td>
</tr>
<tr>
<td>Laurie Rullán Ferrer</td>
<td>Med/Health</td>
<td>Carlos Albizu University – San Juan Campus</td>
<td>VA Medical Center</td>
</tr>
</tbody>
</table>


## 2017–2018 Cohort Interns

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Track</th>
<th>School</th>
<th>Post–Internship Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terra Bennett-Reeves</td>
<td>Med/Health</td>
<td>Pacific University</td>
<td>Other medical center or hospital</td>
</tr>
<tr>
<td>Colleen James</td>
<td>Med/Health</td>
<td>Pacific University</td>
<td>Independent Primary Care Facility/Clinic</td>
</tr>
<tr>
<td>Bella Vasoya</td>
<td>Med/Health</td>
<td>Pacific University</td>
<td>Independent Primary Care Facility/Clinic</td>
</tr>
<tr>
<td>Sarah Yassin</td>
<td>Neuropsychology</td>
<td>Nova Southeastern University</td>
<td>Independent Practice Setting</td>
</tr>
</tbody>
</table>

## 2016–2017 Cohort Interns

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Track</th>
<th>School</th>
<th>Post–Internship Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Reppeto</td>
<td>Med/Health</td>
<td>Pacific University</td>
<td>Independent Primary Care Facility/Clinic</td>
</tr>
<tr>
<td>Daniel Olsen</td>
<td>Neuropsychology</td>
<td>George Fox University</td>
<td>Academic Health Center</td>
</tr>
<tr>
<td>Christina Tuning</td>
<td>Med/Health</td>
<td>George Fox University</td>
<td>Academic Health Center</td>
</tr>
</tbody>
</table>
SUPERVISION POLICIES

APPLICATION

All Interns and Supervising/Attending Psychologists

POLICY

The purpose of this policy is to insure adequate supervision to all Doctoral Psychology Interns and psychologist residents (hereafter referred to as “trainee”) in Samaritan psychology training programs. This policy applies to trainees in Samaritan Health Services or any of its legal affiliates’ sponsored training programs; trainees enrolled in integrated or affiliated programs; and/or trainees from other teaching hospitals who are temporarily assigned to Samaritan Hospitals for clinical training purposes.

GENERAL SUPERVISION BY THE ATTENDING PSYCHOLOGIST

1. Outpatient Rotations

A. The Director of Clinical Training (DCT) has primary responsibility for the oversight and organization of his/her education program in all institutions that participate in the program. An attending psychologist who has questions or concerns regarding the supervision of a trainee in an outpatient setting should contact the DCT.

B. In the outpatient setting, the attending psychologist must be physically present or otherwise available (e.g., by phone, videoconference, etc.) in the outpatient facility and available to the trainee for consultation unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix J)
C. Trainees must be supervised by the attending psychologist in such a way that the trainee assume progressively increasing responsibility according to their level of education, ability, and experience. The level of the attending psychologist’s involvement in the examination, diagnosis and treatment of the patient will vary according to the skill level and knowledge-base of the trainee as determined by the attending psychologist. It is recommended that all patients be seen by the attending psychologist and it is required that all documentation written by trainee be reviewed by an attending psychologist.

D. The attending psychologist must determine the level of responsibility accorded to each trainee. At no time may a trainee’s scope of practice exceed the scope of practice established by his/her attending psychologist’s privileges.

E. The attending psychologist must document his/her involvement in the patient’s care in the patient’s medical record and must review the trainee’s documentation to ensure the accuracy and completeness of these records.

F. The attending psychologist will review, and countersign written documentation of history, progress notes, procedural notes and treatment discharge summaries. During the process of interacting with the trainees, the attending psychologist will ensure timely performance of patient evaluation, transcribed and written documentation, and discharge processing. This interaction will consist of meetings, telephone discussions, co-evaluations and co-treatment and assistance with technical procedures.

G. The attending psychologist will review progress notes written by trainees. Documentation of the attending psychologist's ongoing involvement in a patient's care may take the form of a note written by the attending psychologist or a note written by the trainee that is co-signed by the attending psychologist and reiterates the key portions of the assessment and plan.

H. The frequency of repeated patient interviews and examinations by the attending psychologist will be appropriate for the acuity of the patient's condition and the abilities of the trainee providing patient care.
I. The attending psychologist or a qualified designee will be available 24 hours per day for telephone discussion of patient management.

PROCEDURE
DEFINITIONS:

Supervise: To ensure oversight of care, to have ultimate responsibility for actions of those trainees being supervised.

1. Attending Psychologist /Supervising Faculty Member:
   - A licensed independent practitioner with appropriate clinical privileges who teaches and supervises trainees. A practitioner cannot serve as an attending psychologist for procedures and/or privileges for which he/she is being proctored.
   - A medical staff member who has been authorized by the DCT to teach and supervise a trainee is defined as an “adjunct faculty” and is referred to as “attending psychologist” for the purposes of this policy.

For purposes of this policy, the attending psychologist must be available to the Intern at all times both to direct patient care and to enhance the trainee’s educational experience unless otherwise established by leave procedures (please see Communication of Leave Policy, Appendix J).

2. Levels of Supervision
To ensure oversight of trainee supervision and graded authority and responsibility, the program must use the following classification of supervision. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

3. Direct Supervision: The supervising psychologist is physically present with or able to directly visualize the trainee and patient to ensure that the treatment or evaluation is performed correctly; i.e. the supervising psychologist is physically present with the trainee and patient during the treatment or evaluation.

4. Levels of Indirect Supervision:
   - With direct supervision immediately available – the supervising psychologist is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
• With direct supervision available – the supervising psychologist is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

• Oversight – the supervising psychologist is available to provide review of procedures/encounters with feedback provided after care is delivered (see Communication of leave policy; Appendix J for procedures on conducting oversight indirect supervision).

5. **Director of Clinical Training (DCT)**: A staff member who is appointed by GSRMC to direct a given training program. The DCT has primary responsibility for supervision of all aspects of the training program, including the selection and supervision of teaching faculty and trainees. The DCT has primary responsibility for ensuring the continued accreditation and/or certification of his/her training program as well as for determining the level of conditional independence delegated to each trainee.

6. **Trainee**: A psychology student enrolled in a doctoral psychology internship training program OR a psychologist resident as defined by the Oregon Board of Psychologists.
# DUE PROCESS AND APPEALS PROCEDURES

<table>
<thead>
<tr>
<th>Policy &amp; Procedure</th>
<th>Corporate</th>
<th>SLCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samaritan Health Services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Owner: Office of Medical Education</td>
<td>GSRMC</td>
<td>SNLH</td>
</tr>
<tr>
<td>Authorized by: Graduate Medical Education Committee</td>
<td>SAGH</td>
<td>SPCH</td>
</tr>
<tr>
<td>Revision #: 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## APPLICATION
All doctoral psychology interns participating in graduate training programs.

## POLICY
The purpose of this policy is to ensure that students on internship in our clinical training program, as adult learners enrolled in a Graduate Medical Education program, receive procedural due process in accordance with Academic Law. This policy is to be followed in all instances of non-renewal of the Psychologist Intern Graduate Medical Education Training Agreement or dismissal from the Internship Program. The Director of Clinical Training (DCT), in consultation with the doctoral psychology internship training committee, is responsible for making a recommendation of non-renewal or dismissal to the Director of Academic Affairs (DAA). DAA, as the primary agent for the institution sponsoring the accredited program, is responsible for the final decisions of non-renewal and dismissal. The DAA assures the interns of procedural due process in these situations.

## PROCEDURE
The following actions/sanctions are available in the remediation of an intern:

A. **Informal Feedback** (e.g., oral reprimand), which may or may not be recorded in the intern’s file.

B. **Written feedback with training committee review** (Forms 1 and 2), a copy of which must be placed in the intern’s file.

C. **Formal Performance Improvement Plan** (Forms 3 and 4), which describes the specific corrective actions and monitoring period. A performance improvement plan is not a sign of a failing trainee. It is a highly effective tool to provide trainees with clearer and defined processes to help them improve in areas where they are not meeting expected competency levels. Formation of the Performance Improvement Plan should be collaborative in involving the
intern, define the reason for the plan, reference specific competencies, include measurable objectives to track progress, and have specific intervals at which progress is to be assessed. Further, consequences of failure to complete a plan may be indicated, as appropriate, and the intern should be provided with supportive information (e.g., employee assistance program or other resources, as necessary).

D. Suspension/dismissal Notification (Forms 5 and 6), which describes the reason for and process of remediation to date and why suspension/dismissal is being considered/implemented, the terms of the suspension period (if applicable), and the conditions for reinstatement into the internship program (if applicable). An intern who is suspended will only be reinstated under a Formal Performance Improvement Plan. Suspension may be with or without wages.

Whereas the process above emphasizes the role of the primary supervisor in identifying any potential problems, the DCT and/or DAA shall also consider reports not coming directly from a primary supervisor. The DCT and or DAA shall not consider anonymous reports about an intern. However, the DCT and/or DAA is not obligated to reveal to the intern the identity of any person reporting information about possibly sanctionable events.

Should the DCT directly receive a report alleging Hospital or clinic rule violations, GME Internship Agreement violations, patient endangerment, and/or incidents of misconduct per APA ethical code and OBOP legislative rules, a review will be initiated. Upon completion of this review, the Program Director shall meet promptly with the Intern to discuss any reports which the DCT determines to have substance. The DCT will select a witness to attend this meeting and a written account of the meeting, including pertinent problem(s) identified, and the actions/sanctions to be imposed will be placed in the Intern’s file, congruent with the process identified above.

A combination of actions/sanctions may be used. Suspensions and/or dismissal may begin immediately if the DCT or DAA believes immediate action is needed to protect the quality of patient care or stable operations of the internship program and/or Hospital. Only action/sanction D may be appealed by the Intern through the following due process and appeals procedure. This action/sanction do not go into effect until the hearing is complete. An Intern who is appealing a dismissal will be placed on administrative leave pending the outcome of the hearing procedure.
The Intern may respond in writing within 48 hours to action/sanction D, which will be entered into the Intern’s file along with any action carried out by the training program.

Action/sanction D, if appealed, does not go into effect until the appeal process is completed except for those immediate suspensions/dismissals as noted above.

IMPLEMENTATION:

1. An Intern who has received notice of action/sanction D has 48 hours from receipt of this of notice to file a request for a hearing. This request must be made in writing and submitted to the DAA either in person or through certified mail. The request must explain the reason(s) for appeal and the name of the individual the Intern wants to have on the hearing committee (see #A below). Failure to file this request within 48 hours forever bars an appeal by the Intern.

A. On receipt of a request for a hearing, the DAA shall send a copy of the request to the Intern and shall confirm receipt with the Intern.
   a. Within 5 business days of receipt, the DAA shall name an ad hoc subcommittee to hear the appeal.
   b. The 6-member subcommittee shall consist of the DCT and Associate DCT, one faculty member from another program, one Chief/Senior Intern/Resident from another program, a representative for the Academic Sponsor at the request of the DAA and one Training Committee Member, faculty member or Intern selected by the Intern.
   c. Within the 5 days of receipt of the request, the DAA will notify the Intern of the membership of the subcommittee.
   d. The committee will be Chaired by either the DCT or Associate DCT.
   e. The DAA shall request the record of the meeting at which the sanction was given and other supporting data from the DCT and distribute it to the committee members.

B. Within 5 business days of notification of the intern regarding membership of the subcommittee, the subcommittee shall meet to hear the appeal. The hearing proceedings will also include the DAA and HR Director (as observers) and a staff member to record the meeting. The hearing will be closed to all other individuals.
   a. The hearing will consist of a presentation by the DCT and a presentation by the Intern.
b. The committee will be asked to make their final decision, to the best of their ability, based upon the information provided in response to the following questions:

1. Was the Intern’s performance judged using the same criteria and methods (e.g., instruments, forms, meetings, etc.) as those used for other Interns in the program?

2. Was the Intern notified of the specific deficiencies or problems needing correction?

3. Was the Intern given an opportunity to be heard or correct the deficiencies/problems?

4. Was the Intern placed on a Formal Remediation plan which included a Performance improvement Plan? (If not, the DCT must provide an explanation for that decision)

5. If the Intern was placed on a Formal Performance Improvement Plan, was the Intern’s performance re-evaluated according to the terms of this Plan?

6. Was the action/sanction appropriate in light of the Intern’s overall performance and/or actions?

c. The Intern may also introduce written documents and/or individuals who will provide testimony that is specifically related to one or more of these six questions.

d. The Intern is not entitled to legal representation during the hearing.

e. The subcommittee has the right to question both presenting parties and any individuals who are appearing at the request of the Intern.

C. Immediately following the hearing, the subcommittee will meet in executive session to determine its recommendation. A majority of the members of the subcommittee must support a recommendation in order for it to be enacted. The subcommittee is limited to making one of the following recommendations:
1. Upholding the action/sanction, with or without suggestions for the DCT and faculty.
2. Naming an action/sanction of lesser severity with specific reasons for this new plan;
3. Withdrawing the action/sanction at this time and citing specific reasons based upon the information gathered during the hearing. An alternative action/sanction may or may not be recommended.

The Subcommittee Chair will submit a written report with the recommendation to the DAA within 24 hours of the hearing’s conclusion.

A. The DAA will take the subcommittee’s report and make a final determination within 24 hours of receipt of this recommendation. Within three days of the Ad-hoc Committee meeting, the DCT and the Intern shall be informed of the DAA’s final decision regarding the non-renewal or dismissal. The DCT will file a copy of all reports and notifications of action in the Intern’s personnel file.

B. A formal report will be presented, by the Subcommittee Chair, as an informational item at the next regular Training Committee meeting. The report will provide the subcommittee’s recommendation and the reasons for it. This written report will be entered in the minutes. The DAA will also discuss his/her use of the subcommittee’s recommendation in reaching the final decision.

C. A record of the hearing and the Subcommittee’s report will be kept in the GME Office. In addition to notifying the Intern and DCT in cases of non-renewal or dismissal, the DAA will also notify all appropriate regulatory and/or accreditation agencies.

E. Notice of sanction, hearing request and date/time, as well as the final decision must be given by personal service (i.e., in person) or by first class, certified mail.

DEFINITIONS:
For purposes of this document, an actionable/sanctionable event is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability
to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.
APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY

This policy outlines the selection and recruitment procedures set forth by the Samaritan Health Services Psychology Internship (SHSPI) Training Program.

PROCEDURE

SHSPI currently offers 3 full-time positions, 2 in health psychology track and 1 in neuropsychology track. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org).

Application Timeline

APPIC Program Codes for the Match:

- Health Psychology: 236112
- Neuropsychology: 236113

The deadline for application submission is November 15th.

Applicants will be notified of their interview status by November 29th.

A complete application consists of the following materials:

1. A completed Online AAPI (APPIC’s standard application)
2. Cover Letter addressing goodness of fit (as part of AAPI)
3. Current Curriculum Vitae (as part of AAPI)
4. Three Standardized Reference Forms, two of which must be from people who have directly supervised your clinical work (as part of AAPI)
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Samaritan Health Services Psychology Internship will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. Have a breadth of previous clinical experience, with more weight given to those at an advanced level. Requirements include:
   a. A minimum of 100 assessment hours
   b. A minimum of 350 intervention hours
2. For the health psychology track, preference will be given to applicants with:
   a. 500 hours of direct intervention experience.
3. For the neuropsychology track, preference will be given to applicants with:
   a. 250 hours of assessment experience and
   b. 15 completed comprehensive neuropsychology reports.
4. Dissertation proposal defended
5. Current enrollment and good standing in an APA-accredited doctoral program
6. Some experience or special interest in working in integrated care settings
7. Some experience or special interest in working in rural health settings and/or with underserved populations

In addition to the preferences listed above, SHSPI values the unique contributions that individually and/or culturally diverse interns provide within training and work environments. The Training Committee encourages diverse applicants to apply. In addition, SHSPI takes into consideration the potential commitment or interest of any prospective interns to remain with SHS following internship. Developing a strong behavioral health workforce is an important consideration for SHS, and an interest in remaining in SHS is considered a benefit in a potential intern.

All complete applications received by the stated deadline are screened by Samaritan Health Services Psychology Internship’s Training Committee using a standard Intern Application Rating Tool and evaluated for goodness of fit with the internship program. At least two members of the Training Committee review and score each application. The Training Committee holds a section meeting to determine which
applicants to invite for an Interview Open House based on rated applications. Applicants are notified of their interview status by November 29 and in-person interviews are held in January. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions as appropriate.

**Open House/Interview Process**

As noted, qualified applicants will be invited to an Interview Open House. This will be scheduled over a **1-day** period and involves the applicant selecting a **full day** where they will meet internship program staff and supervisors, participate in an interview with program supervisors, tour at least one of the program clinical sites, and be able to ask questions of their own regarding the program. Phone and/or Skype based interviews can be arranged on a separate day in cases where applicants are unable to meet in-person (neither medium is weighted more highly than the other). Regardless of the forum, intern responses are rated in four categories on a standardized Intern Interview Rating Tool.

The Training Committee holds a meeting within two weeks of the final interviews being completed in order to determine final applicant rankings. The overall rank of each intern takes into account the scores on the Intern Application Rating Tool, the Intern Interview Rating Tool, and the composite score of both tools. Further discussion of applicants allows for any fine tuning of the rank order and consideration of any “do not rank” decisions. The rank order list is finalized by consensus among the Training Committee members. SHSPI then submits these rankings to the National Matching Service. The internship participates in the APPIC Match process and agrees to abide by the APPIC Match policy that no person in this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

SHS requires all matched interns to provide proof of citizenship or legal residency and they must successfully pass a background check before beginning their internship training at SHS. SHS will consider information gleaned from the background check on a case by case basis, looking at a variety of factors including the nature of a conviction, relevancy to the position, length of time since conviction, age at time of conviction, education and employment since conviction, etc. In addition, interns must provide results from a tuberculosis (TB) screening test from the previous 12-months as well as complete a drug test. Instructions for providing this information and completing the background check, drug test, and
TB screening will be sent out to all who match after the match is complete. If an intern does not meet these criteria, the match agreement will be terminated and the intern will not be allowed to complete their internship within SHSPI.

Questions regarding the application or interview process may be directed to the SHSPI Director of Clinical Training, Dr. Michael Herman (mherman@samhealth.org), or to the Associate Director of Clinical Training, Dr. Robert Fallows (rfallows@samhealth.org).
EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION

All employees of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

It is the policy of SHS to provide equal employment opportunities in accordance with applicable laws against discrimination. Applicants to, and employees of, SHS are protected under Federal, State, and local law from discrimination on the following bases: race, color, national origin, religion, disability (in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act), age, sex (including pregnancy, sexual harassment, sexual orientation, gender and gender identity, and sex as it pertains to the determination of wages), family relationship (other than per the SHS Nepotism and Reporting Relationships Policy), veteran status, injured worker status, and the use of genetic information.

This policy prohibits retaliation against employees who file a complaint, participate in an investigation, or report observing discrimination or other unlawful employment practice.

PROCEDURE

DEFINITIONS:

None.

IMPLEMENTATION:
The Vice President of Human Resources is designated as the specific individual responsible for coordinating all issues relative to Equal Employment Opportunity (EEO). The duties and responsibilities under this function include, but are not limited to:

a. Analysis of annual EEO reports including any appropriate recommendations to administration.
b. Assisting employees and management with any complaints or problems relating to EEO matters.
c. Assisting with assurance of SHS compliance with any applicable Federal or State EEO regulations, including the monitoring of required statements to job applicants on employment application materials, and the posting of required laws and reporting methods to all employees on an annual basis, and as updates in law occur.

2. Management and supervisory personnel have the responsibility to immediately report all EEO complaints or problems to their Human Resources Director, Vice President of Human Resources, or CEO/designee.

REFERENCES

- SHS Harassment Free Workplace Policy.
- SHS Nepotism and Reporting Relationships Policy.
APPENDIX E – HARASSMENT FREE WORKPLACE

Policy & Procedure

Owner: Office of Medical Education
Authorized by: Graduate Medical Education Committee
Revision #: 1

HARASSMENT FREE WORKPLACE

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

SHS believes that all employees have a right to work in an environment where the dignity of each individual is respected. For this reason, SHS expects all employees to accomplish his/her work in a business-like manner with concern for the wellbeing of co-workers. We prohibit harassment of one employee by another employee, regardless of their working relationship or supervisory status, or others conducting business with SHS (e.g. vendors, suppliers, volunteers, etc.). It is the policy of Samaritan Health Services that all employees are able to work in a setting free from all forms of unlawful discrimination, including harassment, on the basis of race, color, religion, gender (sex), national origin, age, sexual orientation, gender identity, disability or retaliation.

PROCEDURE

DEFINITIONS:

1. Harassment: Harassment is the verbal or physical conduct that demeans or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability, or that of his/her relatives, friends, or associates, and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; (2) has the purpose or effect of unreasonably interfering with an individual’s work performance; or (3) otherwise adversely affects an individual’s
employment opportunities. Harassing conduct includes, but is not limited to, the following: (1) epithets, slurs, negative stereotyping, demeaning comments or labels, or threatening, intimidating or hostile acts to relate to race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and (2) written or graphic material that demean or show hostility or aversion toward an individual or group because of race, color, religion, gender, national origin, age, sexual orientation, gender identity, or disability and that is placed on walls, bulletin boards, computers, or elsewhere on the employer’s premises, or circulated in the workplace.

A. Off Duty/Off-Premises Conduct- This prohibition against harassment also applies to off-duty, off premises conduct if the conduct has an adverse effect on the employee’s work environment.

2. Sexual Harassment: Sexual harassment is a form of gender (sex) discrimination. The Equal Employment Opportunity commission has defined sexual harassment as follows: “Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment,
B. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
C. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Prohibited sexual harassment may include, but is not limited to, sexual jokes, calendars, posters, cartoons, magazines, derogatory or physically descriptive comments about or towards another employee; sexually suggestive comments; inappropriate use of company communications including email and telephone, unwelcome touching or physical contact; punishment or favoritism on the basis of an employee’s sex; sexual slurs; negative sexual stereotyping.

3. Retaliation: Any adverse action(s) taken against someone for reporting discrimination/harassment or participating in an investigation into discrimination/harassment.

Harassment and retaliation will not be tolerated in our workplace. This prohibition against harassment and retaliation also applies to off-duty;
off-premises conduct if that conduct has an adverse effect on the employee’s work environment.

IMPLEMENTATION:

SHS encourages employees to resolve interpersonal concerns directly and appropriately whenever possible. This step is not necessary. If the issue(s) persist, or if you don’t feel comfortable addressing the person(s) directly, please follow the reporting process below. If you believe you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, or (2) to the Human Resources Department, or (3) to the Compliance Department. You may report harassment to the Human Resources Department or Compliance Department without first contacting your supervisor. Samaritan Health Services will take no action against an employee who in good faith reports harassment to the company or who participates in an investigation. Such retaliation will not be tolerated in our workplace.

Managers and supervisors who have observed behavior or overheard comments that raise concerns regarding compliance with this policy should promptly contact Human Resources.

Students and Observers:

If you believe that you have been harassed, report the harassment immediately. The report should be either (1) to your supervisor, assistant or associate directors of clinical training, director of clinical training, Office of Medical Education, or Professional Development, or (2) to the Human Resources Department if an employee is involved, or (3) to the Compliance Department.

Reports of harassment or retaliation will be investigated fairly. All employees are required to fully cooperate with investigations. SHS will attempt to maintain confidentiality, consistent with the need to conduct an adequate investigation and to take prompt corrective action in response to any harassment or retaliation. Any supervisor or other employee found in violation of this policy will be subject to corrective action up to and including termination. While every effort will be made to investigate and resolve sexual harassment complaints lodged in good faith by employees, management prohibits claims that an employee knows are false, or made with the intent to
take revenge against or otherwise harm another employee. Employees, who
make such accusations, knowing they are not justified by the facts, are
subject to corrective action up to and including termination.

REFERENCES

• None.
DIVERSITY AND NON-DISCRIMINATION POLICY

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY/PROCEDURE

Samaritan Health Services Psychology Internship (SHSPI) strongly values diversity and this value is explicitly reflected in multiple areas of the internship including efforts to recruit and retain diverse interns and staff members, create an inclusive and affirming work environment, and effectively train interns to skillfully navigate individual and cultural diversity issues within all aspects of their professional lives.

SHSPI welcomes applicants from diverse backgrounds. The internship believes that diversity among interns, supervisors, and staff members enriches the educational experience, promotes personal and professional growth, and strengthens communities, both in the workplace and beyond. As such, the Training Committee provides equal opportunity to all prospective applicants and does not discriminate based on race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and expression, or any other factor that is irrelevant to success as a psychology trainee and/or staff member. The Training Committee approaches diversity recruitment proactively, with ongoing discussions about ways to increase the visibility and attractiveness of the internship among diverse applicants. Applicants are evaluated in terms of quality of training, clinical experiences and goodness of fit with the program. Of note, in considering “goodness of fit,” SHSPI reflects upon each applicant as a unique individual and considers what perspectives, experiences, knowledge, and
skills they may add to the program, rather than looking for applicants who fit a mold of existing interns and/or staff members.

In addition, SHSPI works to create a welcoming, inclusive, and affirming environment that allows a diverse range of interns and staff members to feel respected and supported both personally and professionally. Efforts are made to create a climate in which all employees feel valued and comfortable, removing potential barriers for their success in the workplace. SHSPI believes this effort must be ongoing and prioritized. Interns and staff members are routinely encouraged to engage in self-reflection related to diversity, acknowledge and discuss issues of diversity, and provide one another with formal and informal feedback related to diversity efforts and the climate of the workplace.

Finally, SHSPI maintains a required profession-wide competency in individual and cultural diversity. Diversity experiences and training are interwoven throughout the training program to ensure that interns are both personally supported and well trained in this area. These experiences include (but are not limited to) provision of interventions and assessment to diverse populations, an emphasis on diversity issues in supervision, and didactic seminars on diversity-related topics.
WAGES, BENEFITS, AND RESOURCES POLICY

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY/PROCEDURE

The annual wages for all Samaritan Health Services Psychology Internship (SHSPI) trainees total $25,500. Wages are paid on an hourly basis and interns are eligible for overtime, but are encouraged to work no more than 40 hours per week. Interns will conduct training at Samaritan Health Services, and will receive health benefits similar to employed medical and professional practitioners, as well as 20 days of Paid Days Off (PDO), through their training site which includes paid holidays. Intern’s PDO usage is monitored through program administration. Time taken in excess of the allotted PDO must be approved by the aDCT and DCT and will not be paid unless it is considered time for continuing education or residency interview. There is a four-day cap to the number of days paid when used in this manner.

In addition, interns accrue a maximum of 80 hours of Oregon Sick Leave throughout the academic year. This is accrued at a rate of 1 hour for every 30 hours worked and interns are only able to use hours they have accrued, starting 90 days after hire. Further, interns can only use 40 hours of Oregon Sick Leave within one calendar year. Questions regarding specific benefits packages can be directed to SHS’s Human Resources department, at hrghdistrib@samhealth.org.

SHSPI interns have access to numerous resources. In most cases, interns are provided with a private office space. In circumstances where a private office space
is not available, there is a dedicated workspace for the intern (i.e. exam room with workstation). All interns receive a laptop computer for use through the training year. All workspaces have access to a printer and most have access to a private phone. Assessment and other training materials are provided by each training site, and additional materials that may be needed may be purchased with Training Committee approval. Each intern additionally has access to administrative and IT support through their primary training site.
APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY/PROCEDURE

Samaritan Health Services Psychology Internship (SHSPI) requires that interns demonstrate minimum levels of achievement across all training competencies and training elements, as outlined in the internship manual. This policy/procedure provides a formal description of that process.

Interns are formally evaluated by their primary supervisors throughout the training year. For major and (if any) minor rotations, this occurs at the end of each 4-month block. For long term therapy cases, evaluation occurs at 6 and 12 months. Evaluations are conducted using a standard rating form that includes comment spaces where supervisors include specific written feedback regarding the interns’ performance and progress. The evaluation form includes information about the interns’ performance regarding all of SHSPI’s expected training competencies and the training elements. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. Once reviewed, the intern and supervisor sign the evaluation and a copy is provided to the Training Director.

A minimum level of achievement on each evaluation is defined as a rating of “3” for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1= Limited Development, 2= Below Expected Level, 3= At Expected Level, 4= Above Expected Level, 5= Advanced Level. If an intern receives a score less than 3 on any competency, or if supervisors have reason
to be concerned about the student’s performance or progress, the program’s Due Process and Appeals Procedures are initiated. The Due Process guidelines can be found in the SHSPI Intern Handbook. Interns must receive a rating of 3 or above on all competencies and training elements to successfully complete the program.

Additionally, all SHSPI interns are expected to complete 2080 hours of training during the internship year, which includes time in clinic, PDO, Oregon Sick Leave, and DCT/aDCT approved unpaid time off. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the Training Director in a secure digital file. Feedback to the interns’ home doctoral program is provided, at a minimum, twice per year including planned contact at the mid- and endpoints of the training year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process and Appeals Procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns’ progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by SHSPI as a result of the Due Process and Appeals Procedures, up to and including termination from the program.

In addition to the evaluations described above, interns must complete an evaluation of their supervisors at the end of each rotation, as well as a program evaluation at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program. All evaluation forms are available in the SHSPI Intern Handbook.
APPENDIX I – GRIEVANCE PROCEDURES

APPLICATION

All doctoral psychology interns participating in graduate training programs.

POLICY/PROCEDURE

Grievance Procedures are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or the internship training program. These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

IMPLEMENTATION:

Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Director of Clinical Training (DCT) in an effort to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the DCT. If the DCT is the object of the grievance, the grievance should be submitted to the associate Director of Clinical Training (aDCT). The grievance will then be reviewed by the DCT or aDCT for appropriateness in use of the grievance procedure, understanding that there are sometimes where simple miscommunication or other factors may have resulted in activation of the grievance procedure when other means may be better suited to
solve the dilemma. At this time, it will also be decided by the DCT/aDCT if the intern should be temporarily re-assigned for their rotation while the grievance policy and procedure is in place. Should the grievance have merit for use of the grievance policy and procedure, the individual being grieved will be provided the written grievance and be asked to submit a response in writing.

The DCT (or aDCT, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the DCT or aDCT may wish to meet with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

- a) the behavior associated with the grievance;
- b) the specific steps to rectify the problem; and,
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The DCT or aDCT will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the DCT or aDCT in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the DCT or aDCT member will convene a review panel consisting of him/herself and at least two other members of the Training Committee within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be immediately turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the DCT or aDCT member. The intern and the individual being
grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.
COMMUNICATION OF LEAVE POLICY

APPLICATION

All employees, students, contract/agency personnel of Samaritan Health Services (SHS) affiliated with the medical psychology training program.

POLICY

It is the policy of SHS that any trainee, regardless of status, should have a plan in place should they or their supervisor not be available. This will prevent misunderstandings regarding leave and coverage, ensuring good patient care and available supervision by appropriately licensed providers. There may be times where this is additive to the regulations of the Oregon Board of Psychologist Examiners (OBPE) and their adopted ethical code from the American Psychological Association (APA). However, while OBPE and APA lay out ethical obligations for supervision, this policy specifically addresses effective communication within this program to better ensure good patient care and the program’s success within SHS.

PROCEDURE

DEFINITIONS:

1. Supervisor availability is NOT restricted to a certain amount of time. Rather, it is dependent upon the situation that the supervisor and/or trainee will be in during the absence. That is, this policy should be enacted for any time that a supervisor is unavailable.
   a. Unavailable means not readily accessible by phone (e.g., driving through a pass where there is patchy service) AND/OR not readily able to respond (i.e., in person at the clinic within less than 30 minutes).

IMPLEMENTATION:
1. Supervisor Leave
   a. Supervisor is required to send an email that identifies:
      i. When and for how long they are out of the office
      ii. Who is providing coverage for their trainee(s)
      iii. Whether or not formal supervision is covered by them or the covering psychologist, and
      iv. Who the “on the ground” psychologist will be in case of need for immediate response
      v. That additional trainee and program support can be provided by the Director of Clinical Training (DCT) and/or Associate Director of Clinical Training (aDCT)
   b. The email should be addressed to:
      i. Trainee(s)
      ii. Clinic Manager/Front office manager
      iii. DCT/aDCT
      iv. Medical Psychology Program Manager
      v. Identified covering “on the ground” psychologist
      vi. Identified psychologist covering formal supervision, if different from on the ground psychologist
   c. A template for this email and steps to create a Microsoft Outlook “quick step” is located on the PsychologyIntern drive within SHS.

2. Trainee Leave
   a. Trainee is required to send an email (with 2 weeks’ notice, unless it is an urgent situation) that identifies:
      i. Dates requested, identifying last full day in clinic and first full day back in clinic
      ii. Whether or not formal supervision is affected. If it is, then identify when the next supervision will occur.
   b. This email should be addressed to:
      i. Supervisors during leave period
      ii. Clinic Manager/Front office manager for clinics impacted by leave period
      iii. DCT/aDCT
      iv. Medical Psychology Program Manager
   c. A template for this email and steps to create a Microsoft Outlook “quick step” is located on the PsychologyIntern drive within SHS.
APPENDIX K – SPECIAL REVIEW PROCESS

Policy & Procedure

Samaritan Health Services

Owner: Office of Medical Education

Authorized by: Graduate Medical Education Committee

Revision #: 1

SPECIAL REVIEW PROCESS

APPLICATION

All psychology training programs (i.e., internship and residency) under the Sponsoring Institution: Samaritan Health Services (SHS).

PURPOSE

The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review process.

POLICY:

The GMEC will establish criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

PROCEDURE:

The GMEC may identify underperformance through the following established criteria, which may include, but are not limited to, the following:

Program attrition

1. Change in program director more frequently than every 2 years.

Loss of major education necessities

1. Major departmental structural change

Recruitment performance

1. Unfilled positions for three consecutive years
Evidence of scholarly activity (excluding typical and expected departmental presentations)

1. Graduating trainees – failure to complete required research activities as outlined in training manuals.

2. Faculty (Core) – failure to participate in didactics or providing support to research

Review surveys and evaluations

1. Indications of program concerns through informal mid-rotation surveys of supervisor performance conducted by social workers interviewing trainees

2. Indications of program concerns through external evaluation of programs

3. Indications of program concerns through other evaluation forms routinely collected by programs, including: evaluation of supervisor, review of program, etc.

Non-compliance with accreditation/membership responsibilities

1. Failure to submit milestones data to the APA

2. Failure to submit data to requesting organizations or GMEC (APPIC)

Negative APA accreditation status change

1. Unresolved citations or new citations or other actions by the APA resulting from annual data review or other actions

Special Review:

A special review may occur when:

1. A severe and unusual deficiency in any one or more of the established criteria

2. There has been a significant complaint against the program

3. As periodically determined by the Designated Institutional Official (DIO)

A Program Oversight Subcommittee will be assembled and schedule a Special Review in a timeframe as determined by the DIO and will consist of members as
determined by the DIO. The Program Oversight Committee will present a report to the GMEC for review and approval.

The Program Oversight Subcommittee will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

**Monitoring of Outcomes**

The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.

1. **REVIEW/REVISION HISTORY**

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APPENDIX L: CRITICAL PATIENT INCIDENT POLICY

APPLICATION

All doctoral psychology trainees participating in graduate training programs.

POLICY/PROCEDURE

Samaritan Health Services Psychology Training Programs recognizes that there are a number of critical incidents that can occur in providing care to patients. These can include, but are not limited to: patient suicide, patient committing homicide, clinician/trainee being threatened or harmed, clinician/trainee death or disability, patient being murdered, and patient death from medical complications. When these critical incidents arise, they have the potential to create a significant emotional reaction that can potentially compromise the trainee and/or supervisor. Proactive and thoughtful care of the trainee and supervisor after such a critical incident is imperative for the well-being of the trainee and supervisor.

After a critical incident, the following measures should be taken, divided into objectives for the supervisor and for the trainee:

1. Supervisor
   A. Consideration of canceling patient care for the remainder of the day and notification of the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health by phone.
I. Supervisors and trainees may feel that canceling their clinic for paid administrative leave is not necessary in some situations (e.g., expected patient death in hospice care, death due to medical complications, etc.) and this should be taken on a case by case basis.

II. Other times, there is a mandatory need to cancel clinic (e.g., patient suicide/homicide, clinician/trainee death/disability, etc.) in order to ensure the supervisor and trainee receive the support they need. This decision will be made by the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health in discussion with the supervisor. In these situations, the supervisor may be provided up to 3 days of paid administrative time, not to be taken out of their authorized time off (ATO) or paid time or days off (PTO/PDO).

   a) Three days is the maximum amount of time available given the importance of re-engaging in clinical care to address self-confidence and decrease anticipatory anxiety (Ellis, 2012). The amount of time taken shall be decided on a case by case basis by the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health in discussion with the supervisor.

B. The Medical Director of Behavioral Health and/or the supervisor will contact the Director of Clinical Training if a trainee was involved in the patient’s care OR there is a trainee on rotation, even if they are not involved in that patient’s care.

I. The Director of Clinical Training will contact the associated Assistant Director of Clinical Training for that level of trainee.

   a) If the trainee was involved in the patient’s care, then the critical incident procedures for the trainee should fall into place (see below)

   b) If the trainee was not involved in the patient’s care, but is on rotation, then the Director of Clinical Training will ensure that they are appropriately de-briefed on why their primary supervisor is not on site and will ensure that coverage is provided for the trainee in line with the Communication of Leave Policy (Appendix J). Samaritan Health Services leadership recognizes that a traumatic event does not have to occur to a patient in direct care of the supervisor or trainee to impact them. As such, the trainee or supervisor may still necessitate a leave of absence and this should be evaluated on a case by case basis by the Medical Director for Behavioral Health and the
Operations Manager for Behavioral Health in discussion with the supervisor.

C. Medical Director for Behavioral Health and the Operations Manager for Behavioral Health will determine if a notification to Risk Management needs to be made (e.g., patient homicide or suicide). If a report needs to be made, it should be done within the first 12 hours of the event.

D. During the first 24 hours, the Medical Director of Behavioral Health will reach out to the supervisor by phone to ensure that the supervisor has some support network around them, to possibly include friends and family members.
   I. Institutional resources should be provided, including access to the Chief Wellness Officer and the Employee Assistance Program.

E. Within the first 72 hours, the Medical Director of Behavioral Health will meet with the supervisor one on one and conduct a clinical review. The goal of this clinical review is “not only evaluating quality of care and determining whether there are deficiencies in need of correction, but also consideration of the emotional impact of the event on employees and providing support through the review process itself” (Ellis & Patel, 2012; p. 284)
   I. At this time, the Medical Director for Behavioral Health and the Operations Manager for Behavioral Health, with support of the individual clinic, will determine with the supervisor which family members should be contacted and how. Specifically, in discussion with risk management, determination will be made as to whether a release of information is needed. Further, factors for contacting family members should include known family dynamics.
   II. Should family members want to seek behavioral health services, the supervisor impacted by the patient suicide should not provide the therapy. Rather, a therapist within the same community should be provided as a resource, as appropriate.

F. Within the first 72 hours, the Medical Director of Behavioral Health and the Operations Manager for Behavioral Health will create a peer selected panel based on the supervisor’s preference to provide a de-identified review. This panel should meet within the first week after the event and priority to should be given to this meeting over clinic schedule, within reason accounting for patient severity/needs.
   I. The de-identified case review will be informally reviewed in this meeting, but in far less detail. The goal of this meeting is to provide support to the supervisor with a focus on sharing experiences, as appropriate, normalizing thoughts/emotional reactions, and forming a supportive network of peers for the supervisor to access as needed. If appropriate, as determined by
the supervisor and Medical Director of Behavioral Health, an abbreviated case review can be sent out in advance of this meeting to prepare attendees.

G. As noted above, the supervisor should return to work within the first week of the incident; however, the time duration allotted for this should be individualized to the needs of the clinician. Upon return to work, there should be a reduced clinical load that is slowly increased, as appropriate. The Medical Director for Behavioral Health and the Operations Manager for Behavioral Health will work with clinic leadership to help accomplish this. Further, these individuals should continue to check in by phone or in person with the supervisor to monitor their progress until they return to a full, clinical schedule.

H. Two weeks after the clinician has returned to their regular clinical schedule, the clinician and Medical Director for Behavioral Health and the Operations Manager for Behavioral Health should meet with the Director of Clinical Training. The goal of this meeting will be to review the processes of contained in this policy and help to refine any gaps that were observed.

2. Trainee

I. If the trainee was involved in the patient care, they may be provided up to 3 days of paid administrative time (unless they are a practicum student, for which no paid time will be provided but time off may still be required), not to be taken out of their authorized time off (ATO) or paid time or days off (PTO/PDO).

   I. The same procedures as described in the supervisor section (1-A-I to 1-A-II) regarding optional versus required time off and time frame to return to work apply for trainees.

J. The Director of Clinical Training and associated Assistant or Associate Director of Clinical Training (as appropriate) will contact the supervisor and determine the appropriate sequence to contact the trainee in, being mindful of supporting but not overwhelming the trainee.

II. Contact should be made daily by one agreed upon representative of the training program until the trainee returns to clinic. A focus on support system around the trainee should be briefly explored on the phone call, and resources available to the trainee including the Director of Academic Affairs and the Employee Assistance Program (if appropriate) should be offered.

III. If the trainee is a practicum student, the Director of Clinical Training and the Assistant Director for Practicum Training should contact the Director of Clinical Training and/or track mentor of the university to inform them.
K. After the clinical review has been conducted between the supervisor and the Medical Director of Behavioral Health, a clinical review will be conducted with the supervisor and trainee at a minimum. Dependent on the situation, the Director of Clinical Training and/or Assistant Director of Clinical Training may also be a part of this process.

IV. If the Director of Clinical Training or Assistant Director of Clinical Training is not included in the clinical review, they should have a separate meeting to follow up with the trainee.

L. Within the first 72 hours, the Director of Clinical Training will create a peer selected panel based on the trainee’s preference to provide a de-identified review. This panel should meet within the first week after the event and priority to should be given to this meeting over clinic schedule, within reason accounting for patient severity/needs.

V. Trainees may choose a small set of peers from their cohort, across different levels of psychology training, or across different training programs within the Samaritan system. Social work mentors should also be considered as possible attendees, based on trainee preference.

VI. The de-identified case review will be informally reviewed in this meeting, but in far less detail. The goal of this meeting is to provide support to the trainee with a focus on sharing experiences, as appropriate, normalizing thoughts/emotional reactions, and forming a supportive network of peers for the trainee to access as needed. It is emphasized that this is a non-evaluative process.

M. The trainee should return to work within the first week of the incident; however, the time duration allotted for this should be individualized to the needs of the trainee. Upon return to work, there should be a reduced clinical load that is slowly increased, as appropriate. The supervisor and Director of Clinical Training should continue to check in by phone or in person with the trainee to monitor their progress until they return to a full, clinical schedule.

N. Two weeks after the trainee has returned to their regular clinical schedule, the trainee, supervisor, and Medical Director for Behavioral Health and the Operations Manager for Behavioral Health should meet with the Director of Clinical Training and associated Assistant Director of Clinical Training. The goal of this meeting will be to review the processes of contained in this policy and help to refine any gaps that were observed.
REFERENCES


**REVIEW/REVISION HISTORY**

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I acknowledge that I have received, reviewed, understand, and agree to abide by the Samaritan Health Services Psychology Internship Program’s (SHSPI) handbook and protocols, relevant SHS policies, and relevant ethical and specialty guidelines.

___ Psychological Intern Graduate Medical Education Training Agreement

___ Two copies (one for SHS and one for self)

___ Health History Questionnaire

___ Employee Orientation Checklist

___ SHSPI Handbook:
  ___ Mission
  ___ Training model and philosophy
  ___ Profession-Wide and Program-Specific Competencies

___ SHSPI Evaluations Package
  ___ SHSPI Evaluation of Intern Agreement
  ___ SHSPI Mid-Rotation Evaluation of Intern
  ___ SHSPI End of Rotation Intern Evaluation
  ___ Mid-Rotation Evaluation of Clinical Supervisor with DCT/aDCT
__ End of Rotation Evaluation of Clinical Supervisor

__ Didactic Evaluation Form

__ SHSPI Policies:
__ Supervision Policy
__ Due Process and Appeals Procedures Policy
__ Forms 1-6 regarding Due Process and Appeals Procedures Policy
__ Selection and Academic Preparation Requirements Policy
__ Grievance Procedures Policy
__ Wages, Benefits, and Resources Policy
__ Intern Evaluation, Retention, and Termination Policy
__ Diversity and Nondiscrimination Policy
__ Critical Patient Incident Policy

__ SHS Policies:
__ SHS Grievance Procedures
__ SHS Harassment Free Workplace
__ SHS Equal Employment Opportunity

__ Relevant Ethical and Specialty Guidelines:
__ APA Ethical Principles of Psychologists and Code of Conduct
__ Division 40/Houston Conference Guidelines for practice of neuropsychology
In signing below, I also acknowledge that I have been provided with a hard copy of the above listed documents for my files.

_________________________________________
Printed Name

_________________________________________
Signature

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Date