Intern Handbook
Psychology Internship in Health Service Psychology
Boston Children’s Hospital, a teaching hospital of Harvard Medical School

Training Year: July 1st, 2019 - June 30th, 2020

Director of Training
Chief of Psychology
Eugene J D’Angelo, PhD, ABPP
eugene.dangelo@childrens.harvard.edu

Program Coordinator
Carol L Berne
carol.berne@childrens.harvard.edu

Director of Training Emerita
Jessica Henderson Daniel, PhD, ABPP

APA Accreditation Information:
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 First Street NE
Washington, DC 20002
202-336-9979
Email: apaaccred@apa.org
Welcome to all of our new Psychology Interns,

We welcome you to Boston Children's Hospital, a teaching hospital of Harvard Medical School’s Psychology Internship Program for what we anticipate will be a very meaningful training year. We trust that you will find the program a great learning experience, a collegial atmosphere, and an environment to both increase your competencies in a broad range of clinical areas (locations and diagnoses) and to provide you with opportunities to acquire new skills. Through both instruction and training, the program aims are to help you reach these goals and to contribute to the recognition of your potential as a psychologist.

The Boston Children’s internship in psychology has a rich tradition of clinical training that dates back to the early 1950’s. Our 66th internship class will graduate on June 30th, 2018. Over the past six decades, many interns have graduated from the program. We remain in contact with most of these individuals long after they have completed the program. Graduates from our program live and work both throughout the country and internationally. Nevertheless, we see ourselves as a “family” of individuals who have shared common experiences here at Boston Children’s.

So, welcome to our "family" and may your internship be productive, stimulating, and a truly meaningful experience.

This manual provides you with the basic materials about our training program: its mission and goals; contact information for all staff members and administrators; and, the orientation schedule for the coming week. It is important to note that this information is primarily an introduction to the program. Other manuals will provide you and with the procedures followed in the various services. Consider this manual to be a starting point
with useful information that will be relevant to your entry into the Hospital. You may need to refer back to throughout the year.

The two most important supplemental manuals that detail the procedures for the various services where you will be training are the following:

1. The Outpatient Psychiatry Service Manual details all procedures for outpatient services (Medical Coping, Psychosocial Treatment Services, and Developmental Neuropsychiatry Clinic) and will be available on SharePoint. Please feel free to review it at any time. Both trainees and staff members access this information with regularity.

2. The Emergency Department Manual details all procedures for managing behavioral health services provided in the Emergency Department. When you begin that rotation, you will be provided with a copy of the manual. An extra one is available at the Mental Health Service Station in the Emergency Room.

3. Different services of the Department have manuals that you will have access to as you undertake those training rotations. The supervisors and program directors are responsible for sharing those with you when you are oriented to those services.

We ask that you not be overwhelmed by the number of different forms and procedure manuals that you will encounter in this large hospital system. We will help you learn about the way each service operates. We ask that you be patient with yourselves in this process, since from our own experience, we realize that it takes time to become truly comfortable with how various training settings operate. Please feel free to ask questions…to ask the same question repeatedly if you need to…it is something that all program directors and supervisors invite you to do in the training program.

Again, welcome to Boston Children’s and Harvard Medical School. We are delighted that you are joining us for this year.

Sincerely,

Eugene J. D’Angelo, PhD
Chief, Division of Psychology
Director of Training in Psychology
Linda and Timothy O’Neill Chair in Psychology
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Health Service Psychology Internship Program  
Boston Children’s, a teaching hospital of Harvard Medical School  
2019-2020

Boston Children’s is the primary pediatric teaching facility of the Harvard Medical School in Boston, Massachusetts. It has consistently been a leader among children's hospitals in the United States. The Boston Children’s Internship Program in Health Service Psychology Boston, Massachusetts is completely contained within this large teaching, research, and service facility. The mission of Boston Children’s and the program are as follows:

BOSTON CHILDREN’S MISSION
To provide the highest quality health care, be the leading source of research and discovery, educate the next generation of leaders in child health, and enhance the health and well-being of the children and families in our local community.

DEPARTMENT OF PSYCHIATRY MISSION
Promoting the well-being of children & families through excellence in behavioral health care, education, innovation, & advocacy

THE PSYCHIATRY DEPARTMENT’S EDUCATION PRIORITY
To prepare the next generation of leaders in behavioral health care; to support trainees & staff in learning how to deliver the highest quality care

THE MISSION OF THE PSYCHOLOGY INTERNSHIP
To educate psychologists who will become the leaders in the discipline and to do so by facilitating their development of clinical skills and knowledge in health service psychology at the level of independent practice.
NONDISCRIMINATION POLICY
Boston Children’s is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

DEPARTMENTAL HISTORY
The Department of Psychiatry at Boston Children’s dates back to the 1953 when George E. Gardner, PhD, MD (both a psychologist and psychiatrist), who was at that time also the Director of the neighboring Judge Baker Guidance Center, was asked to assume and accepted the position of Psychiatrist-in-Chief at Children’s. While maintaining his position as Director of Judge Baker Center, Dr. Gardner thus initiated the Judge Baker Center's affiliation with the Hospital. During that same year, Joseph P. Lord, PhD became Chief Psychologist at Children’s and organized the training program which has operated continuously since that time, and was one of the earliest recipients of NIMH training support and, subsequently, APA accreditation in 1956. Upon Dr. Gardner’s retirement in the 1970’s, Julius Richmond, MD, became Psychiatrist-in-Chief at Children’s and Director of JBCC. Stanley Walzer, MD, assumed the leadership of both institutions from September 1981 to 1993. Similarly, Regina Yando, PhD became Chief of Psychology at Boston Children’s and Judge Baker Children’s Center from 1981 until 1988. In 1993 the leadership roles of Boston Children’s Department of Psychiatry and the Judge Baker were separated and, in 1995, William Beardslee, M.D. became Chief of the Department of Psychiatry at Boston Children’s.

In 1988 Gerald P. Koocher, Ph.D., was named Chief of Psychology, Division of Psychology, at both Boston Children’s and Judge Baker. Eugene J. D’Angelo, Ph.D., and Jessica Henderson Daniel, Ph.D. became Co-Directors of Training in Psychology at both facilities. The formal relationship with Judge Baker Children’s Center ended in 2000 when they could no longer financially support psychology training. Dr. Koocher was Chief until June 2001 when he became the Dean of the Graduate School for Health Studies at Simmons College. He is currently Dean at DePaul University in Chicago but commutes regularly to Boston. He does remain on the teaching faculty and is a lecturer in the Psychology training programs, both the psychology internship and the postdoctoral fellowship. Subsequently, Dr. D'Angelo became Chief of Psychology at that time. Dr. Daniel became the Director of Training in Psychology in 2002. In March 2017, Dr. D'Angelo assumed the role of Director of Training in Psychology in addition to being the Division Chief, following the election of Dr. Daniel as President-Elect of the American Psychological Association. Dr. Daniel was appointed to the role of Director of Training in Psychology, Emerita.
Today, Boston Children’s Department of Psychiatry consists of more than 200 psychologists, psychiatrists, social workers, psychiatric nurses, and trainees in the various disciplines. The Internship Program blends traditional training approaches in child and family treatment, assessment, and consultation with state-of-the-art approaches to problems at the interface of pediatrics and psychology.

DIVISION OF PSYCHOLOGY OVERVIEW
The Division of Psychology is located within the Department of Psychiatry. It is the Division where all psychologists are appointed both to Boston Children’s and also to their faculty appointment at Harvard Medical School. The Division currently has 121 psychologists working in a variety of departments and research laboratories throughout the hospital system, including its second hospital, Boston Children’s Waltham, to its community satellite clinics and the service system in the Boston Public Schools. All psychologists are members of the Harvard Medical School faculty and are eligible to be promoted through the academic ranks contained within that system.

The Psychology Internship Program at Boston Children’s adheres to the tradition of providing an intensive high-quality training program of both breadth of experience and depth to facilitate an intern’s professional development in health service psychology.

The Psychology Internship Program is based in psychological science which underlies quality clinical care. Evidence-based practices, both assessment and treatment, are significant emphases of this program, as well, as the capacity to adapt these practices in a patient-centered manner and with regard to culture, gender, age, socioeconomic status, and developmental functioning of the youth and their caregivers. The training program is graduated and sequential in nature. Interns learn through a competency-based process: Exposure to the specific objective and its associated competencies through readings; observation of staff members in that specific clinical activity; collaborative engagement in that clinical activity by intern and supervision; direct
observation of intern by supervisor; and, intern undertaking the clinical activity with general oversight by supervisor. An intern will typically move forward to the next aspect of this training sequence when competency at the earlier phase of the training sequence in that clinical activity has been demonstrated.

The Department of Psychiatry/Division of Psychology of Boston Children’s readily embraces the mission statement for the Hospital. Boston Children’s is one of the largest sources for the training of child mental health professionals within the Harvard Medical School system. The internship in psychology is a program with a rich tradition of clinical training that dates back to the early 1950’s. The internship program has held the status of full accreditation from the American Psychological Association since 1956. The current program continues to adhere to the tradition of providing an intensive high-quality training program of both breadth of experience and depth in teaching. The program continues to affirm its intention to train psychologists with five major aims:

• A commitment to integrate the development of sensitivity to issues of cultural diversity into all aspects of the training program.
• An emphasis on training interns in the latest clinical techniques with a focus on selecting the most advantageous assessment protocol and/or intervention technique(s) with demonstrated efficacy for specific presenting problems.
• A focus on assuring that a developmental perspective underlies all teaching and supervision throughout the training program.
• To promote professional development and a sense of what it means to be an ethical, collegial, and responsible psychologist.
• To be able to work in an inter-professional environment, bringing the competencies of a health service psychologist to health organizations.

ADMINISTRATIVE STRUCTURE
Eugene J. D’Angelo, PhD, ABPP is Chief Psychologist and Director of Training.
eugene.dangelo@childrens.harvard.edu
(Tel. 617-355-7650)

Carol Berne is the Administrative Assistant who coordinates the program.
carol.berne@childrens.harvard.edu
(Tel. 617-355-4563)
THE PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Each intern will be assigned to the main campus at Boston Children’s (300 Longwood Avenue, Boston, MA 02115) and will share a common core program of seminars and training activities which are guided by the profession-wide competencies.

The training year begins on July 2nd and it is expected that by October, each intern will be delivering approximately 16 to 18 hours of direct clinical service per week. Another four to five hours will be spent in supervision, with an additional four to six hours devoted to seminars/meetings. The typical caseload for any given intern includes three to six outpatient individual psychotherapy cases plus approximately one neuropsychological/general psychological testing assessment per month. Additional time is generally required for consultation with referral sources, community agencies, schools, and co-therapists. The program is designed to occupy forty hours per week of a intern’s time, although some interns report investing additional time conducting literature searches and reading articles about particular diagnostic assessment procedures, treatments, or clinical conditions; completing reports and other paperwork or attending special meetings, resulting in approximately a forty-five hour weekly involvement.

Every intern is assigned to two major rotations for 20 hours per week, lasting six months each.

All interns participate in the Psychiatry Consultation Service for a six month period of time. When not on the Psychiatry Consultation Service, all interns may elect to spend six months in one of three clinic settings. (1) Up to two interns can train in the Developmental Neuro-Psychiatry Clinic in the Outpatient Psychiatry Service (which primarily focuses on diagnostic and treatment services to youth experiencing a psychosis or are identified as at clinical high risk for psychosis); (2) Up to four interns may rotate through either the Psychosocial Treatment Clinic in the Outpatient Psychiatry Service and/or the Geraldine and Jonathan Weil Internship Rotation through Boston Children’s Primary Care Clinic.

Assignment to any of these rotations is principally determined by the intern’s experience and stated preferences. Many of the programs have the capacity to provide both a broad and an intensive exposure to interns with special interests in a particular area (eg, trauma, adaptation to medical conditions, and a range of diagnoses commonly evidenced by youth). As such, all of the profession-wide competencies that serve as the core of the Internship Program can be attained through each of the rotations.
Additionally, all interns spend a one afternoon per week, six month rotation on in the Emergency Department. With respect to assessment training, interns will spend six months each on the General Assessment and Neuropsychology Assessment rotations. The internship experience is rounded out by a year-long assignment for all interns to the Medical Coping/Outpatient Psychiatry Service rotation, where longer term treatment can also be pursued as deemed appropriate for the patient.

As such, all of the profession-wide competencies that serve as the core of the Internship Program can be attained through these rotations, regardless of their site within the Hospital. Here is a brief description of each rotation:

**PSYCHIATRY CONSULTATION SERVICE**
The Psychiatry Consultation Service provides an exciting opportunity to receive excellent training in pediatric psychology. The patients served include children, adolescents, parents and siblings facing the many issues of pediatric illness. The intern will work with children and adolescents facing acute and chronic medical or surgical conditions, children whose behaviors are negatively impacting their physical health, children with unexplained physical symptoms, and families facing challenging diagnoses and possible losses. Services provided include evaluation and psychotherapeutic intervention, consultation to hospital staff, and participation in treatment planning. The intern will see cases on the medical and surgical floors, intensive care unit, and neonatal intensive care unit. All psychology interns will spend six months on this rotation.

**DEVELOPMENTAL NEURO-PSYCHIATRY CLINIC**
Located in the Outpatient Psychiatry Service, the Developmental Neuro-Psychiatry Clinic is an outpatient clinic that offers both assessment and treatment. Services will be provided to three types of children: psychosis spectrum disorders (including those at risk for or experiencing early onset psychosis), high functioning autism spectrum disorders, and unusual neuro-psychiatric disorders. The latest techniques in the diagnostic evaluation, management, and treatment of these disorders will be taught to the interns. Up to two interns can elect to participate in this six month rotation.
PSYCHOSOCIAL TREATMENT CLINIC OF THE OUTPATIENT PSYCHIATRY SERVICE
The Psychosocial Treatment Clinic of the Outpatient Psychiatry Service experience is designed to provide the intern with the necessary diagnostic and interventions skills for work with children, adolescents, and their families. It is a diverse experience involving diagnostic assessment, psychotherapy, crisis intervention, cognitive-behavioral therapy, evidence-based treatments, family therapy, and group therapy. The Psychosocial Treatment Clinic serves Boston Children’s community, provides primary mental health care for urban Boston, and is a referral center for much of New England. This service includes a range of child mental-health disorders that cut across a wide age spectrum and diverse social cultural mix. Two to three interns can elect to be on this rotation for six months each.

JOHN AND GERALDINE WEIL INTEGRATED BEHAVIORAL CARE ROTATION
The John and Geraldine Weil Integrated Behavioral Care Rotation training experience is located in Boston Children’s Primary Care Center (identified as the Primary Care Center Rotation) and is designed to provide the intern with the necessary diagnostic and interventions skills for work with children, adolescents, families, and healthcare teams in a primary care setting. Emphasis is placed on learning cutting edge consultative and intervention services relevant to the primary care setting. The intern will train as an integral member of the healthcare team and deal with a range of behavioral health and medical issues. Two interns can elect to be on this rotation for six months at a time (4 interns in total for the year).

EMERGENCY DEPARTMENT
Boston Children’s maintains a busy Emergency Medical Service where treatment is provided for both medical and psychological trauma. All interns rotate through the Emergency Department for a six month, single afternoon shift during the year. Consultation may be requested by ER physicians to address such issues as suicide attempts, physical and sexual abuse, response to medical trauma, and violent acting-out behavior. All interns are assigned to this rotation for six months.
GENERAL PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS

General Assessment: In addition to the core neurodevelopmental assessments, interns will provide psycho-diagnostic assessments as referred from the hospital populations. The cases emanate from the clinical programs of the Department of Psychiatry. Interns will interview, observe behavior, administer, score and interpret a variety of measures, formulate diagnoses, develop recommendations, and write a comprehensive report based on their findings. Assessment sessions will be scheduled on an individual basis in each intern’s schedule. Inpatient assessment includes psychological testing for inpatients on the Richmond Inpatient Psychiatry Service. Assessment is focal in nature and seeks to address specific diagnostic and/or treatment questions. **All interns are assigned to this rotation for six months.**

Neurodevelopmental/Neuropsychology: Assessments in this module are undertaken in a clinic format on a Tuesday morning from 8:30 am to 12:30 pm. Interns will work with senior staff in teams during the training year. Interns observe staff clinicians, and then participate, in reviewing records, interviewing/taking the history, observing behavior and administering and scoring of tests; they work with staff clinicians in interpreting the clinical findings, formulating the diagnosis, and developing recommendations - and assist in writing the comprehensive report and communicating the findings to the parents/guardians and other professionals. **All interns are assigned to this rotation for six months.**

DIDACTIC PROGRAM

Interns are required to participate in a twice-weekly Intern Seminar and a weekly Pediatric Psychology seminar throughout the training year. Seminars and training modules on cognitive behavioral treatment, evidence-based treatment, behavioral medicine techniques, racial/ethnic diversity, professional development, and ethics are also provided within this seminar. As such, this seminar serves as the basis for instruction in the profession wide competencies, which are often presented in teaching module formats.

When participating in the Neuropsychological Assessment and Psychiatry Consultation Service rotations for six months, interns participate in their seminars as well.

All interns also attend the Psychiatry Grand Rounds lecture series which are held twice per month, the Morbidity and Mortality Rounds (for the entire department), and the outpatient conference (Difficult Case Conference) which are held on a monthly basis.
SUPERVISION

All interns receive extensive supervision throughout the week for their diagnostic assessment, consultative, and treatment activities. Supervisory hours are scheduled to meet the intern’s needs. Additional supervision is provided as needed, depending on the needs of the intern. There is always a supervisor available to interns for case consultation and planning on a 24 hour and daily basis, including for weekends and holidays. All supervisors work directly on the rotations in which they provide supervision. An intern will typically receive **three to four hours weekly of individual supervision**, with additional individual and some group supervision also provided.

In general, use of evidenced-based diagnostic and treatment approaches provide the theoretical framework for individual psychotherapy supervision. There is a major emphasis on all service planning to be patient/family-centered, impacted by cultural factors, and clinical progress systematically evaluated as the treatment proceeds.

Supervision is provided primarily by psychologists, all of whom are licensed to practice in Massachusetts. Specialized supervision in some service units is provided by fully licensed senior social workers or staff psychiatrists.
PSYCHOLOGY INTERN AND SUPERVISOR RESPONSIBILITIES FOR PATIENT CARE

1. The Department of Psychiatry and Division of Psychology have developed supervisory guidelines for Psychology Interns and Postdoctoral Fellows in Psychology (Both groups collectively labelled, “Psychology Trainees”). These are listed below and are provided to you on the first day of Orientation, along with an explanation of their nature and intent. Once signed, a copy will be placed in your Internship Folder and another copy given to you.

Supervision Guidelines for Psychology Trainees

PURPOSE
The Medical Staff Executive Committee has implemented guidelines for attending physician responsibilities regarding the provision and supervision of care provided to patients by trainees. In the Department of Psychiatry, these guidelines are broadened beyond the attending (or staff) psychiatrist to include the attending clinician who is defined as any staff psychologist or social worker who provides supervision to psychiatry, psychology, or social work trainees.

The objectives of the program encompass the Specific competency-based goals of our Psychology Training Programs found in the Department's Psychology Training Handbook, the recommended guidelines for training in Child Clinical Psychology (Roberts et al., 1996), the recommended training guidelines for Pediatric Psychology (Spirito et al., 2003), and the guidelines set forth for training by the International Neuropsychology Society.

These guidelines are the Department of Psychiatry's policy as to what supervision is medically appropriate for psychiatry residents. They are not billing guidelines. Guidelines for issuing a bill may be more or less stringent than these guidelines. Appropriateness of billing should be determined by Boston Children's compliance policy and other pertinent state and federal regulations.

OVERALL PRINCIPLES
1. Each trainee who evaluates and/or treats a patient has an assigned attending physician/clinician (staff supervisor) who is responsible for the patient's care.

2. The attending physician/clinician has the ultimate responsibility for all psychiatric care decisions regarding all patients seen by trainees under her/his supervision.

3. The attending physician/clinician is responsible for providing oversight and supervision of all patient care provided by trainees.

4. The attending physician/clinician is expected to behave in a professional manner at all times in regard to trainee supervision and is expected to encourage each trainee to seek guidance from the attending physician/clinician at any time the trainee believes it to be helpful in the care of the patient.
5. The attending physician/clinician is to make clear to each trainee that the failure to seek guidance will be considered problematic when they have any question or concern regarding a patient and her/his care.

6. Mental health clinicians at any level of experience must seek supervision and guidance from colleagues and through the chain of command when they need assistance and/or are questioning the care of a patient.

PHILOSOPHY
Graduate education in professional psychology is a graduated process in which Psychology trainees, over a period of several years, gain experience with and assume responsibility for increasingly difficult patients and problems within their area of expertise. At the conclusion of their clinical and academic training, successful completion of their doctorate and postdoctoral training, and reception of a license to practice in the Commonwealth of Massachusetts as a licensed psychologist with health provider status, the psychologist is free to practice independently. Therefore, to serve the public well in our training mission, we must train psychologists who, by their senior year(s) of training, can manage complex patients and problems independently. Psychology trainees may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward to moderately complex problems. If Psychology trainees are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

GUIDELINES
1. Psychologists at any level of experience may at times encounter patients that challenge their knowledge and expertise. It is incumbent on every psychologist and psychology trainee, regardless of level of training, experience, or seniority, to recognize his or her limitations and to request supervision or assistance when managing problems, which are unfamiliar or difficult to him or her. For all psychology clinicians, it is only the failure to seek guidance that will be considered problematic.

2. Every Psychology trainee in the Department of Psychiatry is encouraged to request guidance by phone, or in person, from an attending clinician on any occasion when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending physician/clinician should be sought, the trainee should err on the side of requesting advice. For psychology trainees, it is only the failure to seek guidance that will be considered to be problematic.

3. As it is incumbent on Psychology trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that Psychology Trainees are encouraged to call freely for guidance. Trainees should always feel that they are free to call for guidance. If a situation arises in which a resident does not think that the Department has not made guidance readily available they should promptly notify the training director, clinical service director, division chief, and/or the Department Chief so that the Department can take prompt corrective action.
4. If for any reason the responsible attending physician/clinician is unavailable, a resident in need of immediate guidance should promptly attempt to contact the appropriate clinical program director or the on-call attending psychiatrist (24 hour – 7 day availability accessed through the Hospital page operator). If either of these is unavailable, the trainee should contact the emergency psychiatry services director who provides back-up to the on-call attending psychiatrist.

5. Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.

6. Patients may be managed appropriately and nonetheless develop complications of their disease process. Complications are not in and of themselves evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed. However, where complications or problems in treatment progress do occur, the attending physician/clinician and trainee should review the case with the service leadership, and the Psychiatry Quality Program for recommendations.

7. Guidelines cannot anticipate every situation. Mental health clinicians must always use best judgment to respond to unusual or emergency situations. In unusual or emergency situations, actions that are appropriate and in the patient’s best interest may differ from these guidelines. An example of such situation might be: If trainee is called to assist with a psychiatric emergency where a patient is endangering self or others, this may require immediate action prior to speaking with the attending physician/clinician.

8. The attending physician/clinician and trainees are responsible for using culturally competent, evidenced based approaches to achieve culturally competence in their practice and to work in partnership with patients, families, and communities.

**SPECIFIC GUIDELINES FOR SUPERVISION**

1. The attending physician or clinician delegates, in whole or in part, the mental health management plan of each patient seen by a Psychology trainee. The attending clinician is responsible for ensuring that all delegates have appropriate training experience and competence to undertake such management. This will occur across outpatient, inpatient, consultation, and community settings in the Department of Psychiatry.

2. For all patients under his or her care, the Psychology trainee should develop a plan for the mental health management of each patient in conjunction with the attending clinician/physician and any consulting services.

3. The Psychology trainee is responsible for implementation of the plan of care and for documentation of the plan in the medical record in conjunction with the attending clinician.

4. The attending clinician must communicate clearly to each Psychology trainee involved in the care of a patient when the attending expects to be contacted by the trainee. At a minimum, Psychology trainees must notify the attending physician/clinician of significant changes in the patient’s condition, regardless of the time of day or day of week.
Significant changes or events include, but are not limited, to the following:

   a. All patients evaluated in the emergency room or emergency situations.
   b. Development of significant life threatening psychiatric changes (e.g., suicidal attempt or completion; behavior acutely endangering others).
   c. Major medication errors requiring acute clinical intervention (e.g., emergency room medical assessment or hospitalization).
   d. Any boundary crossing or violation accusations by a child and/or his or her caregivers (e.g., child alleges concerns about being “touched” to his or her parent) or by any care provider involved with the case.
   e. Development of major psychiatric treatment issues (e.g., emergency 51A filing, running away)
   f. Emergency admission to a psychiatric or medical hospital.

5. All drafts and final copies of clinical notes, psychological assessment and testing reports, and correspondence with other parties involved in the care of the child will be formally reviewed and co-signed by the attending physician/clinician for that particular patient.

6. All Psychology Trainees are expected to confirm with their supervisors and the specific Clinical Service Director which patients on that service will be supervised by a specific supervisor. Every attending clinician will confirm that they are supervising a specific psychology trainee for a particular patient.

7. No Psychology trainee can provide any clinical care to a patient or family without reviewing the case with the specific attending clinician assigned to that patient.

8. All Psychology trainees and attending clinicians should keep a written record of which cases they are going to be working with together and that list reviewed on a monthly basis with each other for its accuracy and completeness.

I have received a copy of these guidelines as well as an outline of the program’s core competencies. I have read and understand them. I recognize that these guidelines govern my rotation at Boston Children’s Hospital.

Signature: _______________________________ Date: _______________
Printed Name: ____________________________
2. This form is what your supervisor has received, reviewed, and signed. It is provided to complement the prior document and is available here for your review.

<table>
<thead>
<tr>
<th>Department of Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibilities of Attending Clinician in Patient Care</td>
</tr>
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The Medical Staff Executive Committee has implemented guidelines for attending physician responsibilities regarding the supervision of care provided to patients by trainees. In the Department of Psychiatry, the definition of an attending physician (or psychiatrist) is broadened to attending clinician and includes any staff psychiatrist, psychologist, or social worker who provides supervision to psychiatry, psychology, or social work trainees. Each trainee who evaluates and/or treats patients has assigned staff supervisor(s) [attending clinician(s)] who is/are ultimately responsible for the patients’ care.

**OVERALL PRINCIPLES**

1. The attending clinician has the ultimate responsibility for all psychiatric care decisions regarding their patients.

2. The attending clinician is responsible for providing oversight and supervision of all care provided by trainees.

3. The attending clinician is expected to behave in a professional manner at all times in regard to trainee supervision and are expected to encourage each trainee to seek guidance from the attending clinician at any time the trainee believes it to be helpful in the care of the patient.

4. The attending clinician is to make clear to each trainee that it is only the failure to seek guidance that will be considered to be problematic.

**PHILOSPHY**

1. Graduate medical education is a graduated process in which mental health clinicians, over a period of several years, gain experience with and assume responsibility for increasingly difficult patients and problems within their area of expertise. At the conclusion of training, the mental health clinicians are free to practice independently. Therefore, to serve the public well in our training mission, we must train mental health clinicians who by their final year of training, can manage complex patients and problems independently. Mental health clinicians in more junior years of training may need proportionally more guidance and supervision, but should nonetheless be capable of managing straightforward to moderately complex problems independently. If mental health clinicians in training are prohibited from managing progressively more difficult problems with some independence, they will not be able to function well after graduation, and we have failed the public in our training mission.

2. It is incumbent on every mental health clinician, regardless of level of training, experience, or seniority, to recognize his or her limitations and to request supervision or assistance when managing problems, which are unfamiliar or difficult to him or her. Rigid guidelines for supervision can never replace good clinical judgment, and are not intended to do so.
3. Every trainee in the Department of Psychiatry is encouraged to request guidance by phone, or in person, from an attending clinician on any occasion when they feel such guidance would be helpful, or when they feel uncomfortable about their level of training or expertise in managing a particular problem. When in doubt as to whether advice from an attending clinician should be sought, the trainee should err on the side of requesting advice.

4. For trainees, it is only the failure to seek guidance that will be considered to be problematic.

5. As it is incumbent on trainees to seek guidance responsibly, it is also incumbent on the faculty to ensure that guidance is always readily available and that trainees are encouraged to call freely for guidance. Trainees should always feel that they are free to call for guidance. If a situation arises in which trainees feel that the department has not made guidance readily available they should promptly notify the training director, program director, and/or the Department chair so that the Department can take prompt corrective action.

6. If the attending clinician on call is temporarily unavailable for any reason (accident, pager failure, etc.) a trainee in need of guidance should promptly attempt to contact another attending clinician, either by pager or by calling their home phone.

7. Trainees are encouraged to manage those situations and problems appropriate to their level of training and expertise, and which they have encountered before, without seeking immediate senior guidance.

8. Patients may be managed appropriately and nonetheless develop complications of their disease process. Complications are not in and of themselves evidence of inappropriate management, nor of failure on the part of a trainee to recognize that senior guidance was needed.

9. No guidelines can anticipate every situation. These guidelines are not intended to prevent physicians from using their best judgment to respond to unusual or emergency situations. In unusual or emergency situations, actions that are appropriate and in the patient’s best interest may differ from these guidelines. An example of such situation might include, but are not limited to:
   a. If trainee is called emergently to assist with a psychiatric emergency where a patient is endangering to self or others, this may require immediate action prior to speaking with the attending physician.

10. Finally, we expect that our graduates will improve the quality of life for children, adolescents, and their families facing disabling illnesses. We expect that their efforts will be the spectrum of clinical and research settings, will use evidenced based approaches, will be culturally aware, and will empower patients, families, and communities. The objectives of the program encompass the ACGME specified and AACAP recommended core competencies of patient care, medical knowledge, interpersonal skills, practice-based learning, professionalism, and systems-based practice.
SPECIFIC RESPONSIBILITIES

1. The attending clinician should develop a plan for the psychiatric management of each patient in conjunction with the trainee and any consulting services.

2. The attending clinician is responsible for implementation of the plan of care and for documentation of the plan in the medical record.

3. If the attending clinician delegates, in whole or in part, the psychiatric management plan, the attending remains responsible for ensuring that all delegated trainees have appropriate training experience and competence to undertake such management.

4. The attending clinician must communicate clearly to each trainee involved in the care of patients when the attending expects to be contacted by the trainee. At a minimum, trainees must be told to notify the attending clinician of significant changes in the patient’s condition, regardless of the time of day, or day of the week. Significant changes or events include, but are not limited, to the following:
   
   a. All patients evaluated in the emergency room or emergency situations
   b. Development of significant life threatening psychiatric changes (e.g., suicidal attempt or completion; behavior acutely endangering others).
   c. Major medication errors requiring acute clinical intervention (e.g., emergency room medical assessment or hospitalization).
   d. Any boundary crossing or violation accusations by a child and/or his or her caregivers (e.g., child alleges concerns about being “touched” to his or her parent).
   e. Development of major psychiatric treatment issues (e.g., emergency 51A filing, running away)
   f. Emergency admission to a psychiatric or medical hospital.

OUTPATIENT AND COVERAGE BY ATTENDING PSYCHIATRISTS

1. Psychiatry attendings serving in the outpatient department as the Attending of the Day (AOD) are responsible for all patients seen by residents/trainees in the Psychosocial Treatment Program (PSTP). These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.

2. Psychiatry attendings serving in the outpatient psychopharmacology clinic are responsible for all patients seen by residents in that program. These responsibilities include all the clinical aspects of patient care outlined above, as well as administrative duties such as co-signing clinical notes and billing slips.

AFTER-HOURS, WEEKEND, AND HOLIDAY COVERAGE BY ATTENDING PSYCHIATRISTS

In addition to the principles and responsibilities outlined above, the following are the responsibilities of attending psychiatrists when they are involved in after-hours, weekend, or holiday coverage.

1. The attending psychiatrist will preside over morning rounds for both the Psychiatry Inpatient and Consultation Services on weekends and holidays together with the on-call resident. Specifically these rounds will include:
a. All psychiatry inpatients
b. All psychiatric “boarders” in medical/surgical or ED beds awaiting admission or transfer
c. All medical and surgical patients flagged in the CL-log for follow-up
d. New psychiatry consultation cases

2. The attending psychiatrist is expected to remain available to the on-call resident or mental health clinician at all times, to return pages promptly and to keep the resident informed of contact information such as pager and telephone numbers. All pages and calls should be returned promptly. The attending psychiatrist is expected to be responsive to the needs of the on-call resident or mental health clinician at all times. All requests for assistance from the on-call resident or mental health clinician should be met by the attending with the assumption that the need is both real and immediate.

3. *The attending psychiatrist is expected to remain in the Hospital or come into the Hospital when requested by the on-call resident or mental health clinician.*

4. The on-call resident or mental health clinician must notify the attending psychiatrist of significant changes in any patient’s condition, regardless of the time of day. For each patient, the attending will review the clinical situation with the resident and together they will determine the appropriate course of action. This course of action may include the onsite presence of the attending psychiatrist to assist the on-call resident or mental health clinician in the assessment and management of the patients.

5. In addition to the events already outlined above, the on-call resident or mental health clinician should notify the attending psychiatrist of the following:

   a. Any new cases seen in the ED or on the consultation service
   b. Clinical situations where simultaneous requests for psychiatry services are required at multiple locations anywhere in the hospital, and an additional clinician may be required.
   c. The on-call resident or mental health clinician feels for any reason that s/he requires the onsite presence of the attending psychiatrist.

I have read and understand the above document. I agree to abide by the principles and responsibilities explained in this document.

Signature: __________________________________________

Print Name: __________________________________________

Date: __________________________________________
**TRAINING OUTCOMES**

Graduates of our program obtain positions in clinical service, research, and teaching once they have completed their overall training in health service psychology. As can be seen in the following table, our interns typically transition to postdoctoral fellowships after completing the internship. All interns have successfully completed their dissertation and graduation requirements prior to completion of the internship.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Postdoctoral Fellowship:</strong></td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
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**Initial Post-Internship Positions**

<table>
<thead>
<tr>
<th>Postdoc</th>
<th>2013-2017</th>
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<tbody>
<tr>
<td>Community mental health center</td>
<td>2</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
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<tr>
<td>University counseling center</td>
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<tr>
<td>Veterans Affairs medical center</td>
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<tr>
<td>Military health center</td>
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<tr>
<td>Academic health center</td>
<td>22</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td>4</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
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<tr>
<td>Not currently employed</td>
<td></td>
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<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Unknown</td>
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</table>
STIPEND AND BENEFITS

- The stipend is $30,341 for the internship year. The internship is a one-year, full-time training experience, and provides four weeks of vacation, six sick days, a number of paid holidays, and limited administrative leave time for conferences, dissertation work, or post-doctoral fellowship interviews. Interns are eligible for Dental Insurance, Disability Insurance, Health Insurance, and Life Insurance. Human Resources Department Personnel will attend the Orientation on the first day of internship to answer questions and finalize enrollment in the benefits plan. Additional information related to vacation and leave procedures can be found in Appendix 2, page 1 in this Handbook.
- All interns receive appointments as a Clinical Fellow in Psychology, Department of Psychiatry at Harvard Medical School.

HEALTH AND WELLNESS

- RedBrick Health: You are eligible to participate in a variety of wellness programs offered through the Hospital’s wellness partner, RedBrick Health, including health screenings, health assessments, coaching, online Journeys, tracking and challenges. Those enrolled in the Hospital’s medical program are eligible to earn cash incentives based on participation.
- Members of a Children’s Blue Cross Blue Shield Medical Plan: You are eligible for a variety of programs and discounts including an annual reimbursement up to $150 per family for membership in a Fitness Club that offers cardiovascular and strength training. Reimbursement of up to $150 annually per family for Weight Watchers Programs and discounts on such programs as Healthy Baby and Living Health options.
- BCBS Blue Care Line: Provides 24/7 assistance with your medical questions. Call 1-888-247-BLUE (2583).

HELP WITH COMMUTING

- MBTA Monthly Pass: You receive a discount on all MBTA passes and may pay a portion of your cost with pre-tax dollars.
- Parking: Discounted day, evening, overnight and weekend parking is available in various local Hospital parking lots, and you may pay a portion of your parking fees with pre-tax dollars.
- Shuttle Van Service: Free rides are provided between Hospital locations and to and from the various Hospital parking lots and the MBTA stops near the Hospital parking lots.
- Biking: A locked bike cage and several racks are available across the institution.
Local Hubway bike-share kiosks are nearby. Eligible riders may enroll in a monthly bike subsidy reimbursement program.

- **ZipCar:** Employees enrolled in the Hospital group plan are eligible to receive discounts on hourly ZipCar rates (3 ZipCar vehicles are located in our main garage).

**GENERAL QUALIFICATIONS FOR THIS INTERNSHIP PROGRAM**

The Internship at Boston Children’s prides itself on reviewing completed applications for individuals from a doctoral clinical, counseling, or school psychology program that is accredited by the American Psychological Association. It is important to emphasize that we are essentially a health service psychology internship program. As part of the application process, applicants should have these qualifications which are considered as part of the selection process:

- Three years minimum of graduate education and successful completion of comprehensive examinations
- Basic coursework in psychological assessment, psychopathology, and psychotherapeutic interventions
- A minimum of 200 hours in supervised clinical assessment
- A minimum of 200 hours in supervised interventions
- Prior supervised training experiences and coursework in child clinical and/or pediatric psychology are preferred
- Formal approval of the Director of Clinical Training at your doctoral program

**REQUIREMENTS FOR SUCCESSFUL COMPLETION OF THE INTERNSHIP PROGRAM**

The Psychology Internship is guided by the Profession-wide Competencies that are incorporated into the Standards of Accreditation, Commission on Accreditation of the American Psychological Association. These competencies include:

1. **Research**
2. **Ethical and legal standards**
3. **Individual and cultural diversity**
4. **Professional values, attitudes, and behaviors**
5. **Communication and interpersonal skills**
6. **Assessment**
7. **Intervention**
8. **Supervision**
9. **Consultation and inter-professional/interdisciplinary skills**
EVALUATION OF INTERN COMPETENCIES

The Internship Program formally and in written documentation evaluates an intern’s progress in attaining these competencies at midyear (December) and at the end of the year (June) evaluation times. A copy of the co-signed evaluation form is provided to the intern, generally at the time when it was reviewed, discussed, and signed by both the supervisor and intern. Interns will meet with their supervisors to review and evaluate their performance using the Boston Children’s Psychology Internship Competency Evaluation Form, provided on page 26 in Appendix 1 of the Intern Handbook, and co-signed by both the supervisor and intern. The competencies, experiential activities, and how internship training outcomes are assessed can be found in detail on page 8 of Appendix 1 in the Intern Handbook.

This “Internship Competency Evaluation Form” guides the evaluation of an intern’s competency development. As such, the ratings that are received during the midyear and end of year evaluations are important to note. First, the evaluation for sets a **Minimum Level of Achievement (MLA)** on **all nine competencies** in order to determine whether the appropriate levels of progress and/or completion of the internship have been met. At the midyear evaluation, an intern is expected to have received a rating of “3” on all nine competencies (a “3” indicates: Applied in Practice with Much Support/Guidance i.e. uses the skill effectively most of the time and benefits from continued supervision and guidance). By the end of the year, an intern who has successfully completed the internship will have attained a rating of “4” on all nine competencies (“4” indicates: Proficient and Autonomous i.e. consistently uses the skill independently).

Two or more competency areas rated as “2” or below at the midyear evaluation would result in the creation of a Remediation Plan which is subject to the procedures detailed in the Intern Handbook as “Grievance, Remediation, and Due Process Procedures for Psychology Internship at Boston Children’s” and which is located on page 26 of the Intern Handbook. This section of the Intern Handbook describes the procedures for grievances, the use of a remediation plan, probation, and termination from the program.

While interns receive this formal feedback twice a year, there is often informal feedback provided during the course of supervision throughout the time on a rotation. The goal of the Internship Program is to work collaboratively between supervisors, seminar leaders, and the intern to successfully complete the internship. We feel fortunate that, to date, we have not had to utilize the formal remediation plan, placed any intern into a probationary status, or terminated an intern from the Internship Program.
GRIEVANCE, REMEDIATION, AND DUE PROCESS PROCEDURES
FOR PSYCHOLOGY INTERNSHIP AT BOSTON CHILDREN’S

The Psychology Training Programs are committed to responding to the concerns, complaints, or formal grievances of all individuals in training. Ideally, Boston Children's is expected to be a setting in which an environment is present that (1) maximizes the training experiences for each intern; (2) reflects respect to all individuals regardless of age, gender, racial/ethnic background, religion, or gender preference; (3) promotes collegial and professional interactions among staff and trainees; and communicates clear expectations for and evaluations about patient care that is compassionate, of highest quality; and (5) requires supportive but clear evaluation of intern progress that recognizes the progress development of clinical skills and the adherence to the ethical standards of practice in Psychology as set forth by the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct*.

As a training staff, we firmly believe that the development of a professional identity includes learning how to effect resolution of potentially problematic situations such as may result from some conflict, difference of opinion, or stress/discomfort in ongoing interactions. To that end, when an interpersonal difficulty occurs between a trainee and staff member, we seek to help the parties resolve this problem in a mutually supportive and respectful manner. This can occur in one of the following approaches to resolution of the problem:

1. An intern can meet on her/his own initiative with the staff person/supervisor/trainee with whom the possible difficulty has occurred with the hope that the discussion will result in a resolution of the perceived problem.

2. If this first option has proven to be unsuccessful or the intern feels uncomfortable initiating such a meeting, s/he can meet with the Service Director, Chief/Director of Training in Psychology, their faculty advisor, or a trusted staff person/supervisor to discuss the matter and plan a suitable and supportive course of action. This could result in either a meeting with the person who might be a source of the perceived discomfort either alone or with the Service Director, Chief/Training Director, and/or the trusted staff person, in an initial meeting. It is also appropriate for the staff person who has been involved in the consultation with the intern to meet separately with the perceived distressing party to discuss the problem if that would be preferred by the intern. A subsequent meeting between the intern and perceived aggrieving party could occur, either with or without the consulting staff person present.

3. Should these efforts be unsuccessful in resolving the situation, the matter should be directed to the Chief of Psychology for review. In most circumstances, this
review would take place in consultation with the Site Director and the reportedly aggrieved intern’s supervisors. A corrective plan can be developed, discussed with all relevant parties, and carefully monitored. If the Chief of Psychology/Training Director is considered to be the perceived aggrieved party, the concern can be expressed to the Chief of Psychiatry, and a similar plan can be undertaken. There is also the option to address these matters with the Ombudsperson of Harvard Medical School.

4. If the situation arises where a formal grievance is to be undertaken, the grievance should be filed in accordance with Psychology Training Program policies. Information about filing a formal grievance can be obtained from the Chief of Psychology, Associate Chief of Psychiatry, or the Chief of Psychiatry. See “Problem Identification-Grievance Procedures”.

The overriding goal of the Division of Psychology is to avoid or eliminate situations where interns feel so uncomfortable that their capacity to learn and/or to provide appropriate clinical care is compromised. As such, all interns are encouraged to take the appropriate steps to identify possible problems quickly and to seek appropriate consultation or resolution so that their comfort can be restored in a timely manner.

PROBLEM IDENTIFICATION/GRIEVANCE PROCEDURES
DIVISION OF PSYCHOLOGY, BOSTON CHILDREN’S

INTERN GRIEVANCES
We at Boston Children’s believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship. Interns are encouraged to first discuss any problems or concerns with their direct supervisor and advisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

1. **Informal mediation:** Either party may request the Chief/Director of Training to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations (if feasible/possible) in order to maximize their learning experience. Interns may also request a change in rotation assignment if feasible/possible. Changes in rotation assignments must be reviewed and approved by the training faculty.
2. **Formal grievances:** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Site Training Director

   a. The Chief/Training Director in Psychology and the Service Director where the grievance has reportedly occurred can call a meeting of the relevant training faculty to review the complaint. The intern and supervisor will be notified of the date of the meeting, and given an opportunity to provide the Training Committee with any information regarding the grievance.

   b. Based upon a review of the grievance, and any relevant information, the training faculty will determine the course of action that best promotes the intern’s training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

   c. The intern will be informed in writing of the decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented. If the intern disagrees with the decision, they may appeal to the Chief of Psychology/Training Director. The Chief of Psychology/Training Director will render the appeal decision, which will be communicated to all involved parties.

   d. In the event that the grievance involves any member of the training faculty who would normally be involved in reviewing the grievance (including the Chief/Training Director), that member will recuse himself or herself from serving on the committee due to a conflict of interest. A grievance regarding the Service Director may be submitted directly to the Chief of Psychology and/or Associate Chief of Psychiatry for review and resolution.

   e. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate, or unlawful staff behavior will be submitted to the Chief of for appropriate personnel action in accordance with Hospital policy.

   f. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to Boston Children’s employees, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the Commonwealth of Massachusetts by contacting the office of the Board of Registration of Psychologists.
DISCIPLINARY ACTIONS AND PSYCHOLOGY INTERNSHIP REVIEW PROCEDURES

Disciplinary action may be taken against an intern for due cause, including but not limited to any of the following:

- Professional misconduct, ethical violations, or conduct that might be inconsistent with or harmful to good patient care or safety;
- Conduct detrimental to the reputation or standing of Boston Children’s;
- Conduct that calls into question the integrity, ethics, or judgment of the intern or that could prove detrimental to the Hospital’s employees, staff, volunteers, patients, visitors, or operations;
- Violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Boston Children’s, Psychiatry department, Psychology Division, or training program.

Any allegation of misconduct in science or research involving a intern shall be addressed and resolved in accordance with Boston Children’s policy.

TYPES OF FORMAL DISCIPLINARY ACTION AND DUE PROCESS

Formal disciplinary action may include, but is not limited to, probation, suspension, or termination of the intern from the training program as deemed appropriate.

Among the factors to be considered by the Chief/Director of Training in Psychology, Service Directors, and Training Committee in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior informal or formal disciplinary actions, and the intern’s overall performance and conduct.
PROBATION AND TERMINATION PROCEDURES

1. Problematic performance or conduct: The internship program aims to develop professional competence. Rarely, an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge or due to problematic behaviors that significantly impact their professional functioning. In such cases, the internship program will help interns identify these areas and provide remedial experiences or recommended resources in an effort to improve the intern’s performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the intern would not get credit for the internship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Service Director and the Chief/Director of Training in Psychology at the earliest opportunity, so as to allow the maximum time for remedial efforts. The Chief/Director of Training in Psychology will inform the intern of staff concern (“Notice”) and call a meeting of the intern and relevant training faculty (“Due process”). The intern and involved supervisory staff will be invited to attend, and encouraged to provide any information relevant to the concern.

Problem behaviors are said to be present when supervisors perceive that an intern’s behaviors, attitudes, or characteristics are disrupting the quality of his or her clinical services; his or her relationships with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when an intern’s problem behaviors are serious enough to fit the definitions of problematic performance or conduct rather than merely being typical relative skills or competency deficits often found among interns.

Problematic performance and/or problematic conduct are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning. More specifically, problem behaviors are identified as problematic performance and/or problematic conduct when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by more intensive remediation related to academic or didactic training.
- The quality of services and patient care could be significantly affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The intern’s behavior does not change as a function of feedback, remediation efforts, and/or time.
Steps to address problematic intern performance or conduct

a) An intern identified as having a serious deficit or problem will be placed on probationary status by the Internship Program should the training faculty determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the level of profession wide competencies at the minimum level of achievement (MLA) in order to be officially recognized by the internship as having successfully completed the program.

b) The internship faculty may require the intern to take a particular rotation or may issue guidelines for the type of rotation the intern should choose in order to remedy such a deficit.

c) The intern, the intern's supervisor, the Service Director, and relevant faculty will produce a learning contract/remediation plan specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem. This is to be reviewed and approved of by the Chief/Director of Training in Psychology.

d) Once an intern has been placed on probation and/or a remediation plan/learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist in the intern's remediation. The new placement will be carefully chosen by the new Service Director, Chief of Psychology/Director of Training in Psychology, and/or relevant faculty and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Service Director and Chief of Psychology/Training Director to maintain the current assignment.

e) The intern and the supervisor will report to the Chief/Training Director in Psychology and Service Director on a monthly basis, as specified in the contract regarding the intern's progress.

f) The intern may be removed from probationary status by consensus of the Service Director, Chief/Training Director in Psychology, and relevant supervisor when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship or to be making expected progress towards achieving the minimum levels of achievement (MLAs).

g) If the intern is not making progress, or if it becomes apparent that it will not be possible for the intern to complete the internship and achieve the exit criteria, the Chief/Training Director in Psychology will so inform the intern at the earliest opportunity.

h) The decision about whether the intern on probation is made by majority vote by the Service Director, Chief/Training Director in Psychology, and relevant site staff. The vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract and performance on the profession wide competencies.

i) An intern may appeal the decision to the Psychiatrist- in-Chief.
j) The Chief/Training Director in Psychology will render the appeal decision, which will be communicated to all involved parties.

2. Illegal or unethical behavior: Illegal or unethical conduct by an intern should be brought to the attention of the Service Directors and Chief/Training Director in Psychology in writing. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident.

- The Service Director, the relevant supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the intern's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Chief/Training Director in Psychology, who will notify the intern of the complaint. Per the procedures described above, the Chief/Training Director will call a meeting of relevant site faculty to review the concerns, after providing notification to all involved parties, including the intern and Associate Chief of Psychiatry. All involved parties will be encouraged to submit any relevant information that bears on the issue and invited to attend the meeting(s).
- In the case of illegal or unethical behavior in the performance of patient care duties, the Associate Chief of Psychiatry may seek advisement from appropriate Boston Children's resources, including General Counsel.
- Following a careful review of the case, the Service Director, Chief/Training, and relevant faculty may recommend either probation or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing, and appeal procedures described in the above section on the problematic intern. A violation of the probationary contract would necessitate the termination of the intern's appointment at Boston Children's. This information would be communicated immediately to the Director of Clinical Training at the intern's academic institution.

3. Suspension: An intern may be suspended from all clinical and administrative responsibilities and placed on an involuntary leave of absence for seriously deficient performance or seriously inappropriate conduct after review by the relevant site faculty. The Chief/Training Director in Psychology shall notify the intern in writing of the decision to suspend the intern. The Psychiatrist-in-Chief, the relevant faculty, and Office of Legal Counsel shall be informed. Such written notification shall advise the intern of the reasons for the decision, the date the suspension shall become effective, the required method and timetable for the correction, and a date upon which the decision will be reevaluated. The written notification shall also advise the intern of his or her right to request a review of the suspension decision. Such a request for review must be submitted in writing to the Psychiatrist-in-Chief within two (2) business days of the intern’s receipt of notification.

In appropriate circumstances, at the discretion of the Chief/Training Director in Psychology, an intern may be suspended, effective immediately. In situations involving immediate suspension, the Chief/Training Director in Psychology shall provide written
notification as described above within three (3) business days following the suspension. The intern shall have the right to request a review of the suspension in the same manner as described above. Except in unusual or exceptional circumstances, suspensions and involuntary leaves of absence are with pay. In the event that the Associate Chief of Psychiatry determines that a paid suspension or involuntary leave of absence is not appropriate, the intern may request a review of the issue by the Psychiatrist-in-Chief by submitting a request for such review in writing. Psychiatry Department leadership shall decide the matter within three (3) business days.

4. Appeal Procedures: Interns who receive a notice of probation, suspension, or termination or who otherwise disagree with any corrective action or faculty decision regarding their status in the program are entitled to appeal the action(s). An intern may, within ten days of the communication of change in status notice, submit a letter to the Chief/Training Director in Psychology requesting an appeal.

1. Within five working days of the receipt of the appeal request, the Chief/Training Director in Psychology, the Postdoctoral Internship Training Director, two faculty members selected by the Service Director, and two faculty members selected by the intern. The intern retains the right to hear all facts and the opportunity to dispute or explain his or her behavior.

2. At the faculty review committee meeting, the intern will be permitted to present to the faculty review committee any information or material which the intern considers pertinent to the inquiry, including any statements which the intern may wish to make, any written or other documentary material which the intern may wish to offer, and the statements of any individuals whom the intern may wish to present. The committee may seek the testimony of any persons it deems appropriate. The Chief/Training Director in Psychology will conduct and chair the review hearing in which the intern's appeal is heard and the evidence presented. The Review Panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report on its decisions and recommendations and will inform the intern of its decisions. The Review Panel will then submit its report to the Associate Chief and Chief of Psychiatry.

3. The Chief/Training Director in Psychology, and both the Associate Chief of Psychiatry, and Psychiatrist-in-Chief will make the final decision, and the intern will be informed of any actions taken.
PROCEDURES FOR DEVELOPING AND IMPLEMENTING AN INTERNSHIP REMEDIATION PLAN AT BOSTON CHILDREN’S

An intern may experience some difficulties with developing within the Profession wide Competencies (PWCs) at a level that will assure competence at a level of “Proficient and Autonomous (Consistently uses this skill independently; Ready for independent practice)” on all PWCs by the completion of the internship, the following steps will be undertaken to assist in improvement:

1. Steps towards enhancement of competencies through problem identification and informal focused plan. Typically, these problems may be shared with an intern during the course of the rotation or might be reflected in receiving a rating of “2” at the formal, midyear assessment on the PWCs. A “2” in more than two areas of competency would result in a need for a formal remediation plan.

2. A formal plan to enhance competencies based on supervision, increased readings, observations, and collaborations with supervisors can be written out in collaboration with an intern and used as a guide for their supervisory and/or direct observation meetings.

3. Formal Intern Competency Remediation Plan Established

Key features of the plan if leading to possible probation status:

- The plan should be specific about what competencies need to be developed.
- Specify what particular steps will be taken by the intern and by the program and/or supervisor(s) to help facilitate competency.
- Clearly state how the skill/competency will be measured. How will the program and intern know that progress or lack thereof is occurring?
- State the period of time for the probationary status to occur and/or improvement to be demonstrated.
- Be clear about the “next steps”….if competency is not demonstrated, does it result in a renewed probation period, extending the training year, and/or termination from the internship?
Intern Competency Remediation Plan

Date of Remediation Plan Meeting:

Name of Intern:

Primary Supervisor/Advisor:

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Check all competency domains in which the Intern’s performance does not meet the benchmark at the expected level for this point in the training year:

Profession-Wide Competencies:

☐ Research  ☐ Supervision

☐ Intervention  ☐ Individual and cultural diversity

☐ Consultation  ☐ Assessment

☐ Research/ Evaluation  ☐ Communication and Interpersonal Skill

☐ Professional values, attitudes, and behaviors

Description of the problem(s) in each competency domain checked above:

Date(s) of the problem(s) was brought to the Intern’s attention and by whom:

Steps already taken by the Intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/ faculty to address the problem(s):

Possible Consequences if competencies have not been sufficiently developed from the remediation plan:
## Remediation Plan

<table>
<thead>
<tr>
<th>Competency Domain/ Essential Components</th>
<th>Problem Behaviors</th>
<th>Expectations for Acceptable Performance</th>
<th>Intern’s Responsibilities/ Actions</th>
<th>Supervisors’/ Faculty Responsibilities/ Actions</th>
<th>Timeframe for Acceptable Performance</th>
<th>Assessment Methods</th>
<th>Dates of Evaluation</th>
<th>Consequences for Unsuccessful Remediation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I, ______, have reviewed the above remediation plan with my primary supervisor/ advisor, any additional supervisors/ faculty, and the director of training. My signature below indicates that I fully understand the above. I [ ] agree/ [ ] disagree with the above decision (please check one). My comments, if any, are below (PLEASE NOTE: If Intern disagrees, comments, including a detailed description of the Intern’s rationale for disagreement, are REQUIRED).

Intern Name   Date   Service Director   Date

_________________________________________   ___________________________
Chief/Training Director in Psychology   Date

Intern’s comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate you agreement with the plan.

_________________________   ___________________________
Name   Date   Name   Date

_________________________   ___________________________
Name   Date   Name   Date

_________________________   ___________________________
Name   Date   Name   Date
MAINTENANCE OF RECORDS
All records related to an intern’s participation in the Internship Program are kept in a locked file cabinet in a locked office which has limited access by any unauthorized personnel. After a period of approximately ten years upon completion of the Internship Program, these records, which include any correspondence with the doctoral program and/or any other parties on behalf of the intern, the Internship Competency Evaluation Forms, and the application materials, are stored in a secure storage facility managed by Boston Children’s, providing easy access for retrieval.
PSYCHOLOGY INTERNSHIP
SUPERVISORY FACULTY

D’Angelo, Eugene J., PhD, ABPP
Chief, Division of Psychology
Director of Training in Psychology
Linda and Timothy O’Neill Chair in Psychology
University of Michigan
Developmental Psychopathology; Clinical Outcomes

Daniel, Jessica Henderson, PhD, ABPP
Director of Training Emerita
University of Illinois
Cross-Generational Therapy; Cross-Cultural Psychology

Bernstein, Jane Holmes, PhD
University of Edinburgh
Neuropsychology; Clinical Assessment

Bronfman, Elisa, PhD
Boston College
Medical Crisis Counseling

Bujoreanu, I Simona, PhD
University of Rhode Island
Consultation Services

Cherry, Marcus, PhD
Boston College
Childhood Trauma, Individual and Cultural Diversity

Hourigan, Shannon, PhD
Virginia Commonwealth University
Pediatric Psychology, Evidence-based Practice

Kammerer, Betsy, PhD
Cornell University
Neuropsychology; Hearing/Communication Impairment
LeBovidge, Jennifer, PhD
Northwestern University Feinberg School Of Medicine
Medical Coping, Immunology

Lee, Erica, PhD
University of California, Berkeley
Evidence-based Treatment
Cultural and Individual Diversity

Llerena-Quinn, Roxana, PhD
Boston College
Latino Mental Health, Childhood Trauma

McKenna, Kristine, PhD
University of Maryland
Pediatric Transplant, Consultation/Liaison

Mednick, Lauren, PhD
George Washington University
Coping with Medical Programs/Pediatric Psychology

Queally, Jennifer Turek, PhD
Suffolk University
Neuropsychology

Rey-Casserly, Celiane, PhD, ABPP
Boston University
Neuropsychology; Hispanic Services

Sinclair-McBride, Keneisha, PhD
Vanderbilt University
Integrated Care; Evidence-based Practice;
Cultural and Individual Diversity

Snell, Carolyn, PhD
University of Miami
Pediatric Psychology
Thomson, Katharine, PhD
California School of Professional Psychology
Pediatric Transplant/Consultation/Liaison

Tsang, Kevin, PsyD
Virginia Consortium Program in Clinical Psychology
Pediatric Psychology Consultation Services

Tunick, Rachel, PhD
University of Denver
Integrated Behavioral Healthcare in Primary Care Settings
Intern Handbook
Psychology Internship
in Health Service Psychology
Boston Children’s Hospital,
a teaching hospital of Harvard Medical School

Appendices

Appendix 1: Important Documents Related to the Psychology Internship
Orientation Schedule 1
Typical Intern Weekly Schedules 5
The Competencies, Elements, Required training and experiential activities to meet each Element, how outcomes are measured, where on the Boston Children’s Psychology Internship Competency Rating Form the ratings for each Competency are assessed, and the Minimum Level of Achievement for that Competency both at Midyear and End of Year Evaluation Periods 8
Boston Children’s Psychology Internship Competency Rating Form 26
# DIVISION OF PSYCHOLOGY - TRAINEE ORIENTATION SCHEDULE

## July 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>For</th>
<th>Function</th>
<th>With</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 3</td>
<td>9:00-9:45</td>
<td>All Interns</td>
<td>o Review of Orientation Schedule&lt;br&gt;o Initial Meeting</td>
<td>o Dr. D’Angelo</td>
<td>Byers B</td>
</tr>
<tr>
<td>Monday</td>
<td>10:00 - 12:00</td>
<td>All Interns</td>
<td>o Personnel Issues, Payroll, Health Insurance, Taxes, Employment Eligibility Verification, etc.</td>
<td>o HR Service Center&lt;br&gt;Kathy Wallace</td>
<td>Byers B</td>
</tr>
<tr>
<td></td>
<td>12:00 - 1:30</td>
<td>All Interns</td>
<td>o Lunch</td>
<td>o fellow Interns</td>
<td>Seminar 1</td>
</tr>
<tr>
<td></td>
<td>1:30 - 2:00</td>
<td>Interns</td>
<td>o TOUR</td>
<td>o Current Interns</td>
<td></td>
</tr>
<tr>
<td>July 4</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>ENJOY THE HOLIDAY!</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 5</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>o Neuropsych Intro Seminar</td>
<td>o Staff</td>
<td>Fegan 7 Conf Room</td>
</tr>
<tr>
<td>Wednesday</td>
<td>10:00 -</td>
<td>All Interns</td>
<td>o Review</td>
<td>o Dr. D’Angelo</td>
<td>Fegan</td>
</tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td>11:00 – 11:30</td>
<td>All Interns</td>
<td>o Pagers, etc</td>
<td>o Carol Berne</td>
<td>HU 120.1</td>
</tr>
<tr>
<td></td>
<td>1:00 – 3:00</td>
<td>Primary Care Interns</td>
<td>o Primary Care Orientation</td>
<td>o Dr. Tunick</td>
<td>HU 169</td>
</tr>
</tbody>
</table>
### DIVISION OF PSYCHOLOGY - TRAINEE ORIENTATION SCHEDULE

**July 2017**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>For</th>
<th>Function</th>
<th>With</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 6</td>
<td>10:00</td>
<td>All Interns</td>
<td>Orientation Review</td>
<td>Dr. D’Angelo</td>
<td>Fegan 822</td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
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</tr>
<tr>
<td>July 7</td>
<td>9:00 - 12:00</td>
<td>PCS Interns &amp; Psychiatry Fellows</td>
<td>Orientation</td>
<td>Dr. Ibeziako</td>
<td>Seminar 1</td>
</tr>
<tr>
<td>Friday</td>
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<td></td>
<td></td>
<td>Enders Bldg</td>
</tr>
<tr>
<td></td>
<td>1:00 - 3:00</td>
<td>All Interns &amp; Psychiatry Fellows</td>
<td>Introduction to OPS</td>
<td>Dr. Mednick</td>
<td>333 Longwood</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ms. French</td>
<td>LO 105</td>
</tr>
<tr>
<td>July 10</td>
<td>9:00 - 10:00</td>
<td>PCS Interns</td>
<td>Rounds</td>
<td></td>
<td>Garden Conf</td>
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<tr>
<td>Monday</td>
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<td></td>
<td>Room</td>
</tr>
<tr>
<td></td>
<td>10:00 - 11:00</td>
<td>All Interns &amp; Psychiatry Fellows</td>
<td>OPS Trivox Training</td>
<td>Dr. Mednick</td>
<td>Garden Conf</td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td>Dr. Hammerness</td>
<td>Room</td>
</tr>
<tr>
<td>July 11</td>
<td>8:00 - 12:00</td>
<td>Interns on Neuropsychology Service</td>
<td>Neuropsychology Orientation</td>
<td>Dr. Rey-Casserly</td>
<td>Fegan 822</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<td></td>
<td>Dr. Queally</td>
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<td></td>
<td>Dr. Bernstein</td>
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<tr>
<td></td>
<td>10:00 - 11:00</td>
<td>Interns on General Assessment</td>
<td>General Assessment Orientation</td>
<td>Dr. D’Angelo</td>
<td>Fegan 806</td>
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<tr>
<td></td>
<td>3:00 - 4:00</td>
<td>All Interns &amp; Psychiatry Fellows</td>
<td>CGI/CGAS</td>
<td>Ms Demuth</td>
<td>Garden Conf</td>
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<td></td>
<td>Dr. Hammerness</td>
<td>Room</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>For</td>
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<td>With</td>
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<tr>
<td>July 12</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>o Neuropsychology Introduction Seminar</td>
<td>o Neuropsychology Staff</td>
<td>Fegan 7 Conf. Room</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8:30 – 10:00</td>
<td>PCS Interns</td>
<td>o PCS Rounds</td>
<td></td>
<td>Seminar 1</td>
</tr>
<tr>
<td></td>
<td>10:00 – 11:00</td>
<td>All Interns</td>
<td>o Intro to the Emergency Department</td>
<td>o Ms. Cummings</td>
<td>Byers B</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30</td>
<td>All Interns &amp; Psychiatry Fellows</td>
<td>o Intro to PQP</td>
<td>o Ms. Demuth</td>
<td>Seminar 1</td>
</tr>
<tr>
<td></td>
<td>2:00 – 4:00</td>
<td>All Interns</td>
<td>o OPS Introduction</td>
<td>o Ms. French Ms. Gallagher</td>
<td>Fegan 8</td>
</tr>
<tr>
<td>July 13</td>
<td>8:00 – 10:00</td>
<td>All Interns</td>
<td>o Biofeedback &amp; Neuromotion Training</td>
<td>o Dr. McKenna</td>
<td>Fegan 7 Conf Room</td>
</tr>
<tr>
<td>Thursday</td>
<td>11:00 – Noon</td>
<td>ED Interns</td>
<td>o ED Seminar</td>
<td>o Ms. Cummings</td>
<td>Fegan 8</td>
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<tr>
<td></td>
<td>2:00 – 4:00</td>
<td>All Interns</td>
<td>o OPS Billing</td>
<td>o Ms. Carter</td>
<td>Fegan 8</td>
</tr>
<tr>
<td>July 14</td>
<td>9:30 – 11:00</td>
<td>PCS Interns</td>
<td>o PCS Rounds</td>
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<td>Garden Conf Room</td>
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<tr>
<td>Friday</td>
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<tr>
<td>July 17</td>
<td>10:00 – 11:00</td>
<td>All Interns</td>
<td>o Pediatric Psychology Seminar</td>
<td>o Staff</td>
<td>Garden Conf Room</td>
</tr>
<tr>
<td>Monday</td>
<td>11:00 – 12:00</td>
<td>All Interns</td>
<td>o Intern Seminar</td>
<td>o Dr. Daniel</td>
<td>Fegan 822</td>
</tr>
<tr>
<td>July 18</td>
<td>8:30 – 12:00</td>
<td>Interns on Neuropsychology Service</td>
<td>o Neuropsychology Orientation</td>
<td>o Neuropsychology Staff</td>
<td>Fegan 822</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>For</td>
<td>Function</td>
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<tr>
<td>July 19</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>0 Neuropsychology Introduction Seminar</td>
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<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td>0 Neuropsychology Staff</td>
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<td></td>
<td>Fegan 7 Conf. Room</td>
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<tr>
<td>July 20</td>
<td>8:00 – 10:00</td>
<td>All Interns</td>
<td>0 Biofeedback &amp; Neuromotion Training</td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td>0 Dr. McKenna</td>
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<td></td>
<td></td>
<td>Fegan 7 Conf Room</td>
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<tr>
<td>July 26</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>0 Neuropsychology Introduction Seminar</td>
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<tr>
<td>Wednesday</td>
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<td></td>
<td>0 Neuropsychology Staff</td>
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<tr>
<td></td>
<td>12:00 – 2:00</td>
<td>Psychology Interns &amp; Staff</td>
<td>0 End of year Luncheon for graduating Interns</td>
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<td>Inn at Longwood</td>
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<tr>
<td>July 27</td>
<td>8:00 – 10:00</td>
<td>All Interns</td>
<td>0 Biofeedback &amp; Neuromotion Training</td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td>0 Ms. White</td>
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<td></td>
<td>Fegan 7 Conf Room</td>
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<tr>
<td>August 2</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>0 Neuropsychology Introduction Seminar</td>
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<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td>0 Neuropsychology Staff</td>
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<td></td>
<td></td>
<td></td>
<td>Fegan 7 Conf. Room</td>
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</tr>
<tr>
<td>August 9</td>
<td>8:00 – 9:00</td>
<td>All Interns</td>
<td>0 Neuropsychology Introduction Seminar</td>
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<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td>0 Neuropsychology Staff</td>
<td></td>
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<td></td>
<td></td>
<td>Fegan 7 Conf. Room</td>
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<tr>
<td>September 12</td>
<td>8:00 – 12:00</td>
<td>All Interns</td>
<td>0 Neuropsychology Testing Observation</td>
<td></td>
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<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td>0 Neuropsychology Staff</td>
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<td></td>
<td>Fegan 822</td>
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<tr>
<td>January 1 - Wednesday</td>
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</tbody>
</table>

**SECOND ROTATION BEGINS FOR PSYCHOLOGY INTERNS**
## Typical Weekly Schedule for the PCS Intern

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am: Rounds (w/presentation)</td>
<td>9:00am Gen Assessment Supervision</td>
<td>8:00am: Neuropsychology Seminar (1st W of the month, optional)</td>
<td>9:30-11:00am: Intern Seminar</td>
<td>9:30-11:00am Rounds (teaching—Pediatric Consult Seminar)</td>
</tr>
<tr>
<td>10:00am: Pediatric Seminar</td>
<td>10:00 PCS Supervision</td>
<td>8:30-10:00 Rounds (teaching with trainee presentation)</td>
<td>11:00-2:00: Catch up</td>
<td>11:00-12:00 Outpatient Supervision</td>
</tr>
<tr>
<td>11:00am: Intern Seminar</td>
<td>11:00-2:00 PCS grey out (follow up/notes)</td>
<td>10:00 Grand Rounds (every other week)</td>
<td>2:00-5: PCS (new patients/follow-up/notes)</td>
<td>12:00-2:00 Catch Up (usually start PCS – Fridays are busy)</td>
</tr>
<tr>
<td>11:00-2: collateral contact</td>
<td>3:00-6:00 Outpatients (3)</td>
<td>11:00 M&amp;M Rounds (once a month)</td>
<td></td>
<td>2:00-5: PCS (new/follow-up/notes)</td>
</tr>
<tr>
<td>2:00-5: PCS (new/follow-up/notes)</td>
<td></td>
<td>12:00-2:00 Catch: Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2:00-5/7: PCS (new/follow-up/notes)</td>
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</tr>
</tbody>
</table>

*PCS: No new consults assigned after 3:00 pm. Typically off the floor by 5:00-6:00 PM.

**catch up time can be used to work on outpatient notes, review medical records for PCS, contact medical teams, talk to attendings, or can work on dissertation, post-doc applications, etc.
# Typical Weekly Schedule for the Primary Care Intern

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00am: Pediatric Psychology Seminar</td>
<td>8:00am-12:00pm: Neuropsychology Service and supervision</td>
<td>8:00am: Neuropsychology Seminar</td>
<td>9:30-11:00am: Intern Seminar</td>
<td>9:00-3:00PM: Primary Care Clinic</td>
</tr>
<tr>
<td>11:00am: Intern Seminar</td>
<td></td>
<td>9:00am: Atopic Dermatitis Clinic Supervision</td>
<td>11:00am: ED Supervision</td>
<td>3:00PM Primary Care supervision</td>
</tr>
<tr>
<td>12:00pm: Collaborative Problem Solving Group</td>
<td>12:00pm: OPS/Med Coping Supervision</td>
<td>10:00am: Grand Rounds (every other week)</td>
<td>12:00pm-5:00pm: Emergency Department Service Coverage</td>
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</tr>
<tr>
<td>2:00pm OPS Supervision</td>
<td></td>
<td>11:00am: M&amp;M (once per month)</td>
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<tr>
<td>3:00pm Outpatient</td>
<td>3:00pm Outpatient</td>
<td>12:00 -5:00PM Primary Care Clinic</td>
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<tr>
<td>4:00pm Outpatient</td>
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<td>5:00pm Outpatient</td>
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<td>MONDAY</td>
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<tr>
<td>10:00am: Pediatric Psychology Seminar</td>
<td>8:00am-12:00pm: Neuropsychology Service and supervision</td>
<td>8:00am: Neuropsychology Seminar</td>
<td>9:30-11:00am: Intern Seminar</td>
<td>8:15am-12:00pm: Atopic Dermatitis Clinic</td>
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<tr>
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<tr>
<td>Competency:</td>
<td>Research</td>
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<tr>
<td>Elements associated with this competency from IR C-81</td>
<td>Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.</td>
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<tr>
<td>Program-defined elements associated with this competency (see table description above)</td>
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<tr>
<td>Required training/experiential activities to meet each element.</td>
<td>Demonstrates an ability to incorporate current, relevant research into clinical practice using a specific case.</td>
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<td>Applies evidence based practice on clinical case, including reflections on applicability, limitations, client preferences, and clinical judgment.</td>
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<td>Effectively participates in seminar discussions of current research articles chosen for relevance to our clinical practice, including rationale for choice, accurate evaluation of the research itself, and identifying ways to incorporate into practice.</td>
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<td>Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings.</td>
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<tr>
<td>How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</td>
<td>How outcomes are measured:</td>
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<tr>
<td></td>
<td>Use of the BCHPICRF to evaluate the attainment of these competencies.</td>
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<td></td>
<td>Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use</td>
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<tr>
<td>Evaluation tool and self-study location:</td>
<td>Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-4 listed under Research)</td>
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</table>
| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. | At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.

N=Not yet/NA Utilized
1=Basic Knowledge (Not Proficient)
2=Basic Knowledge and Skills (Minimally Proficient)
3 =Applied in Practice with Much Support/Guidance (Satisfactorily Proficient; Uses the skill effectively most of the time and benefits from continued supervision and guidance)
4= Proficient and Autonomous (Consistently uses this skill independently)
5= Highly Proficient (Consistently uses this skill at an independent level and has the ability to teach it to others). | Review of AAPI Online for recognizing publications and presentations at professional meetings |
<table>
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<tr>
<th>Competency: (ii) Ethical and legal standards</th>
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</table>

**Elements associated with this competency from IR C-81**

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

**Program-defined elements associated with this competency (if applicable)**

**Required training/experiential activities to meet elements**

- describes clinical cases in a way that clearly identifies and integrates the ethical and legal issues involved, including an ethical decision making model.
- Independently identifies and proposes resolution(s) related to an ethical and legal issue(s) on a complex clinical or professional situation utilizing good clinical judgment.
- Demonstrates appropriate ethical and legal knowledge, skills and attitudes.

**How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.**

| How outcomes are measured: Use of the BCHPICRF to evaluate the attainment of these competencies. Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form | Evaluation tool and self-study location: Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-3 listed under Ethical and legal standards) |

**Minimum levels of achievement (MLAs) for each outcome**

At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation,
<table>
<thead>
<tr>
<th>measure/evaluation tool listed above.</th>
<th>Interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.</th>
</tr>
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<tr>
<th>Competency:</th>
<th>(iii) Individual and cultural diversity</th>
</tr>
</thead>
</table>
| Elements associated with this competency from IR C-8 I | • An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.  
  • Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. 
  • The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.  
  • Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. |
| Program-defined elements associated with this competency (if applicable) | |
| Required training/experiential activities to meet elements | • Integrates use of diversity considerations in the approach to discussions about cases to a supervisor or in a clinical team meeting/rounds.  
  • Demonstrates effective collaboration with patients/guardians while assessment/treatment planning in a manner sensitive to equity and issues of inclusion.  
  • Reflects on the intersection of equity and inclusion factors, identifying the impact on the treatment process along with ways to address it (e.g., culturally appropriate services, adapting one's manner, seeking consultation)  
  • Effectively negotiates conflictual, difficult or complex relationship situations with individuals/groups who differ significantly from oneself.  
  • Demonstrates appropriate knowledge, skills and attitudes about issues cultural and individual differences in its multiple forms, including issues of racism, discrimination, acculturative distress, micro- |
| **How outcomes are measured** for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located. | How outcomes are measured:  
- Use of the BCHPICRF to evaluate the attainment of these competencies.  
- Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form | Evaluation tool and self-study location:  
Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-5 listed under Individual and Cultural Diversity) |
|---|---|---|
| **Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.** | At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.  
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<tr>
<th>Competency:</th>
<th>(iv) Professional values, attitudes, and behaviors</th>
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</table>
| Elements associated with this competency from IR C-8 | - Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others  
- Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.  
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.  
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. |
| Program-defined elements associated with this competency (if applicable) | |
| Required training/experiential activities to meet elements | - Reflect on and assess strengths and growth areas based on self-evaluation and feedback from supervisors, along with professional goals. Utilizes this self-assessment to develop specific personalized goals for the cases on this rotation with each of your assigned supervisors.  
- Articulates a personal process of self-evaluation and a self-care plan, discussing some ways your supervisors could support you.  
- Based on self-assessment of competencies which takes into account supervisor feedback, the intern expresses a personal statement of professional goals for future, identifying areas for further professional growth, with plans to achieve the goals in the future.  
- Responsibly meets all outpatient clinical documentation expectations including timely record that is concise, yet contains all pertinent information.  
- Identifies, reflects on, discusses and manages emotional reactions to challenging clinical or professional situations.  
- Monitors and reflects on one’s attitudes, values and beliefs, both during and after professional activities, in a way that identifies challenges and conflicts with those values, along with ways to address. |
<table>
<thead>
<tr>
<th><strong>How outcomes are measured</strong> for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.</th>
<th>How outcomes are measured:</th>
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<tbody>
<tr>
<td>Use of the BCHPICRF to evaluate the attainment of these competencies.</td>
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<tr>
<td>Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form</td>
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<tr>
<th><strong>Evaluation tool and self-study location:</strong></th>
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<tr>
<td>Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-7 listed under Professional values, attitudes, and behaviors )</td>
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<tr>
<th><strong>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</strong></th>
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<tbody>
<tr>
<td>At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.</td>
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* Advocates with compassion for difficult or challenging clients/families.
<table>
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<tr>
<th>Competency:</th>
<th><em>(v) Communications and interpersonal skills</em></th>
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</table>
| **Elements associated with this competency from IR C-8 l** | - Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.  
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.  
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well. |
| **Program-defined elements associated with this competency (if applicable)** | |
| **Required training/experiential activities to meet elements** | - Demonstrates appropriate engagement in a new clinical case: greeting, orienting,  
- Establishes empathy and asking sensitive questions, while reflecting on that process.  
- Demonstrates effective working alliance in two treatment cases.  
- Identifies any treatment ruptures, miscues or difficulties that emerged in a clinical service relationship and reflects on that process and its resolution.  
- Presents at case conferences or didactic presentations, tailored to the audience including gathering feedback from the participants and incorporating it into the service plan.  
- Demonstrates clarity and coherence in clinical documentation as evidenced by a supervisor’s chart review.  
- Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships with staff, patients, families/caregivers, administrative personnel, and community resource providers |
| **How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located.** | How outcomes are measured:  
Use of the BCHPICRF to evaluate the attainment of these competencies.  
Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form |
|  | Evaluation tool and self-study location:  
Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-6 listed under Communications and interpersonal skills) |
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<tr>
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<tr>
<td>At midyear evaluation, an intern is expected to have a rating of &quot;3&quot; to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of &quot;4&quot; on all profession-wide competencies and elements.</td>
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<td>N=Not yet/NA Utilized</td>
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<td>Competency:</td>
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| **Elements associated with this competency from IR C-81** | • Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.  
• Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.  
• Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. |
| **Program-defined elements associated with this competency (if applicable)** | |
| **Required training/experiential activities to meet elements** | • Independently completes a psychological assessment including solid diagnosis/conceptualization, while addressing ethics, diversity and interpersonal dynamics, based on supervisor observation.  
• Refines a referral question for a psychological evaluation and selects assessment tools to use, including reflecting on applicability and limitations of such assessment instruments, particularly if impacted by aspects of diversity.  
• Independently and validly administers and interprets for the referral parties involved:  
  Clinical questionnaires  
  Cognitive/Neuropsychological assessment  
  Personality evaluation  
• Utilizes test results to address diagnosis and/or referral question(s) in a case.  
• Produces a clinically useful report/feedback/consultation based on psych testing measures. |
| **How outcomes are measured for each training/experiential activity listed above.** List where in the self-study all associated evaluation tools are located. | **How outcomes are measured:**  
Use of the BCHPICRF to evaluate the attainment of these competencies.  
Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form | **Evaluation tool and self-study location:**  
Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-5 listed under Assessment) |

**Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.**  
At midyear evaluation, an intern is expected to have a rating of "3" to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of "4" on all profession-wide competencies and elements.

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<tr>
<th>Competency:</th>
<th>(vii) Intervention</th>
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| Elements associated with this competency from IR C-8 | • Establish and maintain effective relationships with the recipients of psychological services.  
• Develop evidence-based intervention plans specific to the service delivery goals.  
• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.  
• Demonstrate the ability to apply the relevant research literature to clinical decision making.  
• Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.  
• Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. |
| Program-defined elements associated with this competency (if applicable) | |
| Required training/experiential activities to meet elements | • Independently creates a treatment plan that reflects successful integration of empirical findings and research, clinical judgment, diversity and client preferences.  
• Effectively designs and implements a treatment intervention for a case in each of the broad categories listed:  
  ADHD  
  Behavior Disorder  
  Mood Disorder  
  Trauma  
  Medical coping issue  
  Medical consultation/liaison issues  
• Demonstrates the ability to integrate and reflect on the treatment process, on assigned cases, areas of |
| Case conceptualization, treatment goals, model, observations and interactions, and decision points in the session.  
  • Effectively evaluates and manages risk or crisis situations with appropriate consultation.  
  • Effectively manages an outpatient caseload, including describing to the supervisors an overview of case decisions and choice points regarding scheduling, outcomes, discharges, etc.  
  • Integrates findings from outcome measure(s) into case decision making on all clinical cases.  
  • Demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are base on the best scientific research evidence, respectful of clients’ values/preferences, and relevant expert guidance. |

| How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located. |
|---|---|
| How outcomes are measured:  
Use of the BCHPICRF to evaluate the attainment of these competencies.  
Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form | Evaluation tool and self-study location:  
Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-7 listed under Intervention) |

| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. |
|---|---|
| At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.  
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<tr>
<th>Competency:</th>
<th>(viii) Supervision</th>
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<tbody>
<tr>
<td>Elements associated with this competency from IR C-8.1</td>
<td>• Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.</td>
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<tr>
<td>Program-defined elements associated with this competency (if applicable)</td>
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</table>
| Required training/experiential activities to meet elements | • Articulate a supervision model for oneself, with reflection on how it could be applied.  
• Demonstrates knowledge of supervision techniques  
• Identifies relevant issues in assessment cases of colleagues  
• Incorporate issues of diversity into the discussions about supervision  
• Assists colleagues in developing strategies to provide feedback about their assessments to referral sources, patients, families  
• Provide effective supervision to another intern, articulating an understanding of the complexity involved and the ability to reflect on the process. |
| How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located. | How outcomes are measured:  
• Participation in the supervisory skills module of the Intern Seminar  
• Successful demonstration of supervisory skills during role play situation and in response to a standard treatment case/session  
Evaluation tool and self-study location:  
Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-4 listed under Research) |
<p>| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. | Most of this area of competency is addressed during the second half of the internship training year. As such, at the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements. |</p>
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<tr>
<td>Competency:</td>
<td>(ix) Consultation and inter-professional/interdisciplinary skills</td>
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</table>
| Elements associated with this competency from IR C-81 | • Demonstrate knowledge and respect for the roles and perspectives of other professions.  
• Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior. |
| Program-defined elements associated with this competency (if applicable) | |
| Required training/experiential activities to meet elements | • Consultation and inter-professional/interdisciplinary skills: (Demonstrates appropriate knowledge, skills and attitudes regarding inter-professional and interdisciplinary collaboration in relevant professional roles.)  
• Provides effective consultation and collaboration on a clinical case for each of the following systems, including identifying and addressing interpersonal and systemic challenges involved:  
  A social service agency  
  School  
  >CP  
  Inter-professional healthcare team  
• Demonstrate appropriate knowledge, skills and attitudes regarding interdisciplinary collaboration in relevant professional roles. |
| How outcomes are measured for each training/experiential activity listed above. List where in the self-study all associated evaluation tools are located. | How outcomes are measured:  
Use of the BCHPICRF to evaluate the attainment of these competencies.  
Direct observation of interns in seminars, meetings, supervision, and in patient care to inform the use of the evaluation form. |
<p>| Evaluation tool and self-study location: | Boston Children’s Hospital Psychology Internship Competency Rating Form (items 1-2 listed under Consultation and inter-professional/interdisciplinary skills ) |</p>
<table>
<thead>
<tr>
<th>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</th>
<th>At midyear evaluation, an intern is expected to have a rating of “3” to indicate appropriate level of progress regarding the elements for this competency in the internship. At the end of the year evaluation, interns are expected to have attained a rating of “4” on all profession-wide competencies and elements.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>V=Not yet/NA Utilized</td>
</tr>
<tr>
<td></td>
<td>1=Basic Knowledge (Not Proficient)</td>
</tr>
<tr>
<td></td>
<td>2=Basic Knowledge and Skills (Minimally Proficient)</td>
</tr>
<tr>
<td></td>
<td>3 =Applied in Practice with Much Support/Guidance (Satisfactorily Proficient; Uses the skill effectively most of the time and benefits from continued supervision and guidance)</td>
</tr>
<tr>
<td></td>
<td>4= Proficient and Autonomous (Consistently uses this skill independently)</td>
</tr>
<tr>
<td></td>
<td>5= Highly Proficient (Consistently uses this skill at an independent level and has the ability to teach it to others)</td>
</tr>
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</table>
Boston Children's Hospital Psychology Internship Competency Rating Form

Intern Name: ____________________________
Date: ____________________________________

_____ Mid-year Evaluation       _____ End of Year Evaluation

Rotation ________________________________

Six Month Ratings:

N=Not yet/NA Utilized
1=Basic Knowledge (Not Proficient)
2=Basic Knowledge and Skills (Minimally Proficient)
3 =Applied in Practice with Much Support/Guidance (Satisfactorily Proficient; Uses the skill effectively most of the time and benefits from continued supervision and guidance)
4= Proficient and Autonomous (Consistently uses this skill independently; Ready for independent practice)
5= Highly Proficient (Consistently uses this skill at an independent level and has the ability to teach it to others)

<table>
<thead>
<tr>
<th>Research: (Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings in all professional roles.)</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates an ability to incorporate current, relevant research into clinical practice using a specific case.</td>
<td></td>
</tr>
<tr>
<td>2. Applies evidence based practice on clinical case, including reflections on applicability, limitations, client preferences, and clinical judgment.</td>
<td></td>
</tr>
<tr>
<td>3. Effectively participates in seminar discussions of current research articles chosen for relevance to our clinical practice, including rationale for choice, accurate evaluation of the research itself, and identifying ways to incorporate into practice.</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethical and Legal Standards: (Demonstrates appropriate ethical and legal knowledge, skills and attitudes in all professional roles)</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describes clinical cases in a way that clearly identifies and integrates the ethical and legal issues involved, including an ethical decision making model.</td>
<td></td>
</tr>
<tr>
<td>2. Independently identifies and proposes resolution(s) related to an ethical and legal issue(s) on a complex clinical or professional situation utilizing good clinical judgment.</td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates appropriate ethical and legal knowledge, skills and attitudes.</td>
<td></td>
</tr>
</tbody>
</table>
**Individual and Cultural Diversity:** (Demonstrates appropriate knowledge, skills and attitudes about cultural and individual differences in all professional roles.)

1. Integrates use of a diversity considerations in the approach to discussions about cases to a supervisor or in a clinical team meeting/rounds.

2. Demonstrates effective collaboration with patients/guardians while assessment/treatment planning in a manner sensitive to equity and issues of inclusion.

3. Reflects on the intersection of equity and inclusion factors, identifying the impact on the treatment process along with ways to address it (eg, culturally appropriate services, adapting one’s manner, seeking consultation)

4. Effectively negotiates conflictual, difficult or complex relationship situations with individuals/groups that differ significantly from oneself.

5. Demonstrates appropriate knowledge, skills and attitudes about the range of issues cultural and individual differences in its multiple forms, including issues of racism, discrimination, acculturative distress, micro-aggressions, gender bias, religious differences, and socio-economic disparities.

**In each of these profession wide competency areas, demonstrate the ability to:**

**Professional values, attitudes, and behaviors:** (Demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession including the appropriate knowledge, skills, and attitudes in reflecting on, critically evaluating, and improving one’s own professional performance.)

1. Reflect on and assess strengths and growth areas based on self-evaluation and feedback from supervisors, along with professional goals. Utilizes this self-assessment to develop specific personalized goals for the cases on this rotation with each of your assigned supervisors.

2. Articulates a personal process of self-evaluation and a self-care plan, discussing some ways your supervisors could support you.

3. Based on self-assessment of competencies which takes into account supervisor feedback, the intern expresses a personal statement of professional goals for future, identifying areas for further professional growth, with plans to achieve the goals in the future.

4. Responsibly meets all outpatient clinical documentation expectations including timely record that is concise, yet contains all pertinent information.

5. Identifies, reflects on, discusses and manages emotional reactions to challenging clinical or professional situations.

6. Monitors and reflects on one’s attitudes, values and beliefs, both during and after professional activities, in a way that identifies challenges and conflicts with those values, along with ways to address.

7. Advocates with compassion for difficult or challenging clients/families.

**Communication and Interpersonal Skills:** (Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships in all professional roles.)

1. Demonstrates appropriate engagement in a new clinical case: greeting, orienting, establishing empathy and asking sensitive questions, while reflecting on that process.
2. Demonstrates effective working alliance in two treatment cases.

3. Identifies any treatment ruptures, miscues or difficulties that emerged in a clinical service relationship and reflects on that process and its resolution.

4. Presents at case conferences or didactic presentations, tailored to the audience including gathering feedback from the participants and incorporating it into the service plan.

5. Demonstrates clarity and coherence in clinical documentation as evidenced by a supervisor’s chart review.

6. Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships with staff, patients, families/caregivers, administrative personnel, and community resource providers.

---

**In each of these profession wide competency areas, demonstrate the ability to:**

**Supervision:** (Demonstrates appropriate knowledge, skills and attitudes regarding the instruction and oversight of trainees and other professionals.)

1. Articulate a supervision model for oneself, with reflection on how it could be applied.

2. Demonstrates knowledge of supervision techniques

3. Identifies relevant issues in assessment cases of colleagues

4. Incorporate issues of diversity into the discussions about supervision

5. Assists colleagues in developing strategies to provide feedback about their assessments to referral sources, patients, families

6. Provide effective supervision to another intern, articulating an understanding of the complexity involved and the ability to reflect on the process.
**Assessment:** (Demonstrates appropriate knowledge, skills and attitudes in the selection, administration and interpretation of assessments consistent with the best scientific research evidence and relevant expert guidance.)

1. Independently completes a psychological assessment including solid diagnosis/conceptualization, while addressing ethics, diversity and interpersonal dynamics, based on supervisor observation.

2. Refines a referral question for a psychological evaluation and selects assessment tools to use, including reflecting on applicability and limitations of such assessment instruments, particularly if impacted by aspects of diversity.

3. Independently and validly administers and interprets for the referral parties involved:
   - Clinical questionnaires
   - Cognitive/Neuropsychological assessment
   - Personality evaluation (e.g., MMPI-A)

Utilizes test results to address diagnosis and/or referral question(s) in a case.

Produces a clinically useful report/feedback/consultation based on psych testing measures.

**Intervention:** (Demonstrate appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence, respectful of clients' values/preferences, and relevant expert guidance.)

Independently creates a treatment plan that reflects successful integration of empirical findings and research, clinical judgment, diversity and client preferences.

Effectively designs and implements a treatment intervention for a case in each of the broad categories listed:

- ADHD
- Behavior Disorder
- Mood Disorder
- Trauma
- Medical coping issue
- Medical consultation/liaison issues

Demonstrates the ability to integrate and reflect on the treatment process, on assigned cases, areas of case conceptualization, treatment goals, models, observations and interactions, and decision points in the session.
Effectively evaluates and manages risk or crisis situations with appropriate consultation.

Effectively manages an outpatient caseload, including describing to the supervisors an overview of case decisions and choice points regarding scheduling, outcomes, discharges, etc.

Integrates findings from outcome measure(s) into case decision making on all clinical cases.

Demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions that are based on the best scientific research evidence, respectful of clients' values/preferences, and relevant expert guidance.

**Consultation and inter-professional/interdisciplinary skills:** (Demonstrates appropriate knowledge, skills and attitudes regarding interprofessional and interdisciplinary collaboration in relevant professional roles.)

1. Provides effective consultation and collaboration on a clinical case for each of the following systems, including identifying and addressing interpersonal and systemic challenges involved:

   - A social service agency
   - School
   - PCP
   - Inter-professional healthcare team

2. Demonstrate appropriate knowledge, skills and attitudes regarding interdisciplinary collaboration in relevant professional roles.

**Supervisor Comments:**

**Intern Comments:**
Date of Direct Observation of Intern Conducting Relevant Clinical Work Under Supervision: ____________

Supervisor Signature: ______________________________________

Intern Signature: ______________________________________

Training Director Signature Attesting to Review of the Evaluation
Form: ______________________________________

Date: ______________________
Appendices

Appendix 2: Supplemental Departmental Policies and Procedures
Vacation and Leave Policy for Interns and Clinical Fellows 1
Management of Patient Agitation and Violence in the Outpatient Setting
(Dr. John Foster ACTS) 7
DIVISION OF PSYCHOLOGY

Vacation Policy

Vacations need to be planned as early as possible. There are four weeks total to be taken between July and May. No vacations should be taken during June, except by negotiation only.

Vacations need to be cleared through Gene D'Angelo and your respective service chiefs. Please fill out a copy of the attached form outlining your vacation plans and specified coverage for each rotation. A copy should then be given to all involved parties (including intake/Luann French), and a copy given to Carol Berne for record keeping purposes.

All requests for OPS template blocks or changes should be emailed to: PsychiatryTemplateBlocks@childrens.harvard.edu.

Professional Days Policy

The BCH Psychology Internship Program supports interns who participate in professional activities that contribute to their development. Professional days for the interns include the following: attendance at professional meetings, defense of dissertations and academic/professional presentations. There are two professional days that you may use. For other needed days, you may use your vacation time.

Time requested for interviews related to both post-doctoral fellowships and employment will be considered on a case-by-case basis.
VACATION REQUEST FORM

Name ____________________________________________

Dates of Vacation _________________________________

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Planned Coverage</th>
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</table>

cc: Supervisors
    Intake Office
    Luann French
    Carol Berne
    PsychiatryTemplateBlocks@childrens.harvard.edu.
Boston Children’s Hospital
Department of Psychiatry
Leave Policy for Interns and Clinical Fellows

This policy is intended to supplement policies in the Boston Children’s Hospital ("Hospital") Human Resources Manual, including the General Policy for Leaves of Absence (hr_pp_410_leave) and the Family and Medical Leave Act Leave policy (hr_pp_loa_fmla) and any related content or policies. This policy and the Hospital leave policies apply to Psychiatry fellows and Psychology interns and clinical fellows (“trainees”) in the Department of Psychiatry and the Division of Psychology who are employees of the Hospital.

Leaves of Absence recognized by the Hospital include Medical, Family Medical and Child Care/Adoption. Trainees employed by the Hospital for at least 12 months, and who have worked at least 1250 hours during the 12 month period preceding the leave, may be granted leave for up to 12 weeks in any rolling 12 month period. A medical or family medical leave may be granted on an intermittent or reduced schedule basis if medically necessary.

Trainees who have been employed by the Hospital for less than 12 months, or who have worked less than 1250 hours during the twelve month period preceding the leave, but who have been employed for at least three months by the Hospital, may still be eligible for a Non-FMLA Medical Leave. Trainees also may be granted up to eight weeks of leave for childbirth, or adoption of a child as provided under Massachusetts law.

Income Protection during Leave
Trainees who are employed by the Hospital may be eligible for short-term disability benefits through the Hospital’s short-term disability benefits plan. Hospital employees should contact the Hospital’s Human Resources Department for information about short-term disability eligibility, benefits and application requirements.

A benefits-eligible trainee on an approved leave of absence may also be eligible to receive salary support to supplement short-term disability payments up to full base salary level. Supplemental salary support will be provided for up to eight weeks of leave if the trainee is medically ill or if the trainee is the birth parent or the primary care giver following the birth or adoption of a child. A trainee is eligible for salary supplement once during the course of a training program if the trainee is returning to the training program at the end of the leave.

Individuals on an approved leave of absence who are medically ill or the birth parent or primary care giver following the birth or adoption of a child and who are not eligible for short-term disability benefits will receive up to eight weeks of salary support supplementation while on leave. Individuals on an approved leave of absence who are the secondary care giver following the birth or adoption of a child will receive up to two weeks of salary support supplementation while on leave.

Unless prohibited by the terms of a grant, the funding source that regularly covers a trainee’s salary will be used to cover the supplemental salary support during an approved leave.

Available vacation time may also be used during an approved leave of absence, and will run concurrently with FMLA time.
Impact of Leave on Training
A trainee requiring a leave of absence will need to confer with the Director of the applicable training program to establish a plan and timeline for completion of the program following the leave. If a trainee uses vacation time during a leave, the trainee will not be required to make that time up. Depending on the overall length of a leave and the timing of it in the training year, however, issues may arise relating to the structure, content, and length of the training experience following the leave. The post-leave plan will ensure that the trainee works for the requisite number of hours and has the requisite clinical and didactic experiences to ensure licensure and/or the completion of the training program. In developing the post-leave plan, the Director of the training program will follow guidelines set by the Accreditation Council for Graduate Medical Education, the Commission on Accreditation of the American Psychological Association, and the Association of Psychology Postdoctoral and Internship Centers, as appropriate. These guidelines may affect the leave of absence or date of graduation from the training program.

During a leave of absence, a trainee must remain in regular contact with the Director of the training program to report on status and schedule for return to work so that adjustments in the post-leave plan can be made as needed.

Return from Leave
When returning from a Medical Leave due to a trainee’s own illness or injury, a trainee must obtain clearance to return to work from the Hospital’s Occupational Health Services Department before resuming work.

A trainee who does not return from a leave of absence after the approved leave period and has not completed the requirements of the training will be considered to have voluntarily resigned from the training program.

Trainees on Visas
Any extended leave of absence may have immigration implications for trainees who are not U.S. residents or citizens. Trainees who work at the Hospital on an immigration visa should consult with the Hospital’s Immigration Office regarding the potential immigration implications of taking a leave.

<table>
<thead>
<tr>
<th>Title</th>
<th>Leave Policy for Interns and Clinical Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Edie Rosenberg</td>
</tr>
<tr>
<td>Reviewed/Revised by</td>
<td>Eugene J. D’Angelo, PhD</td>
</tr>
<tr>
<td></td>
<td>Robert L. Kils, MD</td>
</tr>
<tr>
<td>Copyright</td>
<td>@Children’s Hospital Boston, 2016</td>
</tr>
<tr>
<td>Approved</td>
<td>Signature on file</td>
</tr>
<tr>
<td></td>
<td>David R. DeMaso, MD</td>
</tr>
<tr>
<td></td>
<td>Psychiatrist-in-Chief</td>
</tr>
</tbody>
</table>
Hospital Paid Time-off

Boston Children’s Hospital will pay employees who take time-off for the following reasons: bereavement, jury duty, organ donation and voting.

Policy

- Employees are expected to promptly inform supervisors if they will need time-off from work.
- The Hospital will pay the employee’s rate for regularly scheduled hours. Pay will not be deducted from the employee’s Earned Time bank for bereavement, jury duty, organ donation and voting.
- Each request for time off with pay will be considered individually, recognizing the needs of the employee as well as those of the Hospital.
- An employee's benefit status is not affected during qualified time-off with pay.

Procedure

Qualified Events

The Hospital sponsors time-off with pay for the following reasons:

Bereavement

Time-off following the death of a member of your immediate or extended family (your grandparent, parent, spouse, spousal equivalent, sibling, child, grandchild, in-law, or step relative). Managers may make exceptions to this list to cover extraordinary circumstances. The employee may be excused for up to 3 days or 60% of their normally scheduled non-overtime work hours.

Jury Duty

Time off is provided to employees required by law to report for jury duty or serve as a juror on a regularly scheduled workday. Employees who normally work an evening or night shift will be excused from their regular shift for jury duty even though their shift is not the actual time that jury duty was performed.

Employees must keep their supervisors informed of their jury duty status and report for work on the next scheduled workday after the court no longer requires their jury service.

The employee’s supervisor must record payroll hours for an employee who is called to serve on jury as their regularly scheduled work hours.
Organ Donation
The Hospital recognizes that an employee may need to take time off from work following donation of bone marrow or a major organ (kidney, liver or lung).

Voting
Employees can be paid for up to one hour of time to vote.

Eligibility and payment criteria
Refer to the Hospital Paid Time Off section for additional information about eligibility and payment criteria.

<table>
<thead>
<tr>
<th>Paid Time Off</th>
<th>Eligible Employees</th>
<th>Waiting Period</th>
<th>Benefit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>Reg ee's 20+ hrs/wk</td>
<td>None</td>
<td>3 days - do not need to be consecutive</td>
<td></td>
</tr>
<tr>
<td>Jury Duty</td>
<td>All ee's</td>
<td>None</td>
<td>First 3 days regular pay</td>
<td>• Proof to supervisor required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pay for jury duty offsets salary paid</td>
</tr>
<tr>
<td>Organ Donation</td>
<td>Reg ee's 20+ hrs/wk</td>
<td>None</td>
<td>Bone marrow - 7 calendar days Major organ - 30 calendar days</td>
<td>• Does not affect ET bank; separate</td>
</tr>
<tr>
<td>Voting</td>
<td>All ee's</td>
<td>None</td>
<td>Up to 1 hour</td>
<td>• Only if no other opportunity to vote in scheduled shift</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No special pay code for this - regular pay</td>
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</table>

Related Content
- Employee Benefits Program Book Hospital Paid Time Off section

Document Attributes

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<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Author</td>
<td>Dawn Socha, Director of Benefits</td>
</tr>
<tr>
<td>Reviewed/Revised</td>
<td>Dawn Socha, Director of Benefits Julie Dardano, Director, HR Compliance</td>
</tr>
<tr>
<td>Dates Reviewed/Revised</td>
<td>09/94, 10/00, 05/03, 11/08, 3/13, 08/09/13</td>
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<td>Copyright</td>
<td>©Boston Children’s Hospital, 2018</td>
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<td>08/09/13</td>
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<td></td>
<td>Inez Stewart</td>
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<td></td>
<td>Vice President of Human Resources</td>
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</tbody>
</table>
Dr. John Foster ACTS

Management of Patient Agitation and Violence on the Outpatient Psychiatry Service

The following guidelines outline the decision-making process for management and containment of agitation and violence on the Outpatient Psychiatry Service (Fegan 8). They are not a substitute for a clinician's judgment, but are intended as a guide.

There are no flow charts or algorithms that can anticipate all the complexities involved in controlling agitated or violent patients. Successful management of these situations depends on the judgment of the evaluating or treating clinician along with numerous factors that will not always be under the clinician's control. Clinically, ethically, and legally, clinicians are required to take whatever reasonable steps they can to ensure the safety of themselves, the patient involved, other patients, visitors, hospital staff, and of the public at large.

Contents:

I. Hospital, Human Resources, and Outpatient Psychiatry Resources
   a. Hospital Policy on Use of Restraint
   b. Violence Prevention and Response
   c. Dr. John Foster ACTS Procedure

II. Dr. John Foster ACTS: General Guidance

III. Dr. John Foster ACTS Protocols
   a. For Clinicians
   b. For Front Desk Staff

IV. Quick Summaries
   a. For Clinicians
   b. For Front Desk Staff
I. Hospital, Human Resources, and Outpatient Psychiatry Resources

Please familiarize yourself with the contents of the following:

a. **Hospital’s Policy on Use of Restraint** (Patient Care Manual)
   Restraint is a means of controlling physical activity to protect the patient or others from injury. More restrictive measures are implemented when alternatives to restraint and less restrictive measures are unsuccessful or less restrictive restraints are determined to be inappropriate or ineffective under the circumstances.
   - Goal: To provide the least restrictive, safe and effective medical immobilization or restraint as appropriate, while preserving the patient’s dignity and individuals rights.
   - Medically Necessary Restraint: Restraint necessary to prevent incidents that are related to removal or disturbances of medical or surgical devices or treatment.
   - Behavioral Health Restraint: Restraint of patients who are at risk of harming themselves or others, or with current documented incidence of self-harm or violence.

b. **Violence Prevention and Response** (Human Resources Personnel Manual)

c. **Dr. John Foster ACTS procedure:**
   - Assess
   - Call and contain
   - Troubleshoot
   - SERS

II. **Dr. John Foster ACTS General Guidelines**

a. If you know in advance that a patient might get agitated in the waiting room or in your office, notify the Position in Charge and the Front Desk staff before the patient arrives so they are prepared for a potential event. You can also consider calling Security to have an officer stand by on the floor.

b. No one should try to physically restrain a patient.
   - The only exception is in the most dire situations where not restraining would result in immediate loss of life or very serious injury, and even then only if the relative size and strength of the patient is such that it is likely that you could successfully prevent the patient from seriously injuring him/herself or others (such as a very young child).

c. Follow the instructions below according to your role in the situation at hand.

d. When in doubt, call for help. If you feel uncomfortable or out of control, it is always better to enlist help in managing a situation immediately than to “wait and see” how it progresses.

e. **A SERS report** should always be filed when you use this protocol, whether or not Dr. John Foster is called. If you witness or hear the events, you should file with SERS.
III. Dr. John Foster ACTS Protocols

For Clinicians

If a patient becomes agitated or violent IN YOUR OFFICE:

Dr. John Foster ACTS:

Assess the situation
Call for help and contain the patient
Troubleshoot
SERS and clinical debrief

Specific Instructions:

ASSESS the situation.

- Estimate the ability of your patient to flee or inflict harm to him/herself and others. This will be evident in words, actions, and/or behaviors.
- If you have any concerns or feel that the situation might get out of control, call for help immediately. Do not “wait and see” if you can help de-escalate the situation by yourself.
- Pay attention to countertransference feelings. The clinician’s sense of fear is an important clue. This often means that the patient is feeling "out of control" and is the clue to start thinking of “protecting” oneself and the patient.
- These situations are best managed with others. If you feel the situation is beyond what you can handle yourself, ask for help by following the next steps:

CALL for help and CONTAIN the patient.

- Immediately notify Front Desk ASR by phone (ext. 5-5662) to initiate the Dr. John Foster protocol:
  - Say “This is _______. Please call Dr. John Foster.” The ASR will be looking for your instruction as to whether or not to bring the patient’s family to your office to help contain the situation.
  - If you are unable to use the phone, open your office door and loudly state, “I need Dr. John Foster.”
  - If it is after clinic hours, call Security directly (ext. 5-6121).
- The Front Desk ASR will call Security to your office and notify the Position in Charge on Fegan 8 (the Outpatient Medical Director, Associate Director, or an Attending Physician, in that order).
  - The Position in Charge on Fegan 8 will come to your office door to check on the situation and offer help by saying “I heard you were looking for Dr. John Foster. I’m _______, is there something I can do to help?”
  - Enlist the help of the Position in Charge by giving a brief summary of the situation and telling him or her what help is needed (if any).
- Make a reasonable attempt to contain the patient.
• If a patient meets commitment criteria and is trying to flee, or is in imminent danger of hurting him/herself or others, then:
  o Be firm in expressing to the patient that this cannot occur. Explain that it is expected that he/she will stop the behavior.
  o If the caretaker or family is present, involve them in developing a plan for containing the behavior. Inform them of any concerns and the need for the patient to stay in the office.
  o If the patient leaves your office, continue to try to verbally de-escalate the patient.

**TROUBLESHOOT**

• Once Security is on the scene and if there is a physical altercation underway Security will immediately act to contain and de-escalate the situation.
• If there is no physical altercation underway and you decide you need them to intervene, SECURITY EXPECTS TO BE DIRECTED IN THEIR ACTIONS BY THE PROFESSIONAL STAFF.
• Often just the arrival or presence of the security officers is enough to help contain the patient’s behavior.
• If the patient does not de-escalate despite discussion and continues to agitate with increasing risk of danger or harm to self or others:
  o Instruct the security officers to physically restrain the patient.
  o Document the restraint via a PowerChart order within one hour of the event.
    ▪ If you are a physician:
      - Enter the order yourself.
      - Assess the patient every 15 minutes until calm and document these assessments in PowerChart.
    ▪ If you are not a physician:
      - Ask the Position in Charge to identify an available physician on Fegan 8 who will place the order.
      - Assess the patient every 15 minutes until calm and Call Sally Nelson (x7617) for guidance on documenting the 15 minute assessments.
  o Once the patient is physically restrained, instruct Security to move the patient to the Emergency Department for further assessment and management.
  o Call the Emergency Department prior to the patient’s arrival (ext. 5-6611).
  o The clinician/s in charge of the situation must accompany the patient and security officers to the Emergency Department in case further instructions are needed. The Outpatient clinician/s should transfer the case to the Emergency Department Psychiatry clinician on call at this time.
• If the patient should elope from Fegan 8:
  o The clinician may follow the patient to guide the security officers in the management of the patient. This should occur only on hospital grounds.
  o Should the patient leave the hospital grounds then the clinician must notify the Boston Police by calling 911.
  o The clinician should not pursue beyond the hospital grounds, except in the gravest situations and then only if escorted by police.

**SERS and clinical debrief.**

• After the incident is contained, use the Safety Event Reporting System to document the event. You should file a SERS even if Security is not called.
• Debrief with all staff involved and with the Director, if not already present.

If a patient of yours becomes agitated or violent IN THE WAITING AREA:

• The Front Desk ASR will:
  o Call or page you in your office to have you assist in the waiting area.
  o Notify the Position in Charge (the Outpatient Medical Director, Associate Director, or an Attending Physician, in that order) to come assist in the waiting area.

• Once you arrive in the waiting area, follow the Dr. John Foster ACTS protocol:

  [Insert box for Dr. John Foster ACTS protocol]

  **Specific Instructions:**

  **ASSESS the situation.**
  • Consider whether Security should be involved. The Front Desk will expect your guidance in this matter.
  • If you have any concerns or feel at all out of control, call for help immediately. Do not “wait and see” if you can help de-escalate the situation by yourself.

  **CALL for help and contain the patient.**
  • If you think Security should be involved, notify the Front Desk by asking an ASR to “Call Dr. John Foster”.
  • Make a reasonable attempt to contain the patient:
    o If possible, move the patient and family, if appropriate, into a room for privacy and to problem-solve for a solution.
    o If not possible to move the patient, consider moving other patients in the waiting room to an alternate location with the help of the Position in Charge.

  **TROUBLESHOOT.**
  • Once Security is on the scene and if there is a physical altercation underway Security will immediately act to contain and de-escalate the situation.
  • If there is no physical altercation underway and you decide you need them to intervene, **SECURITY EXPECTS TO BE DIRECTED IN THEIR ACTIONS BY THE PROFESSIONAL STAFF.**
  • Often just the arrival or presence of the security officers is enough to help contain the patient’s behavior.
  • If the patient does not de-escalate despite discussion and continues to agitate with increasing risk of danger or harm to self or others:
    o Instruct the security officers to physically restrain the patient.
    o Document the restraint via a PowerChart order within one hour of the event.
      • If you are a physician:
        - Enter the order yourself.
- Assess the patient every 15 minutes until calm and document these assessments in PowerChart.
  - If you are not a physician:
    - Ask the Position in Charge to identify an available physician on Fegan 8 who will place the order.
    - Assess the patient every 15 minutes until calm and Call Sally Nelson (x7617) for guidance on documenting the 15 minute assessments.
      - Once the patient is physically restrained, instruct Security to move the patient to the Emergency Department for further assessment and management.
      - Call the Emergency Department prior to the patient's arrival (ext. 5-6611).
      - The clinician/s in charge of the situation must accompany the patient and security officers to the Emergency Department in case further instructions are needed. The Outpatient clinician/s should transfer the case to Emergency Department Psychiatry clinician on call at this time.
  - If the patient should elope from Fegan 8:
    - The clinician may follow patient to guide the security officers in the management of the patient. This should occur only on hospital grounds.
    - Should the patient leave the hospital grounds then the clinician must notify the Boston Police by calling 911.
    - The clinician should not pursue beyond the hospital grounds, except in the gravest situations and then only if escorted by police.

SERS and clinical debrief.
- After the incident is contained, use the Safety Event Reporting System to document the event. You should file a SERS even if Security is not called.
- Debrief with all staff involved and with the Director, if not already present.

If you hear sounds of potential agitation/violence coming from ANOTHER CLINICIAN’S OFFICE:

### Dr. John Foster ACTS:

**Assess** the situation
**Call** for help
**Troubleshoot**
**SERS** and clinical debrief

Specific Instructions:

**ASSESS** the situation.
- If the sounds coming from another office are concerning to you, call for help.
- Do not assume that someone else has already called for help.

**CALL** for help.
- Notify the Front Desk that a patient in another office sounds agitated and/or violent. Tell them what room number and which clinician, if you know.

**TROUBLESHOOT**.
The Front Desk ASR will contact the Position in Charge (the Outpatient Medical Director, Associate Director, or an Attending Physician, in that order), who will investigate and assist the clinician by calling for “Dr. John Foster” if needed.

- Remain nearby in case your assistance is needed.

**SERS and clinical debrief.**

- After the incident is contained, use the [Safety Event Reporting System](#) to document the event. You should file a SERS even if Security is not called.

- Debrief with all staff involved and with the Director, if not already present.
For Front Desk Staff

If a clinician asks for “Dr. Foster” by phone or in person:

**Dr. John Foster ACTS:**

- **Assess** the situation
- **Call** for help
- **Troubleshoot**
- **SERS** and clinical debrief

**Specific Instructions:**

**ASSESS the situation.**
- Ask the clinician for the age of the patient, a brief summary of the situation, and whether the patient’s family should be brought back to the treatment room.

**CALL for help.**
- Enlist the help of the Position in Charge (the Outpatient Medical Director, Associate Director, or an Attending Physician, in that order) by calling or paging and giving the person a brief summary of the situation, including the room number, clinician, and patient involved if known.
- Call Security (ext. 5-6121). Provide the following information:
  - Brief summary of clinical situation and location.
  - The urgency of request.
  - An estimate of the number of officers that will be required:
    - For patients < 10 years old, request 2 security officers.
    - For patients > 10 years, request 4 security officers (though 4 officers not always possible).
    - If patient age is unknown, request 4 security officers (though 4 officers not always possible).

**TROUBLESHOOT.**
- A "reasonable response time" for Security is between 3-5 minutes. If >5 minutes have passed, call Security again to follow-up.
- If patient’s family is in the waiting area, inform them of the situation. Follow the clinician’s instructions as to whether or not to bring the family to join the patient in the clinician’s office.

**SERS and clinical debrief.**
- After the incident is contained, use the Safety Event Reporting System to document the event. You should file a SERS even if Security is not called.
- Debrief with all staff involved and with the Director, if not already present.
If a patient becomes agitated or violent IN THE WAITING AREA:

**Dr. John Foster ACTS:**

- **Assess** the situation
- **Call** for help
- **Troubleshoot**
- **SERS** and clinical debrief

**Specific Instructions:**

**ASSESS the situation.**
- If the behavior of a patient is concerning to you and/or disruptive to others, call for help.
- If you have any concerns or feel at all out of control, call for help immediately. Do not “wait and see” if the situation will improve.
- Never put hands on a patient or parent.

**CALL for help.**
- Enlist the help of the clinician(s) treating the patient that day (if known) by calling or paging and giving them a brief summary of the situation, including the patient’s name (if known).
- Enlist the help of the Position in Charge by calling and giving the person a brief summary of the situation, including the patient involved (if known).
- If there is obvious danger or if either assisting clinician requests that you “Call Security” or “Call Dr. John Foster”, immediately call Security (ext. 5-6121). Provide the following information:
  - Brief summary of clinical situation and location.
  - The urgency of request.
  - An estimate of the number of officers that will be required:
    - For patients < 10 years old, request 2 security officers.
    - For patients > 10 years, request 4 security officers (though 4 officers not always possible).
    - If patient age is unknown, request 4 security officers (though 4 officers not always possible).

**TROUBLESHOOT.**
- A “reasonable response time” for Security is between 3-5 minutes. If >5 minutes have passed, call Security again to follow-up.
- If the patient cannot be contained in an office, one of the assisting clinicians may ask for your help in moving all other patients and families in the waiting room into rooms with their clinician and/or into the breezeway at the back of the Fegan 8.

**SERS and clinical debrief.**
- After the incident is contained, use the Safety Event Reporting System to document the event. You should file a SERS even if Security is not called.
- Debrief with all staff involved and with the Director, if not already present.
IV. Quick Summaries

<table>
<thead>
<tr>
<th>The Dr. John Foster ACTS Plan [CLINICIANS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>ASSESS</strong> the situation.</td>
</tr>
<tr>
<td>2. <strong>CALL</strong> a front desk ASR for assistance and <strong>CONTAIN</strong> the patient.</td>
</tr>
<tr>
<td>• “Please call Dr. John Foster” (or after hours, call Security directly (ext. 5-6121)).</td>
</tr>
<tr>
<td>• Note 2 officers ≤10 years old; 4 officers &gt; 10 years old.</td>
</tr>
<tr>
<td>• Verbally de-escalate and enlist help of parents to make plan.</td>
</tr>
<tr>
<td>3. <strong>TROUBLESHOOT</strong> the situation.</td>
</tr>
<tr>
<td>• Security needs to be directed by you.</td>
</tr>
<tr>
<td>4. <strong>SERS AND CLINICAL DEBRIEF.</strong></td>
</tr>
<tr>
<td>• File SERS and follow up with Director and any others involved.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The Dr. John Foster ACTS Plan [SUPPORT STAFF]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>ASSESS</strong> the situation.</td>
</tr>
<tr>
<td>• If told to call Dr. John Foster: ask the clinician for the age of the patient and a brief summary of the situation.</td>
</tr>
<tr>
<td>• If situation arises in waiting area: call the Position in Charge for help if the situation concerns you. Never put hands on a patient.</td>
</tr>
<tr>
<td>2. <strong>CALL</strong> for assistance.</td>
</tr>
<tr>
<td>• Clinician treating the patient (if known and if situation is in waiting area).</td>
</tr>
<tr>
<td>• Position in Charge (give brief summary of the situation).</td>
</tr>
<tr>
<td>• Security (ext. 5-6121). Provide the following information:</td>
</tr>
<tr>
<td>o Brief summary of clinical situation and location.</td>
</tr>
<tr>
<td>o The urgency of request.</td>
</tr>
<tr>
<td>o An estimate of the number of officers that will be required:</td>
</tr>
<tr>
<td>▪ For patients &lt; 10 years old, request 2 security officers.</td>
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<td>▪ If patient age is unknown, request 4 security officers.</td>
</tr>
<tr>
<td>3. <strong>TROUBLESHOOT</strong> the situation.</td>
</tr>
<tr>
<td>• If ≥5 minutes have passed, call Security again to follow-up.</td>
</tr>
<tr>
<td>• If patient’s family is in waiting area, inform them of situation and, if instructed by clinician, bring to office.</td>
</tr>
<tr>
<td>• If situation is in waiting area and patient cannot be contained, the Position in Charge may ask you to help move others to alternate locations.</td>
</tr>
<tr>
<td>4. <strong>SERS AND CLINICAL DEBRIEF</strong></td>
</tr>
<tr>
<td>• File SERS and follow up with Director and any others involved.</td>
</tr>
</tbody>
</table>
Appendices

Appendix 3: Selected Hospital Policies (Alphabetical Order and Listed on the Human Resources Department website)

Acceptable Use of Computer and Network Resources 1
Confidentiality of Patient, Personnel, and Hospital Information 13
Discipline Policy and Standards of Conduct 16
Diversity, Equal Employment Opportunity, and Affirmative Action 22
Policy Against Discrimination, Discriminatory Harassment, and Retaliation 24
Policy Against Sexual Harassment 28
Substance Abuse Prevention 32
Use of Social Media 36
Violence Prevention and Response 40
Acceptable Use of Computer and Network Resources

This document is referenced as, and replaces, the Guidelines for Ethical Use of Computers and Computer Information.

Purpose

This document describes requirements and obligations for your use of Boston Children’s Hospital (Boston Children’s) Computer and Network Resources (as defined below) to (i) ensure that confidential and proprietary information stored on the Computer and Network Resources is adequately secured and protected; and (ii) comply with applicable laws and regulations.

Policy

Scope

- This policy applies to:
  - ANYONE who uses Boston Children’s Computer Resources and related services or accesses the information stored there (collectively, “the Users”).
  - ANY hardware and software systems that store, communicate, or can access Boston Children’s electronic information (collectively, the “Computer and Network Resources”).

Access and Use

- Boston Children’s provides Computer and Network Resources, including email and use of the Internet, for legitimate business use in the course of your assigned duties. Use of these resources and access to the information on them is a privilege granted to you at the sole discretion of Boston Children’s. It is your responsibility to use these Computer Resources in a professional, ethical, and lawful manner, consistent with Boston Children’s policies.

- Information stored on or transmitted over Boston Children’s Computer and Network Resources (including email) is the sole and exclusive property of Boston Children’s, and remains so even when stored on non-Boston Children’s equipment and media (such as your personal laptop and/or mobile device). Your rights to privacy do not extend to your use of Boston Children’s Computer and Network Resources, including email and the Internet or to any information stored on or transmitted over the Computer and Network Resources. Boston Children’s has the right to monitor your access to and use of its Computer Resources, including the content of your computer files and email accounts, without notice to you.
Your rights to access any data on Boston Children’s Computer and Network Resources end when you terminate your employment or association with Boston Children’s.

Non-compliance with the Policy

Noncompliance with this Policy, the Information Security Policies and Procedures, the Patient Health Information Manual, and the Human Resources Personnel Policy Manual may subject you to disciplinary action, up to and including: termination of employment, termination of medical staff privileges, termination of computer privileges, or other sanctions as Boston Children’s deems appropriate under the circumstances. You may also be subject to substantial civil and criminal penalties under the law.

Acknowledgment of the Policy

At any of the following times, or at Boston Children’s discretion, you may be required to acknowledge having read this policy and having agreed to comply with it:

- Acceptance of employment
- Acceptance of a consultant or temporary position
- Appointment or reappointment to the medical staff
- Initial access to computer resources
- Additional access to restricted applications

Definitions

| PHI/ePHI (Protected Health Information) | Includes any individually identifiable patient health information. Identifiable refers not only to data that is explicitly linked to a particular individual, but also includes health information with data items that reasonably could be expected to allow individual identification. ePHI refers to PHI stored electronically. |
| PII (Personal Identifiable Information) | Personal Identifiable Information (PII) includes, but is not limited to, social security numbers, credit or debit card numbers, personal information such as financial account numbers, driver’s license or state issued identification card numbers and demographic information such as home addresses. |
| Confidential Information | Includes PHI and PII and any Boston Children’s information that is confidential under any Boston Children’s policy, law, regulation or agreement, or that is restricted to authorized personnel only, such as Research, Human Resources, programming code, Contracts, Legal, and Financial data. Specific examples include, but are not limited to:  
  - Employment information, occupational health records, medical information,  
  - compensation data and employee personnel records.  
  - Hospital business information, such as financial and payer information, strategic  
  - planning, fundraising and reporting information and internal memoranda.  
  - Research information, including data, agreements, and information |
Requirements and Obligations

Authorization to access the Computer and Network Resources

Proper authorization is necessary before access to Boston Children’s Computer and Network Resources will be granted. A User must be authorized by his/her manager and have been issued an employee ID. See ISD eHelp> Computer Accounts for instructions on requesting, modifying and terminating computer access.

Reporting terminations

If termination of employment or association with Boston Children’s is voluntary, your Manager will notify Human Resources no later than your last day of work. Computer accounts are disabled no later than the next business day following your last day of work.

If termination of employment or association with Boston Children’s is involuntary, your manager or Human Resources must notify the ISD Help Desk immediately to request that account access be disabled as soon as possible.

Reporting transfers

Upon transfer to a new department or change in job responsibilities, you and your manager must ensure that you have the correct levels of system access to perform your new job duties.

Recovering equipment

When a User ends employment or association with Boston Children’s, all Boston Children’s provided equipment must be returned. This includes laptops, smartphones, tablets and any other equipment assigned to the User by Boston Children’s. Prior to reassigning the equipment, all data will be erased by ISD in an appropriate manner.

No user should try to dispose of Boston Children’s provided equipment, even if he or she believes that the equipment is at its “end of life.” All equipment must be returned to ISD for proper disposal. ISD will make all “end of life” determinations. Contact the ISD Help Desk for more information.
Protecting the Integrity of Computer and Network Resources

You are responsible for all activities done with your computer account. Information security violations may lead to discipline or discharge as described in the Personnel Manual: Discipline Policy and Standards of Conduct.

You are required to take all reasonable precautions to protect the integrity, access, confidentiality and availability of Computer and Network Resources and information including but not limited to:

- **Protect the integrity of computer accounts.** Do not share your account with anyone and do not let anyone use your account for any reason. Do not attempt to access or use other users’ accounts, even if they give their permission. Improper use of another person’s computer account is subject to disciplinary action up to and including termination of your employment or appointment.

- **Safeguard your password.** A personal password is required to access Boston Children’s Computer and Network Resources. Keep your password confidential; do not, under any circumstances, disclose passwords to anyone. Refuse any request to “borrow” your password. Report any such requests to the ISD Help Desk at ext 5-4357 as well as to your supervisor or Chief. The ISD Help Desk will never ask for your password and you should never disclose it anyone claiming to be from ISD or the ISD Help Desk.

- **Secure your Workstation.** Use a locking screen saver or log out if you leave your workstation unattended.

- **Accessing confidential information.** Access confidential information (including ePHI and PII) stored on Boston Children’s computer and network resources only if such access is necessary to perform your job and is authorized by your supervisor or Chief. You and your manager are responsible for ensuring that you have the proper level of access. If you feel you have been given excessive access to information not necessary for doing your job, contact the Help Desk to have the access removed.

- **Distributing Confidential Information.** When disclosing confidential information (including ePHI and PII) within or outside of Boston Children’s, do so only to recipients who are authorized to receive it. See the Use and Disclosure of Patient Health Information Policy for instructions on releasing PHI, and the Media Relations Policies for instructions on dealing with media.

- **Document Retention.** Boston Children’s has established standards for retaining and destroying documents created by administrative and operating units. These standards cover in detail the retention, organization, and destruction of documents and are published in the Compliance Manual: Document Retention and Destruction section. You must follow these standards at all times. Consult with the Office of General Counsel if you have questions concerning whether any form of document should be maintained or destroyed, whether special circumstances require retaining it beyond indicated time frames, or any other question or concern you may have.

- **Using the system for personal reasons.** Except for incidental email and Internet use noted below, access Boston Children’s Computer and Network Resources only to conduct hospital business.

- **Modifying or breaching the system.** Modifying system facilities, utilities, security settings and/or configurations, or changing restrictions associated with your accounts is prohibited unless authorized by Boston Children’s.
• **Modifying, repairing, and relocating computer resources.** Repair, alter, modify, or move any Hospital-owned computer hardware or software only as authorized by ISD. Boston Children’s must authorize the removal of any computer equipment for use at home or other non-Boston Children’s locations. Contact the [ISD Help Desk](#) at ext 5-4357 if you need to maintain, modify, or move any Hospital-owned hardware.

• **Maintaining Security Software.** All Boston Children’s PCs and laptops are equipped with security software including software that protects against viruses, spyware, and other forms of malicious software. Laptops and other mobile devices are also equipped with encryption software. Disabling or in any way interfering with the proper execution of installed security software is prohibited. If you suspect your computer is infected with a virus, spyware, or other malicious software report it immediately to the [ISD Help Desk](#).

**Acceptable Use of Technology Resources**

**Email, Internet, and Electronic Communication Use**

Access to Boston Children’s email system, the Internet, and other electronic communication tools such as Instant Messaging, is provided to help you perform your hospital duties. Though meant to be used strictly for business purposes, some incidental personal use is expected and it is allowed when:

- it does not consume more than a trivial amount of resources,
- does not interfere with productivity,
- does not interfere with any business activity, and
- is not otherwise prohibited by this policy.

**Email and Electronic Communication Use**

All email created or received on Boston Children’s email system is Boston Children’s property. Boston Children’s has the right to access, review, copy, and/or delete all such messages at any time and for any purpose, without notice to you. Boston Children’s also has the right to disclose them to third parties. This applies to personal and business emails.

Do not use email in any manner that violates legal requirements, ethical standards, or Boston Children’s policies. This includes transmitting defamatory, obscene, pornographic, offensive, insulting, discriminatory or harassing material or messages.

Use distribution lists carefully as they may contain addresses for people who should not receive the email you are sending. Be careful when replying to emails that were sent to a distribution list.

Sending junk mail, spam, chain letters, and solicitations is prohibited. All email communications must comply with the Solicitation, Distribution and Posting policy.

Some of the messages sent, received or stored on Boston Children's electronic media constitute confidential, privileged communications between Boston Children’s and either its in-house or outside attorneys. Upon receipt of a message either from or to counsel, do not forward it or its contents to others without authorization from the Office of General Counsel.

Keep inclusion of confidential information (including ePHI and PII) and other proprietary information in email and Instant Messaging to a minimum when sending on Boston Children’s internal systems. If it is necessary to include such information on emails sent out
of Boston Children’s internal email system, it must be done in a secure manner. This is easily done by including #secure# in the subject line of the email. See Information Security Policy and Procedures: Email Policy for specific instructions on using secure email and more guidelines on acceptable Email use.

**Internet Use**

Internet use must conform to all applicable laws including, but not limited to, those that protect copyrights and intellectual property, and Boston Children’s policy. Boston Children’s has the ability and the right to access and review your Internet use and may do so for any purpose it deems appropriate. Boston Children’s may disclose this information to any party (inside or outside Boston Children’s) it deems appropriate.

- Viewing, "surfing" and/or bookmarking any Internet sites that are not appropriate to Boston Children’s environment is prohibited. These include offensive, discriminatory, obscene, pornographic, hate, gambling, and hacker sites.
- Downloading non-business-related files from the Internet is prohibited. These include MP3 or other music files, screensavers, movies and video, and other digital images or files, even if the copying and use of such files is legal. These files often contain spyware and other malicious code that could compromise the integrity of Boston Children’s computing environment.

**Social Media Use**

Boston Children’s recognizes that the use of online social media sites (Facebook, e.g.) has become an integral part of the personal and work lives of many of our staff. When used responsibly, thoughtfully and professionally, social media platforms are beneficial tools that further the hospital’s mission, allow us to engage our patients and their families, and share the hospital’s work with a wider audience.

However, use of social media also poses unique challenges and risks that we all need to be aware of. Among them are maintaining the privacy of patients’ personal health information, ensuring that social networking activities do not interfere with patient care and work responsibilities, and respecting professional boundary issues between Children’s staff and patients.

When using on-line social networking for work-related purposes, you must:

- Respect professional boundaries with patients, families and staff.
- Avoid accepting invitations to "friend" patients and families, especially on sites that are not hosted by Children’s.
- Be careful not to disclose Protected Health Information. The rules of HIPAA apply online exactly as they do in personal interactions. Even seemingly anonymous posts may be considered PHI if they contain as little information as the data a patient was seen at the hospital.
- Be careful not to disclose confidential or sensitive information about patients, families, colleagues or hospital operations.
- Ensure that your social networking activities do not distract from patient care or work responsibilities.
- Follow all Children’s policies, including the **Acceptable Use of Computer and Network Resources policy**, **Confidentiality of Patient Information**, as well as personnel policies addressing inappropriate conduct, including **Sexual Harassment and Discrimination**.
• Obtain approval from Public Affairs, your department’s leadership and anyone else whose approval is required before setting up a social networking site that will be used for hospital purposes.

You must also ensure that the time spent on-line does not distract from patient care or other work obligations; and otherwise comply with all policies, laws and regulations related to computer use, on-line communications and Boston Children’s operations.

All users who access social network sites are required to strictly follow the guidelines set forth in the Online Social Networking Policy. There is also a list of Frequently Asked Questions that addresses some of the questions and concerns about this Policy.

Use of Mobile Computing Devices

Mobile computing devices are portable devices capable of retrieving and storing data, text messages and email including, but not limited to,

• iPads and other tablets
• Smart phones (iPhone, Android, e.g.)

Boston Children’s or personally owned mobile devices that access the Boston Children’s Exchange system for email, calendar or contacts are required to create a secure PIN or password and lock the device after 15 minutes of inactivity, requiring the PIN or password to be re-entered. Where technically possible the device must also be encrypted.

Although recommended, accessing email only through Online Web Access (OWA) does not require the above protections.

A personally owned mobile device that is used to access confidential information, including accessing Boston Children’s email or receiving text pages, must also be protected.

Should a device that also functions as a telephone (iPhone, Blackberry, e.g.) be lost or stolen you must not have the phone service turned off until ISD has completed a wipe of the data.

Should a personally owned mobile device be re-purposed (by giving to a family member or turning in to Verizon, e.g., for an upgrade) all Boston Children’s data must be removed first.

Please see the Mobile Device and Laptop Security policy for detailed instructions on protecting Boston Children’s and personally owned mobile devices.

Laptops

Unencrypted laptops cannot be used to store hospital information and cannot be directly connected to the hospital network. ISD installs encryption software on all Boston Children’s provided laptops. Non-Boston Children’s laptops allowed to access Boston Children’s network and computer systems must have adequate, up-to-date encryption software. If necessary, Boston Children’s will provide such software.

Staff using laptops will be required to install a hospital-provided Network Access Control software agent that will check to see if the laptop is encrypted and running antivirus software. This software will report the information back so it can be centrally tracked. Laptops without his agent or that do not meet the encryption and security standards will be technically denied access to the Boston Children’s network.
Please see the **Mobile Device and Laptop Security** policy for detailed instructions on protecting Boston Children’s and personally owned mobile devices.

### Portable Data Storage Devices

Storing EPHI, PII, and confidential information on an unencrypted personally owned portable data storage device including, but not limited to, USB’s (also known as a flash drive or memory stick), portable hard drives and iPods and iTouch devices is prohibited.

If business needs require storing EPHI, PII, and confidential information on a USB device a Boston Children’s managed encrypted Ironkey USB device must be purchased. For details about encrypted USBs and ordering instructions see:  

It is better to err on the side of caution when saving presentations containing charts or graphs that might contain embedded confidential information that could be compromised if the device is lost or stolen.

### Remote Access

Users given remote access to Boston Children’s Computer and Network Resources are granted privileges, permissions, or access rights no greater than those given for access at work.

Observe the following when remotely accessing Boston Children’s Computer and Network Resources:

- Attend active remote sessions at all times.
- To reduce the possibility of security breaches always enter passwords manually; do not allow any program to remember your password.
- Do not store passwords on your computer (e.g. in a Word file).
- Storage of Confidential Information (including ePHI and PII) on non-Boston Children’s workstations (including home computers and unencrypted personal laptops) is prohibited. Personal network drives are provided for storing Confidential Information. See the Information Security Policy and Procedure: [Safeguarding Electronic Data](#) for additional information
  
In addition, Users working on non-Boston Children’s equipment must:

- Secure, install, and maintain, at their own expense, licensed security software (software that protects against viruses, spyware, and other forms of malicious software) on that equipment.
- Keep their equipment up to date on its Operating System (Windows XP, etc.) and software (Microsoft Word, Internet Explorer, e.g.) security patches

Except when using Online Web Access (OWA) to read email, accessing Boston Children’s systems from public access equipment such as hotel kiosks or trade show computers is prohibited.

### Disposal of Printed Information

Dispose of all printouts of Confidential Information (including ePHI and PII) in designated, locked bins. Do not place such information in regular waste baskets as this may allow unauthorized personnel to view it.
Limit printing of Confidential Information (including ePHI and PII) at home or at remote locations to the minimum necessary required to complete the immediate task. Printouts containing such information or other proprietary information must:

- Not be left in areas where it may be visible to unauthorized personnel.
- Be kept in secure and locked file cabinets when stored at remote locations or at home.
- Be disposed of properly via shredding or otherwise placing in locked, facility-based confidential trash bins. If these are unavailable, printed materials must be brought back to Boston Children’s for proper disposal.

**Copying/Use of Authorized Licensed Software**

Install and use only properly licensed software on Boston Children’s computers located on and off Boston Children’s premises. You must comply with software vendors’ license agreements for software purchased and/or licensed for Boston Children’s business use. Do not use licensed software in a manner that would breach Boston Children’s contractual obligations. Unless a license agreement states otherwise, duplication of software is illegal. Without prior written authorization from the Chief Information Officer or his/her designee, you may not:

- Copy software licensed to Boston Children’s for use on your home computers
- Provide copies of software licensed to Boston Children’s to any third party, including independent contractors or consultants
- Modify, revise, reverse engineer, or update any licensed vendor software.

Direct questions about licensed software or authorizations required hereunder to ISD (Help Desk) and/or your supervisor or Chief.

**Authorization for Non-Standard Software**

Computers provided by ISD are specifically configured for optimal performance and security and to meet regulatory requirements. Any deviation from these configurations without the approval of ISD is prohibited. You may seek ISD Authorization for non-standard software you wish to install by submitting a Security Policy Exception Form. The form and instructions for submission can be found on the eHelp page of Children’s Today.

There are many types of software that can compromise the security of our Computer and Network resources, such as peer-to-peer file sharing software, software that stores documents at third party websites, and even software from trusted companies such as Google and Yahoo. ISD conforms to industry standards and best practices when determining the risks imposed by running such software. For a comprehensive list of Unauthorized Software please visit the Unauthorized Software section of eHelp.

Please observe the following guidelines regarding the use of such software:

- Use is prohibited on Boston Children’s managed computers unless an exception (i.e., specific authorization to you) has been granted by ISD.
- If installed on computers that are not managed by ISD (Research computers, e.g.) the software must, at a minimum, not be used while connected to Boston Children’s. In cases where software is identified as “high risk,” ISD will ask that you remove it prior to connecting to Boston Children’s network.
- If installed on home computers that are used to access Boston Children’s Computer and Network resources they must not be used while connected to Boston Children’s. It is
recommended that you run only the programs necessary to do your work when connecting to Boston Children’s from home.

ISD maintains and monitors software that detects the use of non-standard software and may, at its discretion or at the request of the Legal or Human Resources departments, ask users to remove any software that does not have a direct business purpose, or that adversely impacts the security of our Computer and Network resources or the data stored there.

**Prohibited Use of Technology Resources**

In addition to your responsibility to use Boston Children’s Computer and Network Resources in a professional, ethical, and lawful manner, some activities are specifically prohibited. These include, but are not limited to:

- Engaging in non-Boston Children’s related commercial activities
- Using computer resources, including printers, software, and information, for private gain. For example, you may not generate banners, invitations, pictures, graphics, etc. for personal use.
- Disseminating or displaying sexually explicit, offensive, derogatory, discriminatory, harassing, stalking or otherwise inappropriate content via email, Instant message (IM), telephone, pager, or any form of electronic media.
- Using photographs or likenesses of Boston Children’s employees, patients, logos, or hospital premises without explicit and appropriate consent.
- Using Boston Children’s training material and other proprietary information in anything other than its intended manner.
- Engaging in any activity that is illegal under local, state, federal or international law.
- Violating the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property laws or regulations.
- Unauthorized use/distribution of copyrighted material including, but not limited to, digital media (music, movies, photographs, e.g.), Internet content, or other copyrighted sources.

**Monitoring of Use**

As noted above, Boston Children’s has the right to monitor your access to and use of its Computer and Network Resources and the content of your computer files, including email, without notice to you. Boston Children’s may exercise this right to safeguard the integrity of Boston Children’s Computer and Network Resources, preserve the confidentiality of information stored on the Computer and Network Resources, and ensure compliance with Boston Children’s policies and/or regulatory requirements, such as HIPAA, and other business or legal reasons. Boston Children’s may from time to time request and require that you agree to adhere to certain additional terms and conditions as a condition of your continued use of the Computer and Network Resources.

Direct requests for additional information about Boston Children’s monitoring activities, circumstances, and/or procedures may be made to the Chief Information Security Officer (CISO).

**Reporting**

Report any information security violations or other circumstances that may compromise the security and integrity of Boston Children’s Computer and Network Resources and the
information stored on or transmitted over them as soon as possible (but no later than the
day the incident occurs) to ISD (by contacting the Help Desk) and your supervisor or chief.

Boston Children’s will investigate, respond to and mitigate data and equipment losses. You
are obligated to cooperate with these efforts and to provide timely responses to requests by
the team performing the investigation, response and mitigation.

Related Content

Policy and Procedure
All Security and Privacy Policies including but not limited to:

- Compliance Manual
- Information Security Manual
- Patient Health Information Manual
- Human Resources Manual

Document Attributes

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<tr>
<td>Author</td>
<td>David St. Clair IT Audit and Compliance Manager</td>
</tr>
<tr>
<td>Date of Origin</td>
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<td>Reviewed/Revised by</td>
<td>David St. Clair, Ellen Rothstein (Legal), Mary Beckman, Compliance Director</td>
</tr>
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<td>Last revision by Paul Scheib, CISO</td>
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<tr>
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Approved

Signature on file

- Paul Scheib
  Chief Information Security Officer,
  Director of Information Services Operations

Signature on file

- Daniel Nigrin, MD, MS
  Chief Information Officer
  Senior VP for Information Services

Revision Notes

Document actions taken when reviewed or revised.

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<td>06/18/09</td>
<td>Revised to reflect current practice; renamed from Guidelines for Ethical Use of Computers and Computer Information to Acceptable Use of Computer and Network Resources.</td>
<td>David St. Clair</td>
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Policy Replacement

This policy replaces the following document: *Guidelines for Ethical Use of Computers and Computer Information* (Archived 08/09).
Confidentiality of Patient, Personnel, and Hospital Information

Policy

- Employees with access to confidential patient, employee, and/or business information may only access it on a “need to know” basis.

- Examples of confidential information include but are not limited to:
  - Patient medical, social, financial and demographic information.
  - Employment information, occupational health records, and employee personal information.
  - Hospital business information, such as financial and payor information, strategic planning, fundraising and reporting information and internal memoranda.
  - Research information, including information describing or relating to inventions and discoveries.
  - Information concerning outside companies, with which the hospital does business, including information the Hospital is contractually obligated to keep confidential.

- Employees must:
  - Keep patient, personnel, data/access codes, and other proprietary and sensitive information confidential.
  - Access or use confidential information only as required to perform their job.
  - Provide the minimum information necessary when responding to information requests.
  - Not discuss this information with others unless it is administratively or clinically necessary and you have been authorized to do so.
  - Not disclose, release, or distribute confidential information unless authorized to do so.
  - Not use any electronic media to copy and/or transmit confidential information unless specifically authorized to do so.

Standards

Responding to Requests for Information

When responding to requests for information:
• Refer requests from a legal entity, such as a judge, lawyer, or social service officer, to the Office of General Counsel. Such requests may include subpoenas or court orders.

• Refer requests from the media to Marketing and Communications.

Patient Information
All patient information is considered confidential and sensitive. This includes patient demographic, registration, financial, and clinical information. Hospital policies and procedures, and state and federal statutes protect the internal use and external disclosure of patient information. In general, releases and disclosures of patient information via any media require a completed and signed written authorization by the patient/family or guardian.

When responding to requests for patient information:

• Refer questions about releasing information and appropriate authorizations to the Medical Records Department or Privacy Officer.

• Refer requests for patient information that do not seem appropriate to your supervisor or chief.

• Refer requests for a copy of any portion of a patient’s Hospital medical record to the Medical Records Department. They will obtain the necessary authorization prior to the release of the medical record. Do not release any Hospital medical record information without approval from the Medical Records Department.

Personnel and Hospital Information
Never access personnel and Hospital information for personal reasons or private gain. Examples of this information include:

• Personnel profile information such as demographics, performance review, and salary information.

• Hospital information such as financial data, contract negotiations, business strategies and practices, research discoveries.

Electronic Information Access
The Information Security Manual: Acceptable Use of Computer and Network Resources describe the employee’s obligation to protect information that is stored or accessed electronically.

Computer and telecommunication accounts require passwords for access. The following are forbidden under any circumstances.

• Disclosing your computer access password(s) to another employee.

Refer an employee requesting another employee’s password or password to the ISD Help Desk.

• Disclosing your telephone, voicemail, or beeper authorization code to another employee.

Refer an employee requesting another employee’s authorization code to the Telecommunications Comrequest.

Misconduct
Unauthorized disclosure of confidential patient, employee or Hospital information is serious misconduct. Such action by a person affiliated with the Hospital may necessitate immediate

**Related Content**

- Compliance Manual: *Confidentiality of Patient Information*
- Human Resources Manual: *Discipline, Discharge, and Standards of Conduct Discipline*
- Information Security Manual: *Acceptable Use of Computer and Network Resources*
- Patient Health Information Manual: *HIPAA Content*
Discipline Policy and Standards of Conduct

This policy establishes the disciplinary action process for Boston Children’s Hospital employees. This policy also states the Standards of Conduct expected of all staff and employees.

Policy

Applicability

- Except as noted below, the disciplinary processes described in this policy apply to all Regular and Per-diem Employees of Boston Children’s Hospital who have completed their review period.
- Medical staff, research faculty, interns, residents and fellows are governed by the policies and practices of their particular program and/or department with respect to disciplinary matters.

Circumstances Leading to Disciplinary Action

Although it is not possible to list every circumstance leading to disciplinary action, the following reasons are the most common:

- Failure to meet performance standards;
- Attendance issues, including violation of the Hospital’s Human Resources Policy: Attendance;
- Violating the Hospital’s Standards of Conduct (see below);
- Violating Hospital policies or procedures;
- Disrupting or attempting to disrupt Hospital operations.

- Disciplinary action may not be taken against an employee in retaliation for an employee’s exercise of any legal right or for any unlawful reason.
- Employees who have a good faith basis to believe that disciplinary action has been taken against them for an improper reason should contact their Human Resources Consultant or Employee Relations.
- Employees who believe that disciplinary action is improper, unjustified, or excessive should contact Employee Relations for assistance with resolution of their concerns and/or filing a grievance (see Human Resources Manual: Grievance Review for additional information).

- This policy does not alter the Hospital’s right and ability to alter or set additional terms and conditions on employment or to terminate an individual’s employment with or without notice, or with or without prior disciplinary action, when circumstances require. This policy and the application of it to any employment situation do not create a contractual obligation between the Hospital and any employee.
Any employee or manager with questions about this policy should contact Human Resources Consultant for assistance with the application of this policy or with the disciplinary process.

**Human Resources Support**

Employees who are having difficulties that may be affecting their work performance are encouraged to seek support. Resources include HR Employee Service Center, Employee Relations, Occupational Health Services, and the Hospital’s Employee Assistance Program (EAP). Employees are encouraged to obtain support and assistance in managing personal difficulties that could affect work performance as early as possible.

**Disciplinary Process**

The disciplinary process emphasizes both communication and accountability and is designed to ensure that the process is clear, fair and respectful of employees. The disciplinary process may consist of the following components:

- Establishing standards and expectations
- Identification of an issue and steps for remediation
- Determination of appropriate disciplinary action
- A meeting or series of meetings with the individual
- Documentation

In determining appropriate disciplinary action, factors to be considered may include:

- The nature and seriousness of the issue
- The frequency of the issue
- Whether prior attempts to address the issue have been made, and if so, whether they were successful
- The degree of ownership of and accountability for the issue by individual
- The individual’s employment history
- The individual’s role and responsibilities
- Operational considerations
- Other facts or circumstances particular to the situation

The disciplinary process involves one or more of the following and may be applied in any order as needed to best meet the circumstances of the situation.

- **Verbal Coaching**
- **Written Counseling**
- **Performance Improvement Notice**
- **Investigatory Suspension**
- **Discharge/Termination of Employment**

**Verbal Coaching**

Verbal coaching is an informal process for addressing performance issues and other concerns prior to taking formal disciplinary action. The primary purpose of verbal coaching is to give an employee an opportunity to address and correct issues promptly.

Verbal coaching consists of an informal discussion between the manager and the employee. The discussion typically involves: identifying the issue that requires correction and stating the manager’s expectations, the time frame for improvement, and the consequences to the employee if the individual fails to improve.
This conversation should be documented, a copy given to the employee and a copy placed in the employee's personnel file.

**Consequences to the individual if the individual fails to meet the expectations**

**Written Counseling**
Written counseling is a formal process for putting an individual on notice of a disciplinary issue (or issues). The written counseling reflects the discussion between the manager and the individual that informs the individual of the issue, the expectations for correction and improvement, and notice to the individual of the potential for additional disciplinary action, including a Performance Improvement Notice (PIN)/Final Written Warning and termination of employment, if the issue or concern is not corrected in a timely way. Written counseling may be used for any type of disciplinary circumstance. The manager and individual meet to discuss the written counseling and the manager e-mails or gives a copy to the individual. The written counseling documentation is filed in the employee's personnel file.

**Performance Improvement Notice (PIN)/Final Written Warning**
A PIN/Final Written Warning is a formal process for putting an individual on notice of a disciplinary issue (or issues) which the individual must correct to avoid termination of employment. The PIN/Final Written Warning describes the issue, the expectations for change and improvement, including a time frame for correction if applicable to the circumstances, and notice that if the issue is not corrected, or if other issues arise, the individual's employment will be terminated.

- A PIN/Final Written Warning may be used for any type of disciplinary circumstance.
  - **For job performance and/or attendance issues rising to the level of disciplinary action**, the expectation is that an individual will receive written notice before receiving a PIN/Final Written Warning. Written notice should identify issues of concern in the Annual Performance Evaluation, through verbal coaching, and/or through a written counseling. A PIN/Final Written Warning should also be given when an individual receives an annual performance evaluation with an overall rating of "Does Not Meet Job Standards."
  - **For serious performance issues, or for misconduct, or for a repeated history of disciplinary issues**, a PIN/Final Written Warning may be issued as an immediate measure without a prior verbal coaching or written counseling. Individuals may be placed on a PIN/Final Written Warning for one to twelve months, depending on the circumstances; the period may be extended when improvement has occurred but the issue or concern still needs attention. A PIN/Final Written Warning of unlimited duration may be used in exceptional circumstances (e.g., misconduct, repeated disciplinary issues). An individual whose PIN/Final Written Warning period has expired and who has subsequent issues of a disciplinary nature (similar or new) may be subject to termination of employment depending on the severity of the issue and performance history of the individual, even if the PIN/Final Written Warning has ended.

- An employee who is on a Written Counseling or PIN/Final Written Warning is not eligible for transfer to another position or for payments or programs requiring the employee to be in good standing.
- All PINS/Final Written Warnings need to be reviewed by Human Resources before being presented to an employee.
- The manager gives a hard copy of the PIN/Final Written Warning to the employee.
The PIN/Final Written Warning is filed in the employee’s personnel file and cannot be removed without the mutual agreement of the individual, manager, and Human Resources.

**Investigatory Suspension**
Investigatory Suspension is used to allow time for the manager, in partnership with Human Resources, to investigate a serious performance or conduct issue. An Investigatory Suspension lasts one to three work days, but may last longer if additional time is needed to conduct the investigation. In most cases, the individual placed on investigatory suspension will be paid. The Human Resources Consultant and/or an Employee Relations specialist should be consulted before placing an individual on investigatory suspension when circumstances permit.

**Discharge – Termination of Employment**
Involuntary termination of employment occurs when the individual’s manager decides that the individual must leave his/her position for one or more of the reasons outlined in the Disciplinary Process section above. In most instances, termination of employment follows prior efforts, informal and formal, to address and correct the issue.
In certain circumstances, involuntary termination of employment may occur without prior verbal or written counseling or a PIN/Final Written Warning. These circumstances include (but are not limited to) misconduct, concerns relating to the safety or security of Hospital property, personnel, patients or families/visitors, and conflicts or situations that interfere with Hospital operations.
The procedures for termination are described in the Human Resources Manual: [Termination of Employment](#). Termination of employment is a serious step and managers are expected to consult with their Human Resources Consultant or Employee Relations before taking action to terminate an employee. In appropriate circumstances, the Vice-President of Human Resources and/or the Director of Employee Relations should also be consulted regarding the decision to terminate employment.

**Standards of Conduct**
Standards of conduct are essential to ensuring the highest standards of care and service for our patients and their families and the best working environment for our staff. Listed below are examples of the types of conduct which are unacceptable at Boston Children’s Hospital. As the circumstances of each department, work environment and situation are unique, there may be additional examples not included below:

- **Any act, omission, statement or other behavior that jeopardizes patient care and/or patients, families, visitors and staff safety.**
  - Engaging in conduct that violates the [Patient and Parent or Legal Representative Rights and Responsibilities](#) (Patient Bill of Rights).
- **Engaging in conduct that would violate a policy, standard, or regulation established by a statutory (governmental) authority regulatory agency (CMS, DPH, OSHA) or licensing board (Board of Registration in Medicine or the Board of Registration in Nursing).**
  - Unauthorized disclosure of confidential patient, employee, or Hospital information (including but not limited to patient or Hospital records), or any violation of the Hospital’s Human Resources Manual: [Confidentiality of Patient, Personnel, and Hospital Information](#)
  - Retaliating against an employee for exercising a lawful right (e.g., retaliation against whistleblowers).
• Deliberate or knowing violations of Hospital policies, procedures or protocols.
• Engaging in conduct that is intended to harm the reputation or interests of the Hospital or that has a reasonable potential to harm the reputation or interests of the Hospital.
• Engaging in unlawful conduct that relates to or affects the operation and interests of patients, families, visitors and staff of the Hospital.
• Violating the Hospital’s Code of Conduct.
• Any violation of the Human Resources Manual: Violence Prevention and Response policy including but not limited to:
   Threatening, abusing, intimidating, harassing, stalking, coercing, or interfering with patients, families, visitors or staff.
   Making hostile or disparaging communications and/or harassing or discriminating against patients, families, visitors and staff
   Possession of weapons (including, but not limited to guns, ammunition, explosives and knives) on Hospital premises or while on duty.
   Fighting or other disorderly conduct on Hospital premises or while on duty (including but not limited to use of profanity in work or patient care areas).
• Abuse of authority.
• Violating the Clinician Administrative Manual: Professional Behavior for Clinicians policy.
• Inappropriate use of Social Networking tools. Refer to the Compliance Manual: On-Line Social Networking Policy
• Engaging in a relationship with a patient, his or her family, and/or his or her visitors that violates professional boundaries.
• Sexually harassing patients, families, visitors, staff, or violating the Hospital’s Human Resources Policy: Sexual Harassment and Discrimination.
• Insubordination.
• **Failure to follow Hospital safety, health and fire rules and regulations**
   Failure to wear any special safety clothing or equipment when necessary). The Environmental Health and Safety Manual and the Emergency Management Manuals contain detailed information about Hospital safety policies and standards.
   Failure to report work-related personal injuries or injuries to patients or visitors. The Patient Care Manual: Adverse Event Reporting and the Human Resources Manual: Work-Related Injuries and Illnesses policy contain detailed information.
• Lying to a manager; lying on an employment application or form; falsifying or misrepresenting credentials; filing a false complaint or making a false report; and lying or misrepresenting facts during an investigation or when questioned by a manager.
• Being under the influence of drugs or alcohol in violation of the Hospital’s Human Resources Manual: Substance Abuse Prevention
• Sleeping while on duty.
• Scientific misconduct. Refer to the Compliance Manual for more detailed information
• Unethical conduct or conduct that creates a conflict of interest.
• Violation of the Hospital’s Intellectual Property policy
• Theft or fraud, Unauthorized use of long distance access codes, e-mail, or any other computer accounts in violation of the Acceptable Use of Computer and Network Resources or other policies of the Information Security Manual.
The Human Resources Manual

Abuse, misuse, or destruction of Hospital property or the property of patients, visitors, staff, or other employees.

Unauthorized entry into restricted areas of the Hospital.

Disrupting the operations of a department or the Hospital.

Falsification or alteration of Hospital records Failure to properly report time worked or failure to complete timesheets as required. alteration of a time record or arranging to have a false time record completed by another person;

Failure to properly report any unscheduled absence. This includes unauthorized absences from the work area during regularly scheduled hours. See Human Resources Manual: Attendance for additional information.

Violation of any of the above standards of conduct may result in termination of employment or being asked to leave Boston Children’s Hospital.

Related Content

- **Boston Children’s Hospital Manuals**

  - Human Resources Manual
  - Attendance
  - Confidentiality of Patient, Personnel, and Hospital Information
  - Leaves of Absence
  - Review Period for Newly Hired Employees
  - Sexual Harassment and Discrimination
  - Substance Abuse Prevention
  - Termination of Employment
  - Violence Prevention and Response

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<td>Carolyn T. Stetson, Director Employee Relations</td>
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<tr>
<td><strong>Date of Origin</strong></td>
<td>06/98</td>
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<td>Julie Dardano, Director of Operations and Compliance.</td>
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<td><strong>Approved</strong></td>
<td>Inez Stewart Vice President for Human Resources</td>
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Diversity, Equal Employment Opportunity, and Affirmative Action

Policy

Boston Children’s Hospital values and embraces the diversity of our community, our patients and families, our staff and our employees. The Hospital is committed to supporting and developing a diverse workforce and to building a respectful work environment where all people feel valued, regardless of race, religion, color, gender, sexual orientation, gender identity, pregnancy, national origin, ancestry, ethnicity, age, disability, military or veteran status, or any other classification protected by law. This commitment is central to the Hospital’s values and is described in this document.

Diversity at Boston Children’s Hospital

Boston Children’s Hospital honors and recognizes the value of a diverse Hospital community, including a diverse workforce at all levels of the Hospital. The Hospital supports many programs and avenues for developing a workforce that is both diverse and respectful of everyone. These include recruitment efforts and programs, diversity training, awareness workshops, cultural competency training programs and many other resources.

One facet of the Hospital’s commitment to diversity is the Diversity and Cultural Competency Council (DCCC). The Council’s mission is to

- provide leadership in defining the diversity and cultural competency goals for the Hospital;
- oversee the development, implementation, and evaluation of diversity and cultural competency initiatives; and
- report progress and outcomes to senior management and hospital personnel.

For detailed information on the Hospital’s diversity resources and initiatives, including training programs on cultural competency, visit the Hospital’s Diversity Web site at http://web2.tch.harvard.edu/diversity/.

Equal Employment Opportunity

Boston Children’s Hospital is an Equal Employment Opportunity employer. The Hospital complies with federal and state laws prohibiting discrimination on the basis of race, religion, color, gender, sexual orientation, gender identity, pregnancy, national origin, ancestry, ethnicity, age, disability, military or veteran status or any other classification protected by applicable law in hiring, promotion, compensation, benefits, and other terms and conditions of employment. Discrimination against applicants and employees in hiring and promotion and all other terms and conditions of employment is prohibited and will not be tolerated. For more information, visit the Human Resources Manual: Sexual Harassment and Discrimination.
Affirmative Action

Boston Children’s Hospital is an affirmative action employer under federal law. As an affirmative action employer, and in support of the values of diversity and equal employment opportunity, the Hospital strives to attract a diverse applicant pool of qualified candidates for each open position. Supporting affirmative action also means ensuring that opportunities for training, advancement, and promotion are available to everyone.

To meet these objectives, the Hospital commits to:

- developing strong community relationships;
- designing and implementing recruitment events, programs, job fairs and other initiatives to ensure the Hospital is attracting a diverse applicant pool of qualified candidates, including women, minorities and individuals with disabilities;
- evaluating existing recruitment channels and explore new sources to expand the diversity of the applicant pool;
- complying with applicable laws and regulations concerning affirmative action;
- educating the Boston Children’s community about the Hospital’s affirmative action obligations and programs;
- tracking the gender and race of applicants, and of employees who are hired, promoted and terminated; and
- identifying other needs, objectives and steps to meet the Hospital’s overall commitment to affirmative action.

The Vice President of Human Resources serves as the Hospital’s affirmative action officer and oversees the Hospital’s affirmative action obligations.
Policy Against Discrimination, Discriminatory Harassment and Retaliation

Boston Children’s Hospital (BCH) prohibits discrimination, discriminatory harassment and retaliation. This policy establishes the standards of prohibited conduct for all BCH Employees, Medical Staff, Volunteers and Associated Personnel related to discrimination, discriminatory harassment and retaliation. This policy describes how to report such conduct and the Hospital’s policy for investigating and responding to reports of discrimination, discriminatory harassment and retaliation for making a report.

Covered Personnel

This policy applies to all job applicants, BCH Employees, Medical Staff, Volunteers and Associated Personnel.

Policy

- Discrimination, discriminatory harassment and retaliation are incompatible with the values of Boston Children’s Hospital and will not be tolerated.
- Discrimination and discriminatory harassment on the basis of race, religion, color, gender, sexual orientation, gender identity, pregnancy, national origin, ancestry, ethnicity, age, physical or mental disability, genetic information, military or veteran status or any other classification protected by law (also called a ‘protected class’) is prohibited.
- Boston Children’s Hospital prohibits any discriminatory communication or behavior towards employees, staff, patients, families, applicants, vendors and/or visitors, made in person, online, or through any other platform, during and outside of work hours, within and away from the physical workplace.
- Boston Children’s Hospital prohibits retaliation against an individual who has complained about discrimination or discriminatory harassment, or against any individual for cooperating with an investigation into allegations of discrimination or discriminatory harassment.

Standards

- Boston Children’s requires all individuals covered by this policy to recognize conduct that may constitute discrimination, discriminatory harassment, or retaliation and not to discriminate or retaliate. Discrimination can arise in a variety of circumstances and take different forms. While this is not an exhaustive list, some examples of prohibited conduct include:
  - using advertisements, publications, or job applications that suggest restrictions in hiring based on a protected class;
  - asking job applicants where they were born, where their families or spouses were born, or the origin of their name;
  - refusing to hire a job applicant based on a protected class;
The Human Resources Manual

Policy Against Discrimination, Discriminatory Harassment and Retaliation

- refusing to promote an individual based on a protected class;
- terminating an individual based on a protected class;
- paying lower wages or giving fewer benefits to an individual based on a protected class;
- imposing arbitrary workplace rules intended to affect the terms and conditions of employment of individuals in a protected class;
- epithets, slurs, negative stereotyping, jokes, or threatening, intimidating, or hostile acts that relate to a protected class;
- written or graphic material that denigrates or shows hostility toward a protected class, including material circulated through e-mail, text messages, social media, and other electronic platforms;
- conduct that denigrates or shows hostility or aversion toward an individual based on a protected class when that conduct has the purpose or effect of unreasonably interfering with an individual’s work performance by creating an intimidating, hostile, humiliating or offensive work environment.

Discriminatory, offensive, intolerant or disrespectful conduct directed at, concerning or affecting patients, families or visitors of Boston Children’s is likewise prohibited. Individuals covered by this policy are expected to be aware of and to comply with all ethical and professional rules of conduct applicable to their position, including any professional or regulatory rules or guidelines relating to discrimination.

Any communication or behavior which is offensive, intolerant or disrespectful of an individual based on a protected class may violate this policy, even if the conduct does not meet the legal standard for discrimination, is also prohibited.

Retaliation

Boston Children’s prohibits retaliation against an individual who has complained about discrimination or discriminatory harassment, or against any individual for cooperating with an investigation into allegations of discrimination or discriminatory harassment. Retaliation will not be tolerated. Retaliation includes any adverse employment action (e.g. demotion) and acts of revenge.

Any individual who is found to have engaged in retaliation will be subject to disciplinary action, including termination of employment.

Reporting Discrimination, Discriminatory Harassment or Retaliation

Individuals covered by this Policy who believe that they have experienced or witnessed discrimination, discriminatory harassment at BCH, or retaliation should make a report to the BCH Human Resources Department immediately. Reports can be made to the Employee Relation Department or the Human Resources Service Center.

In addition, individuals who have experienced discrimination, discriminatory harassment or retaliation may also make a report to:
- their direct supervisor;
- another supervisor or manager within their own department;
- the supervisor or manager of the department where the discrimination, discriminatory harassment or retaliation occurred if different from the individual’s department;
- Any director, vice-president, or officer of BCH;
- Any Chief of Service of any clinical division or department; or
• The Office of General Counsel

▷ Any individual in a managerial or supervisory role at BCH who witnesses, receives a complaint, or becomes aware of discrimination, discriminatory harassment or retaliation by, affecting or involving a BCH Employee, member of the Medical Staff, Volunteer or Associated Personnel must report it to the Employee Relations Department in Human Resources immediately.

▷ Individuals who wish to make a complaint may do so by making an oral complaint, preparing a written statement, both. If the individual requires a translator in order to make the complaint, the Human Resources Department will assist with obtaining a translator.

▷ Boston Children’s takes complaints of, discrimination, discriminatory harassment and retaliation very seriously. Because such complaints are a serious matter, intentionally making false allegations, deliberately misrepresenting the facts or lying during an investigation is not acceptable and is considered to be misconduct.

▷ Boston Children’s is committed to investigating and resolving in a timely manner all complaints of discrimination, discriminatory harassment or retaliation involving allegations of workplace discrimination, discriminatory harassment or retaliation. Human Resources may notify other entities and take other action if the conduct involves individuals who are not under the control or direction of BCH.

▷ Individuals who have witnessed or experienced discrimination, discriminatory harassment or retaliation and are not employed by BCH should also contact their own employer's human resources department or designated representative for receiving complaints.

Investigation

▷ An investigation into a complaint may include one or more of the following actions, as appropriate to the investigation:
  • Confidential interviews of the complainant(s) and witnesses.
  • Reviews of emails, internet activity and other computer information.
  • Individuals being placed on paid or unpaid administrative leave during the investigation.
  • Temporary changes in schedule or location as necessary
  • Requests not to contact
  • Involvement of the Office of General Counsel
  • Written findings

▷ Boston Children’s will maintain confidentiality to the extent practicable under the circumstances. The alleged subject of the complaint may learn of the complaint and the identity of the complainant as necessary. If the complainant has any concerns about retaliation, the complainant should notify Human Resources immediately.

Remedial Action

▷ Boston Children’s will take appropriate remedial action for violations of this Policy. Any individual who is found to have violated this policy will be subject to disciplinary action, up to and including termination of employment, or loss of privileges and termination of access to all Boston Children’s facilities.

▷ When appropriate, the results of the investigation and its disposition may be shared with the complainant and/or the subject of the complaint.
Filing a Complaint with the MCAD or EEOC

- Any individual who believes they have been subjected to discrimination, discriminatory harassment or retaliation may file an administrative complaint with either or both of the government agencies set forth below. Making a complaint under this policy does not prohibit the individual from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC—300 days; MCAD—300 days).

Massachusetts Commission Against Discrimination (MCAD)
One Ashburton Place, 6th Floor, Room 601
Boston, MA 02108
(617) 799-6000
TTY: (617) 994-6196

U.S. Equal Employment Opportunity Commission (EEOC)
JFK Federal Building, 475 Government Center
Boston, MA 02203
(800) 669-4000
TTY: (800) 669-6820

Related Content

Human Resources Manual:
- Sexual Harassment
- Use of Social Media
- Disciplinary Policy and Standards of Conduct Policy
- Diversity, Equal Employment Opportunity, and Affirmative Action

Document Attributes

<table>
<thead>
<tr>
<th>Title</th>
<th>Policy Against Discrimination, Discriminatory Harassment and Retaliation</th>
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</table>
| Author | Daniel Michaud  
Executive Director, Human Resources | Date of Origin | 6/98 |
|        |                                                                          | Dates Reviewed/Revised | 06/98, 10/00, 07/07, 06/11, 07/13, 10/31/2017 |
| Copyright | ©Boston Children’s Hospital, 2018 | Last Modified | 11/14/17 |
| Approved | Signature on File  
Dick Argys  
Chief Administrative Officer |
Policy Against Sexual Harassment

Boston Children’s Hospital (BCH) does not tolerate sexual harassment. This policy describes how individuals can make a complaint of sexual harassment. This policy describes the BCH policy for investigating and responding to complaints of sexual harassment. BCH also does not tolerate retaliation against individuals who make a complaint of sexual harassment or who cooperate in an investigation. This policy also describes the policy for investigating and responding to complaints that an individual was retaliated against for filing a complaint of sexual harassment or for cooperating in an investigation of a complaint for sexual harassment.

Covered Personnel

This policy applies to all job applicants, BCH Employees, Medical Staff, Volunteers and Associated Personnel.

Policy

- BCH prohibits any sexual harassment towards employees, staff, patients, families, applicants, vendors and/or visitors, made in person, online, or through any other platform, during and outside of work hours, within and away from the physical workplace.
- BCH prohibits retaliation against an individual who has complained about sexual harassment, or against any individual for filing a complaint of sexual harassment or for cooperating in an investigation of a complaint for sexual harassment.
- This policy applies to any communication or behavior of a sexual nature towards employees, staff, patients, families, applicants, vendors and/or visitors, made in person, online, or through any other platform, during and outside of work hours, within and away from the physical workplace.

Standards

- BCH requires all individuals covered by this policy to recognize conduct that may constitute sexual harassment or retaliation and not to sexually harass or retaliate.
- Sexual harassment includes:
  - Direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.
  - Other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating, or humiliating to others may also constitute sexual harassment.
  - Sexual misconduct of any kind, including any unwanted or inappropriate sexual behavior directed toward another individual.
Sexual harassment can arise in a variety of circumstances and take different forms. While this is not an exhaustive list, some examples of prohibited conduct which may constitute sexual harassment include:

- unwelcome sexual advances—whether they involve physical touching or not, including repeated or unwelcome flirtations or advances;
- sexual epithets, jokes, written or verbal references to sexual conduct;
- comments about an individual's sexual activity, deficiencies, or prowess or gossip concerning or inquiries into an individual’s sexual experiences;
- displaying or communicating in any way, including through e-mail, text messages, or social media, sexually suggestive objects, pictures, posters, cartoons or writings;
- posting sexually offensive comments or graphic material on social media and blogs;
- unwelcome leering, whistling, brushing against the body;
- sexual gestures;
- sexually suggestive, degrading or insulting comments;
- inappropriate use of intimate or sexualized language; or
- having a sexual relationship with a patient

Sexual harassment or inappropriate conduct directed at, concerning or affecting patients, families or visitors of BCH, as well as vendors and contractors, is prohibited.

All personnel covered by this policy are expected to be aware of and comply with all ethical and professional rules of conduct applicable to their position, including any professional or regulatory rules or guidelines relating to inappropriate sexual relationships, harassment or other inappropriate conduct.

Please note that communication or behaviors of a sexual nature or with a sexual theme can violate this policy even if such conduct would not meet the legal definition of sexual harassment. Conduct which is inappropriate, vulgar, offensive, intolerant or disrespectful of an individual can violate this policy, whether or not the conduct is unlawful.

**Retaliation**

BCH prohibits retaliation against an individual who has complained about sexual harassment, or against any individual for cooperating with an investigation into allegations of sexual harassment. Retaliation will not be tolerated. Retaliation includes any adverse employment action (e.g. demotion) and acts of revenge.

Any individual who is found to have engaged in retaliation will be subject to disciplinary action, including termination of employment.

**Filing Complaints of Sexual Harassment**

Individuals covered by this Policy who believe that they have experienced or witnessed sexual harassment at BCH, or retaliation should make a report to the BCH Human Resources Department immediately. Reports can be made to the Employee Relations Department or the Human Resources Service Center.

In addition, individuals who have experienced sexual harassment may also make a report to:

- their direct supervisor;
- another supervisor or manager within their own department;
• the supervisor or manager of the department where the sexual harassment occurred if different from the individual’s department;
• Any director, vice-president, or officer of BCH;
• Any Chief of Service of any clinical division or department; or
• The Office of General Counsel.

Any individual in a managerial or supervisory role at BCH who witnesses, receives a complaint, or becomes aware of sexual harassment by, affecting or involving a BCH Employee, member of the Medical Staff, Volunteer or Associated Personnel must report it to the Employee Relations Department in Human Resources immediately.

Individuals who wish to make a complaint may do so by making an oral complaint and/or preparing a written statement. If the individual requires a translator in order to make the complaint, the Human Resources Department will assist with obtaining a translator.

BCH takes complaints of sexual harassment very seriously. Because such complaints are a serious matter, intentionally making false allegations, deliberately misrepresenting the facts or lying during an investigation is not acceptable and is considered to be misconduct.

BCH is committed to investigating and resolving in a timely manner all complaints of sexual harassment involving allegations of workplace sexual harassment. Human Resources may notify other entities and take other action if the conduct involves individuals who are not under the control or direction of BCH.

Individuals who have witnessed or experienced sexual harassment and are not employed by BCH should also contact their own employer’s human resources department or designated representative for receiving complaints, in addition to the BCH Human Resources department.

Investigation

An investigation into a complaint may include one or more of the following actions, as appropriate to the investigation:

• Confidential interviews of the complainant(s) and witnesses.
• Reviews of emails, internet activity and other computer information.
• Individuals being placed on paid or unpaid administrative leave during the investigation.
• Temporary changes in schedule or location as necessary
• Requests not to contact
• Involvement of the Office of General Counsel
• Written findings

BCH will maintain confidentiality to the extent practicable under the circumstances. The alleged subject of the complaint may learn of the complaint and the identity of the complainant as necessary. If the complainant has any concerns about retaliation, the complainant should notify Human Resources immediately.

Remedial Action

BCH will take appropriate remedial action for violations of this Policy. Any individual who is found to have violated this policy will be subject to disciplinary action, up to and including termination of employment, or loss of privileges and termination of access to all BCH facilities.
When appropriate, the results of the investigation and its disposition may be shared with the complainant and/or the subject of the complaint.

**Filing a Complaint with the MCAD or EEOC**

Any individual who believes they have been subjected to sexual harassment may file an administrative complaint with either or both of the government agencies set forth below. Making a complaint under this policy does not prohibit the individual from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC—300 days; MCAD—300 days).

**Massachusetts Commission Against Discrimination (MCAD)**
One Ashburton Place, 6th Floor, Room 601
Boston, MA 02108
(617) 7994-6000
TTY: (617) 994-6196

**U.S. Equal Employment Opportunity Commission (EEOC)**
JFK Federal Building,
475 Government Center
Boston, MA 02203
(800) 669-4000
TTY: (800) 669-6820

### Related Content

**Human Resources Manual**
- **Discrimination**
- **Use of Social Media**
- **Disciplinary Policy and Standards of Conduct Policy**
- **Diversity, Equal Employment Opportunity, and Affirmative Action**
- **NetLearning**: Mandatory Yearly Review > Sexual Harassment and Discrimination

### Document Attributes

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<th>Title</th>
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| Author | Carolyn T. Stetson  
Director of Employee Relations |
| Date of Origin | 6/98 |
| Dates Reviewed/Revised | 06/98, 10/00, 07/07, 6/11, 07/13, 12/01/17 |
| Copyright | ©Boston Children’s Hospital, 2018 |
| Last Modified | 12/01/17 |
| Approved | Signature on File  
Daniel Michaud  
Executive Director, Human Resources |
Substance Abuse Prevention

Boston Children’s Hospital is committed to maintaining a safe and productive work environment for the benefit of all employees, patients, parents, and visitors. Therefore, it is the policy of Boston Children’s to maintain a work environment that is free from the effects of alcohol and other drugs. To achieve this commitment, Boston Children’s will take appropriate measures to ensure compliance with this policy.

Guidelines

Definitions

Under the Influence
"Under the influence" means that alcohol and/or other drugs are affecting job performance and/or safety.

Controlled Substance
Any drug or chemical substance listed under the Federal Controlled Substances Act.

Illegal Drug
Any controlled or other substance capable of altering mood, perception, pain level, judgment or other physical or mental activities of the individual consuming it which is not prescribed for current personal treatment by a licensed health care provider and/or which is not being used for its intended purpose.

On the Job
Employees are considered on the job whenever they are:

- On Boston Children’s property, including parking lots, at any time
- Driving or riding as a passenger in a Boston Children’s vehicle
- Engaged in activities within the scope of their employment, regardless of whether they are on Hospital property

Recognizing Drug and/or Alcohol Problems

Employees may seek assistance in dealing with these problems through the Employee Assistance Program (EAP), the Occupational Health Service (OHS), or the Office of Clinician Support (see Web sites for additional information). In addition, any employee who has a concern about his/her co-worker's use of alcohol or other substance is encouraged to speak with his/her supervisor or OHS. Boston Children’s will make every reasonable effort to maintain confidentiality.

Drugs

Legally Prescribed/Over the Counter
Employees may be permitted to take legally prescribed and/or over the counter medications while on the job. However, this use must (a) be consistent with appropriate medical treatment plans and (b) not impair the employee's job performance or safety. If a supervisor and/or employee has questions about the
effects of legally prescribed drugs on job performance, these concerns should be discussed with the OHS.

Except as noted above, the unlawful manufacture, use, sale, purchase, distribution, dispensation, or possession of any controlled substance or illegal drug by any employee on the job is prohibited. Being under the influence of any controlled substance or illegal drug while on the job is prohibited.

**Alcohol**

The use, consumption, dispensation, or distribution of alcohol while on the job is prohibited except at an event with approval by the Chief Executive Officer. Being under the influence of alcohol or having the odor of alcohol while on the job is prohibited at all other times.

**Correcting Drug or Alcohol Problems before Work Performance is Affected**

**Employee Assistance Program**

Boston Children’s maintains an Employee Assistance Program (EAP) that provides counseling and referral services to employees who suffer from alcohol or drug abuse and other personal/emotional problems. Employees who suspect they have an alcohol or drug abuse problem are strongly urged to use the services of the EAP before such problems begin to affect their work performance.

**Occupational Health Service**

Although the EAP may be an employee's first choice in seeking assistance, the Hospital's Occupational Health Service (OHS) can also provide assistance to individuals seeking help for drug or alcohol abuse problems and for other personal/emotional problems. The OHS clinicians are available to provide consultation, referral to outside resources, and evaluation of employee's ability to perform job functions in a safe manner. This may be accomplished in conjunction with the EAP.

The OHS is also available to provide ongoing support to individuals who have returned to work after time off to treat a substance abuse problem.

**Disciplinary Action**

Violation of any section of this policy can result in disciplinary action up to and including termination, even for the first offense. Refer to Personnel Policy: Discipline Policy and Standards of Conduct for additional information.

**Drug and Alcohol Screening**

Boston Children's reserves the right to require a medical assessment, blood test, urinalysis, or breathalyzer test of those employees suspected of using or being under the influence of a drug or alcohol.

**Pre-Placement Screening**

If the OHS finds objective evidence of substance abuse during pre-placement screening or episodic visit, the employee may be denied clearance to work. Final status will be determined after consultation with the Vice President of Human Resources.
Rehabilitation and Conditions for Return to Work

In the event an employee violates the terms of the Substance Abuse Prevention Policy or in the event Boston Children’s has reason to believe that an employee is or may be in violation of the policy, Boston Children’s may elect to place the employee on a leave of absence. To continue employment at Boston Children’s and return to work, the employee may be required to satisfy certain conditions established by Boston Children’s.

These conditions may include, but are not limited to, following all recommendations communicated by the EAP or Boston Children’s or both (conditions may include cooperation with EAP and successful completion of an inpatient substance abuse program; an outpatient substance abuse program; individual or group therapy or both).

Failure to comply with any of the recommendations may be grounds for termination of employment.

The employee must demonstrate that he or she is free of alcohol and/or drugs prior to returning to work. An assessment will be provided to the Hospital by the EAP to address specifically the employee's progress.

- If this assessment should reveal that little or no progress has been made regarding substance abuse and related problems, the employee may be terminated from employment.
- If the assessment reveals that the employee has made progress with substance abuse and related problems, and is no longer using drugs and/or alcohol, and the employee has satisfied all other conditions for return to work, the employee may return to work at the same position, level of responsibility, and salary as previously held.

The employee must submit to all random, supervised drug and/or alcohol screens at the discretion of Boston Children’s. Any trace or evidence of alcohol or any controlled or illegal substance found during these drug/alcohol screens may be grounds for immediate termination of employment.

During the absence used for assessment/evaluation, the employee may use his or her earned time. If the employee does not have any accrued earned time, the employee will go without pay for this time.

Prior to return to work at Boston Children’s, the employee will be required to sign an agreement that will outline the conditions the employee must satisfy in order to remain an employee of Boston Children’s. This may include a continuation of supervised random drug and/or alcohol screens. In addition, this agreement will specify that any further incidents of substance abuse will result in immediate termination.

Law Enforcement, Licensing, or Other Agency Involvement

The Drug Free Workplace Act requires employees to report to Boston Children’s if they have been convicted of a criminal drug statute. Boston Children’s in turn, may be obligated to report this conviction to certain agencies, including but not limited to:

- law enforcement
- the contracting agency or grant under which the employee in question may be working.
- licensing agencies or registration boards
Related Content

Human Resources Manual
- Discipline Policy and Standards of Conduct

Web Sites
- Employee Assistance Program
- Occupational Health Service
- Office of Clinician Support

Document Attribute

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<tbody>
<tr>
<td>Author</td>
<td>Carolyn T. Stetson</td>
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<tr>
<td></td>
<td>Director, Employee Relations</td>
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<tr>
<td></td>
<td>Lucinda Brown, MA, Director, Occupational Health Services</td>
</tr>
<tr>
<td>Date of Origin</td>
<td>2/5/09</td>
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<tr>
<td>Reviewed/Revised by</td>
<td>Julie Dardano</td>
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<tr>
<td></td>
<td>Director, Human Resources Compliance and Operations</td>
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<tr>
<td>Dates Reviewed/Revised</td>
<td>2/5/09; 05/03; 10/00; 12/11</td>
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<td></td>
<td>Inez Stewart</td>
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<td></td>
<td>Vice President for Human Resources</td>
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</table>
Use of Social Media

This policy describes the appropriate use of on-line social networking sites and applies to all Boston Children’s Hospital (Boston Children’s) employees, associated personnel and all other users with a Boston Children’s email or computer account, as well as those who have access to Protected Health Information (PHI), Personal Identifiable Information (PII), or privileged or proprietary information as part of their role at Boston Children’s.

Social media, as used in this document refers to both websites and applications (apps) that facilitate the exchange of personal information, opinions, images, location, and other information.

Policy

- While communication through on-line social media is an important and necessary aspect of many people’s work at Boston Children’s, social networking must be done responsibly and in accordance with this policy and related content.
- When using on-line social media for work-related purposes, users must maintain professional boundaries with patients, families, and staff; ensure PHI is not disclosed; protect patient privacy; and follow intellectual property rules.
- Users must also ensure that the time spent on-line does not distract from patient care or other work obligations; and otherwise comply with all policies, laws and regulations related to computer use, on-line communications and Boston Children’s operations.
- Any use of social media for research purposes is subject to review and approval by IRB.
- Departments that choose to apply more restrictive standards must first consult with the Office of General Counsel and Compliance.
- Employees and staff using social networking sites during work time are subject to monitoring to ensure compliance with this and other Boston Children’s policies. Consistent with the Information Security Manual: Acceptable Use of Computer and Network Resources, unauthorized use or excessive personal use of on-line social networking is not acceptable and will result in the full range of disciplinary actions under Hospital policy, up to and including: termination of employment, termination of medical staff privileges, termination of computer privileges, or other sanctions as Boston Children’s deems appropriate under the circumstances.

Scope

- This policy applies to social media and applications (apps) including, but not limited to:
  - Facebook, CarePages, LinkedIn, Netflix
  - Internet forums, chat rooms, weblogs (e.g., BlogSpot, WordPress, Twitter) for communication
  - Collaboration or multi-player gaming tools
  - Photo and video sharing sites (e.g., Pinterest, YouTube, Instagram)
Use of Social Media

- Other communication media, such as text messaging, instant messaging, e-mail and the sharing of images or photos using Smartphones or other similar devices
- Boston-Children's-sponsored sites (e.g., web pages, web sites, blogs, social media sites, and/or applications sponsored, authorized and controlled by Boston Children's)

Prohibited Use of Social Media

- **Use of social media in the following ways is prohibited** (this applies to information that is shared on personal devices as well as hospital devices):
  - Use of social media for personal purposes while providing patient care is prohibited.
  - Sharing or posting patient, family, employee or organizational information, specifically including, but not limited to:
    - Protected Health Information, including sensitive medical or psychological information
    - Personal Identifiable Information, such as name, address or phone number, Social Security Number, Financial Account number, or log-on credentials.
    - Photos or other images of patients, families or Boston Children's employees (unless written permission has previously been obtained in accordance with Boston Children's policies).
  - Sharing or posting proprietary Boston Children's information, confidential financial or confidential business information, or content in violation of copyright laws.
  - Communicating in a manner that is disruptive, threatening, harassing, bullying, embarrassing, defamatory, libelous, obscene, demeaning, racially or ethnically offensive, or discriminatory, or in violation of Boston Children's policies addressing inappropriate conduct.
  - Engaging in conduct that is an invasion of another person's privacy, including patients, families, employees and other staff.
  - Using a Boston Children's email address when using social networking sites for personal reasons.
  - Accepting invitations to join private social media sites during a current encounter of patients and families is prohibited.
  - Initiating contact with a patient or family through these sites is prohibited.

Acceptable Use of Social Media

- **Responsible use of social media includes**:
  - Maintaining appropriate professional and personal boundaries and exercising professional judgment, mutual respect, and integrity regarding the content that is shared online.
  - Complying with applicable laws, regulations and standards, including Boston Children’s policies on professional behavior and therapeutic relationships.
  - Abiding by Boston Children’s policies and guidelines, including the Code of Conduct, professional policies and business guidelines, Patient Health Information (e.g., patient confidentiality and release of information), Information Security (e.g., Acceptable Use of Computer and Network Resources, Use of Information), Human Resources policies, Boston Children’s policies that protect copyrights and intellectual property, and all Terms of Use, Privacy and other notices associated with Boston Children's-sponsored sites.
Complying with all Boston Children’s policies addressing inappropriate conduct, including the [Sexual Harassment and Discrimination](#) and the [Violence Prevention](#) policies.

Obtaining appropriate and complete authorization before creating any site that will be affiliated with or sponsored by Boston Children’s and otherwise following the rules for participation in Boston Children’s-sponsored social media. For more information, contact Rob Graham at rob.graham@childrens.harvard.edu in Marketing and Communications.

## Related Content

**Clinical Administrative Manual**
- [Professional Behavior of Clinicians](#)

**Code of Conduct/Compliance Manual**
- [Confidentiality of Patient Information](#)
- [Use and Disclosure of Patient Health Information](#)
- [Safeguarding Patient Information](#)
- Boston Children’s Hospital [Code of Conduct](#)

**Information Security Manual**
- [Email Use](#)
- [Acceptable Use of Computer and Network Resources](#)

**Patient Health Information Manual**

**Human Resources Manual**
- [Confidentiality of Patient, Personnel and Hospital Information](#)
- [Discipline Policy and Standards of Conduct](#)
- [Violence Prevention](#)
- [Sexual Harassment and Discrimination](#)

**Family Education Materials**
- [Photography, Videography (Filming) and Social Media: Guidelines for Patients and Families](#)
- [No Filming or Photography Poster](#)

## References

Boston Children’s Hospital Family Advisory Council Focus Group conducted June 2, 2009

Boston Children’s Hospital Teen Advisory Council Focus Group Conducted 2009


Massachusetts General Laws (2000); 244 CMR 9.00 Standards and Conduct, Board of Registration in Nursing, Retrieved August 16, 2009 from [http://www.mass.gov/Eeohhs2/docs/dph/regs/244cmr009.pdf](http://www.mass.gov/Eeohhs2/docs/dph/regs/244cmr009.pdf)
## Document Attributes

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<tr>
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<th>On-Line Social Networking Guidelines</th>
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<tr>
<td>Author</td>
<td>Susan Shaw, RN, MS</td>
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<tr>
<td></td>
<td>Jayne Rogers, RN, MSN</td>
</tr>
<tr>
<td>Date of Origin</td>
<td>09/01/10</td>
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<tr>
<td>Last Reviewed/Revised by</td>
<td>Ellen M. Giblin, Privacy Officer</td>
</tr>
<tr>
<td></td>
<td>Timothy Hogan, Chief Compliance Officer</td>
</tr>
<tr>
<td></td>
<td>Marcie Brostoff, Chief Nurse Informatics Officer</td>
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<td></td>
<td>Daniel Nigrin, MD, MS,</td>
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<td></td>
<td>Senior Vice President for Information Services, Chief Information Officer</td>
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<td>Laura Wood, DPN, MS, RN,</td>
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<td>Senior Vice President for Patient Care Operations, Chief Nursing Officer</td>
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<td>Inez Stewart, Vice President, Human Resources</td>
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<td>Michelle Garvin</td>
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<td>Senior Vice President, General Counsel</td>
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<td>Dick Argys, Chief Administrative Officer</td>
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Violence Prevention and Response

Children’s Hospital is committed to providing a safe and secure environment for patients, families, employees, staff, and other visitors. The prevention of violent incidents and threats through early intervention is paramount.

Covered Personnel

All members of the Boston Children’s Hospital community are responsible for maintaining a safe and secure environment including BCH Employees and Associated Personnel.

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Threat</td>
<td>The expression of intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating the threat has the present ability to carry it out and without regard to whether the expression is contingent, conditional or future.</td>
</tr>
<tr>
<td>Workplace Bullying</td>
<td>The repeated less favorable treatment of a person by another or others in the workplace, which may be considered unreasonable and inappropriate workplace practice. It includes behavior that intimidates, offends, degrades or humiliates a worker. Bullying and intimidation is unsolicited action which may be direct or imposed by indirect means. It may occur in one-to-one situations or in groups. Behavior which constitutes bullying may be written, visual, electronic communications such as letters, drawings, recordings/photographs, emails or any type of cyber or social media, or telephone communications. Intimidation is engaging in actions that include, but are not limited to, stalking or behavior intended to frighten, coerce, or induce duress.</td>
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<td>Physical Assault</td>
<td>Unwanted or hostile physical contact such as, but not limited to, hitting, fighting, pushing, spitting, shoving or throwing objects.</td>
</tr>
<tr>
<td>Workplace Violence</td>
<td>Includes, but is not limited to intimidation, threats, physical assault, domestic violence or property damage and includes acts of violence against self or others committed by employees, patients, families, visitors and/or others in the workplace.</td>
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<tr>
<td>Domestic Violence</td>
<td>The use of abusive or violent behavior, including threats and intimidation, in effort to gain power and control over a person with whom an individual has an ongoing or prior personal relationship.</td>
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Policy

- The Hospital will not tolerate any act of violence, including physical, verbal, or sexual abuse, threats, and/or harassment committed by anyone.
- The Hospital will not tolerate any act of property damage or destruction.
Allegations, threats, or incidents of violence and/or abuse are serious and must be promptly reported to Security and your manager/supervisor.

In any violent or potentially violent situation involving a child, as long as the child is on-site, staff are responsible for taking necessary actions to protect the child from any further exposure to violence or abuse. Covered Personnel are responsible for reporting event to Security and Child Prevention Team in order to protect the child from any further exposure to violence or abuse and to protect the child.

For those Covered Personnel who are also Mandatory Reporters within the definition of M.G.L. c. 51A a report to authorities must also be made when appropriate.

Covered Personnel who violate this policy are subject to the full range of disciplinary action under Hospital policy, up to and including termination. See Human Resources Manual: Discipline Policy and Standards of Conduct for additional information.

Standards

The following is a list of behaviors, while not all-inclusive, provides examples of conduct that are unacceptable at Boston Children’s Hospital. Any of the following behaviors may result in disciplinary action including termination.

- Verbal or physical harassment
- Abuse and/or neglect of children
- Threatening, hostile or intimidating behavior including making threatening remarks (e.g., in person, in writing, by phone or e-mail/text)
- Possession of a dangerous weapon or device (e.g., guns, knives, ammunition)
- Fighting or causing physical injury to another person
- Kicking, spitting, slamming, punching, or inappropriate touching of people. Slamming, kicking and/or, punching of doors, walls or other work property.
- Stalking
- Sabotaging the work of an employee or staff member
- Intentionally or recklessly damaging Hospital property or property of another employee
- Bullying
- Sexual Harassment and/or Assault
- All crimes against persons as defined by Mass General Law

Response [Boston Main Campus]
The Hospital is committed to prompt responsive action when violence or the threat of violence arises. All employees must immediately report any incident of violence or abuse to Security and their manager/supervisor. Security reports to the Administrator on Duty (AOD). Employees with knowledge of or who witness a threatening event, whether of potential or actual violence, or who perceive a threatening violent or abusive situation, must immediately respond as below:

<table>
<thead>
<tr>
<th>Security</th>
<th>Contact Security. Dial ext 5-6121 or press a Panic Button.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor/Manager</td>
<td>Contact the department supervisor or manager.</td>
</tr>
<tr>
<td>AOD/NAOC</td>
<td>Security contacts the Administrator on Duty (page ID 1428) and Nursing Administrator on Call (page ID 1317) as appropriate.</td>
</tr>
</tbody>
</table>

Response [Off-Site Locations]
Employees who witness acts of violence and/or abuse or who have an imminent fear for safety in off-site buildings should contact:
Local Police Department
Access an outside line and dial 911.

Supervisor/Manager
Contact the department supervisor or manager.

Building Security/Management
Check with the Security/Building Management team in your building to ensure procedures for your location are followed.

Follow-up Response
The investigation and assessment of the violent/abusive event includes the Department Director and Manager, involved staff, Security, Risk Management, Legal Counsel, Employee Relations, Child Protection Team (CPT), Psychiatry, Social Work, and other relevant disciplines as deemed necessary. The follow-up review and assessment of the violent or threatening event should take place as soon as possible, preferably within 48 hours of its occurrence.

Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact info</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWAKE (Advocacy for Women and Kids in Emergency)</td>
<td>617-355-7980</td>
</tr>
<tr>
<td>Behavioral Response Change</td>
<td>BRT STAT ext. 55555</td>
</tr>
<tr>
<td>Child Protection Team (CPT) (available 24/7 via page operator)</td>
<td>617-355-7243</td>
</tr>
<tr>
<td>EAP (Employee Assistance Program [Kathleen Greer Associates (KGA)]</td>
<td>1-800-648-9557</td>
</tr>
<tr>
<td>Human Resources</td>
<td>617-355-7780</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>857-218-3046</td>
</tr>
<tr>
<td>Security Boston Children’s Hospital</td>
<td>617-355-6121</td>
</tr>
</tbody>
</table>

Related Content

- Human Resources Manual: **Discipline Policy and Standards of Conduct**
- Emergency Response Manual: Workplace Violence
  - Boston
  - Boston Children’s North (Peabody)
  - Family Accommodations
  - Lexington
  - MEHC
  - Waltham
- Protocol for Staff Involved in Threatening, Violent or Abusive Incidents reference tool
- Office of Clinician Support

Document Attributes

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<td>Signature on File</td>
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<td></td>
<td>Dick Argys, Chief Administrative Officer</td>
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