Internship Program in Health Service Psychology

Boston Children's Hospital/Harvard Medical School

Training Year: July 1 - June 30

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APA Accreditation Information:
Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

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Boston Children's Hospital
Until every child is well™

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Health Service Psychology Internship Brochure
Boston Children's Hospital/Harvard Medical School

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

BOSTON CHILDREN'S HOSPITAL MISSION

The mission of the hospital is 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 AND BEHAVIORAL SCIENCES MISSION

Promoting the well-being of children and families through excellence in behavioral health care, education, innovation, and advocacy.

THE PSYCHIATRY DEPARTMENT'S EDUCATION PRIORITY

To prepare the next generation of leaders in behavioral health care; to support trainees and staff in learning how to deliver the highest quality care.

THE MISSION OF THE PSYCHOLOGY INTERNSHIP

To educate psychologists who will become leaders in health service psychology, and to do so by facilitating their development of clinical skills and knowledge at the level of independent practice.

DEPARTMENTAL HISTORY

The Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital dates back to 1953, when George E. Gardner, PhD, MD (a psychologist and psychiatrist), was asked to assume the position of Psychiatrist-in-Chief at Boston Children's Hospital. Dr. Gardner was also the acting Director of the neighboring Judge Baker Guidance Center. While maintaining his Judge Baker directorship, Dr. Gardner established the Judge Baker Children's Center's (JBCC) affiliation with the hospital. During that same year, Joseph P. Lord, PhD became Chief Psychologist at Boston Children's Hospital and organized the training program which has operated continuously since that time. The Psychology Internship Program was one of the earliest recipients of NIMH training support and was subsequently accredited by the APA in 1956.

Also holding the Director's role:

Julius Richmond, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC
Stanley Walzer, MD ~ BCH Psychiatrist-in-Chief and Director of JBCC
Regina Yando, PhD ~ BCH and JBCC Chief of Psychology
Gerald P. Koocher, PhD ~ BCH and JBCC Chief of Psychology

In 1993 the leadership roles in the Department of Psychiatry at Boston Children's Hospital and the Judge Baker Children's Center were separated and, in 1995, William Beardslee, MD became Chief of the Department of Psychiatry at Boston Children's Hospital. Later, Eugene J. D'Angelo, PhD, and Jessica Henderson Daniel, PhD 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 remains on the teaching faculty at Boston Children's Hospital, and is a lecturer in the both the psychology internship and the postdoctoral fellowship.

Dr. D'Angelo became Chief of Psychology in June 2001, and Dr. Daniel became Psychology's Director of Training in 2002. In March 2017, Dr. Daniel was elected as President-elect of the American Psychological Association, and was appointed to the role of Director of Training in Psychology, Emerita.

Dr. D'Angelo assumed the role of Director of Training in Psychology, in addition to being the Division Chief.

Today, the Department of Psychiatry and Behavioral Sciences 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 advances to problems at the interface of pediatrics and psychology.

DIVISION OF PSYCHOLOGY OVERVIEW

The Division of Psychology is based within the Department of Psychiatry and Behavioral Sciences. All psychologists are appointed both to Boston Children's Hospital and Harvard Medical School, and are eligible to be promoted through Harvard's academic system. The Division currently has 133 psychologists working in departments and research laboratories throughout the hospital system, including: Boston Children's at Waltham, our community satellite clinics and in the Boston Public Schools.

The Psychology Internship Program at Boston Children's Hospital adheres to the tradition of providing an intensive, high-quality training program to facilitate an intern's professional development in health service psychology. 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 patient and their caregiver(s).

The training program is graduated and sequential in nature. Interns learn through a competency-based process: exposure to specific objectives and associated competencies through readings; observation of staff members in a specific clinical activity; collaborative engagement in that clinical activity by intern and supervisor; direct observation of intern by supervisor; and lastly the intern being responsible for the clinical activity with general oversight by supervisor. An intern will typically advance to the next aspect of their training sequence when competency at the earlier phase of the training in that particular clinical activity has been demonstrated.

The Division of Psychology of Boston Children's Hospital readily embraces the mission statement for the hospital. The current program continues to adhere to the tradition of providing intensive high-quality training of both breadth of experience and depth in teaching.

PROGRAM 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.

THE PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

The training year begins on July 1st 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, and an additional four to six hours are devoted to seminars/meetings. Further time is spent writing evaluation and progress notes, preparing for treatment and collaborating with relevant collateral contacts. The program is designed to occupy forty hours per week of a intern's time, although some interns report investing added 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.

The training year is divided into two six-month rotations. One half of the year is structured around a primary clinical experience on the Psychiatry Consultation Service, and the other half of the year around an integrated care experience. Three interns will be on Psychiatry Consultation Service for the first six months of the year, and four in the last six months of the year.

ROTATION A: **Psychiatry Consultation Service** (PCS)

Half of the year is built around a primary experience on the PCS. The PCS is a dynamic, fast-paced, multi-disciplinary service, and clinical care includes a mix of pediatric psychology and clinical child experience. The patient population is children, adolescents, or young adults (and their families) facing a myriad of pediatric illness. Patients may have challenging, sometimes life-threatening diagnoses, and may exhibit behaviors that negatively impact their physical health. PCS patients face acute and/or chronic medical or surgical conditions and oftentimes have somatic symptom or related concerns. PCS team members provide evaluations and psychotherapeutic interventions to patients, consultation to the hospital medical staff, and participate in treatment planning. *PCS comprises roughly 25 hours each week: five to six daily hours of service/note-writing, one hour of scheduled, individual supervision and four hours of seminars and rounds.*

Interns spend four afternoons each week with PCS, and the 5th is spent in the Outpatient Psychiatry Service.

During this rotation, each intern will also experience a three-month block, one morning per week in our **Gender Multispecialty Service** (GeMS). GeMS provides gender-affirmative care to transgender and gender diverse youth in the gender in which they identify. Consultation services are provided with our dedicated GeMS psychologists in an outpatient clinic located across the street from the main campus. Interns will participate in providing consultations, psychological assessments, and resource referrals.

ROTATION B: **Integrated Care Experience**

The other half of the year is built around a combination of integrated clinical experiences in the **Emergency Department,** a choice of either our **Atopic Dermatitis Center** or **Children's Hospital Primary Care Center**, and interns may elect to train in our **Developmental Neuropsychiatry Program** and/or our **Neuropsychology Clinic**.

During this half of the year, each intern will spend one afternoon per week in the main campus' **Emergency Department** (ED). Interns work directly with our Emergency Psychiatry Service (EPS) social work team within a fast-paced and acute emergency department setting. The EPS is a consultation service that provides behavioral health services to children, adolescents, and their families who come to the BCH ED in crisis. In collaboration with EPS staff, interns complete clinical evaluations, promote healthy coping strategies, and develop assessment and recommendation plans for patients in psychiatric distress. This rotation holds a twice-monthly case discussion.

Our **Atopic Dermatitis Center** (ADC) is an interdisciplinary outpatient medical clinic for infants, children, and adolescents with severe atopic dermatitis, food allergies, and other allergic conditions. The rotation is designed to develop assessment and intervention skills focused on child and family adherence to the medical regimen, symptom management, and psychosocial adjustment to a chronic medical condition. There is an emphasis on the developmental aspect of coping with medical conditions and use of evidence-based practices. This clinic is housed on the hospital's main campus. Interns train in the ADC on Friday mornings; because this rotation is only one half-day/week, interns training in ADC have one extra afternoon in OPS, either in the general OPS or within the Developmental Neuropsychiatry Program (see below).

Our **Children's Hospital Primary Care Center** (CHPCC), also located on our main campus, is designed to provide experience in working with patients and families within a diverse multidisciplinary primary care setting. This practice treats over 17,000 children aged 0-22, many of whom come from low-income and ethnically diverse Boston neighborhoods. Interns on this fast-paced rotation will support and collaborate with the larger Primary Care team to translate evidenced-based research into context-compatible treatments and interventions. Interns will be primarily focused on:

- maintaining a caseload of brief treatment cases
- conducting diagnostic evaluations
- conducting virtual consultation with patients and families
- conducting guardianship evaluations for medically and developmentally complex patients nearing adulthood

Clinical work in CHPCC is focused primarily on treating the behavioral health concerns most often seen in general pediatrics (anxiety, depression, ADHD, behavior, and trauma), with occasional medical coping or adherence-focused work. Interns will have the opportunity to participate in the training and program development components of the psychology team's role in primary care. This rotation also allows for opportunities to lead group interventions (e.g., groups for parents of children with ADHD, CBT skills groups for teens, etc.). Rotation in the Primary Care Center involves two half-days a week, with additional hours for integrated care meetings and program development opportunities.

Interns can elect to rotate through the **Developmental Neuropsychiatry Program** (DNP). The DNP provides evaluation, treatment, and consultation on the needs of children and adolescents with psychotic spectrum disorders (including those at risk for early-onset psychosis), high-functioning autism spectrum disorders, and complex neuropsychiatric and genetic disorders. Interns work as part of an interdisciplinary team including psychiatrists, psychologists, and nurse practitioners. The DNP provides a solid foundation for those interested in developmental psychopathology and the interface between medical and psychological illness. Interns who choose DNP will be taught the latest techniques in diagnostic evaluation, management and treatment of these disorders. Interns on DNP elective will have less general-OPS cases. This clinic can host two interns each semester.

Another elective experience can be one morning each week training in neuropsychology. The **Center for Neuropsychology**, located at 2 Brookline Place, provides evidence-based assessment to youth and families affected by brain and central nervous system disorders, injuries, and diseases. Interns team up with staff neuropsychologists and postdoctoral fellows to review records, complete clinical interviews, observe behaviors, administer and score tests for children with medical and neurological disorders, and provide feedback to families on recommendations and treatment. Please note that while the program will try to accommodate all interns who express a preference to participate, assignment will depend on program needs and logistics.

LONGITUDINAL OUTPATIENT PSYCHIATRY SERVICE

Interns see patients throughout the academic year in our state-of-the-art Outpatient Psychiatry Service (OPS) clinic. This new clinic is located at 2 Brookline Place (2BP) on the border of Boston and Brookline, about a five-minute shuttle ride or a 15-minute walk from the hospital's main campus. Interns share a larger workspace at 2BP and see patients in-person or via telehealth in private offices.

Outpatient work includes intake assessments, individual psychotherapy, and parent support for diverse patients ranging in age from 6-18. Evidence-based treatment is utilized for a range of presenting problems, with a focus on delivering patient and family-centered care with

appropriate adaptations as needed. Interns may be assigned general clinical child cases and/or medical coping cases. Each intern has one primary OPS supervisor for the year and will have at least one hour per week of scheduled, individual supervision.

For the semester training on the Psychiatry Consultation Service, intern outpatient work is typically reduced to one afternoon per week. For the semester rotating in the integrated care experience, interns spend two to three afternoons seeing patients on the OPS.

DIDACTICS

While each rotation brings rotation-specific training and didactics, all psychology interns are also required to attend regularly scheduled didactics/meetings:

- Pediatric Psychology Seminar, all interns, 1-hour, weekly
- Internship Seminar, all interns, 1 hour, weekly
- ED case discussion, *for interns on the Integrated Care rotation*, 1 hour, every other week
- Peer supervision discussion, *for interns on the Integrated Care rotation*, 1 hour, every other week
- Psychiatry Grand Rounds, 1-hour, twice monthly, September-June
- Psychiatry Morbidity and Mortality (M&M) Rounds, 1-hour, monthly, September-June
- Neuropsychology Seminar, *for interns completing Neuropsychology elective*, 1 hour, weekly
- Developmental Neuropsychiatry Team-meeting, *for interns in the DNP elective*, 1 hour, weekly

SUPERVISION

All interns receive extensive supervision for their diagnostic assessment, consultative, and treatment activities. Supervisory hours are scheduled to meet the intern's needs with additional guidance available as needed, depending on the intern's progress. A supervisor is available 24/7 for case consultation, including weekends and holidays. All supervisors work directly on the rotations in which they provide supervision. An intern will typically receive three to four hours of individual supervision each week, 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.

MAINTENANCE OF RECORDS

All intern files are kept in a locked file cabinet in a locked office which has limited access by any unauthorized personnel. Approximately ten years after 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 application materials, are moved off-site and stored in a secure facility managed by Boston Children's Hospital.

TRAINING OUTCOMES

All interns will have successfully completed all profession-wide competency requirements prior to the conclusion of their internship. As seen in the Post Internship table, our interns typically transition to postdoctoral fellowships after graduating from our program. Graduates of our program obtain positions in clinical service, research, and education.

STIPEND AND BENEFITS

The stipend is $40,900 for the AY 2022 internship year. The program is a one-year, full-time training experience, and provides four weeks of personal and five days of professional leave time for conferences, dissertation work, or post-doctoral fellowship interviews. Interns are eligible for Dental Insurance, Disability Insurance, Health Insurance, and Life Insurance. Each intern receives an appointment as a Clinical Fellow in Psychology, Department of Psychiatry at Harvard Medical School.

POST-INTERNSHIP POSITIONS FOR THE PREVIOUS 3 INTERN CLASSES

	2021-2022	2020-2021	2019-2020
Total number of interns in the year's cohort	7	7	7
Total number of interns who returned to their doctoral program to complete their degree	7	7	7
Type of postdoctoral fellowship or employment sought			
Academic health center		5 (PD)	4 (PD)
Academic university/department		1 (PD)	
Veteran's Affairs medical center			
Community mental health center			
Independent primary care facility/clinic			
Federally-qualified health center			
University counseling center			
Military health center			
Psychiatric hospital			
Other medical center or hospital	6 (PD)	1 (PD)	3 (PD)
Community college or other teaching setting			
Independent research institution	1 (PD)		
Correctional facility			
School district/system			
Independent practice setting			
Changed to another field			
Not currently employed			

Note: PD refers to a postdoctoral fellowship program; EP refers to an employed position

PSYCHOLOGY INTERNSHIP

SUPERVISORY FACULTY

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

Erica Lee, PhD
Associate Director of Training
University of California, Berkeley
Outpatient Psychiatry Service; Evidence-based Treatment, Cultural and Individual Diversity

Keneisha Sinclair-McBride, PhD
Associate Director of Training
Vanderbilt University
Outpatient Psychiatry Service and
Children's Hospital Primary Care Center; Cultural and Individual Diversity

Kevin K. Tsang, PsyD
Associate Director of Training
Virginia Consortium Program in Clinical Psychology
Pediatric Psychology Consultation Services

Rose Ashraf, PhD
Southern Methodist University
Outpatient Psychiatry Service; Multicultural & Immigrant Psychology, Acculturation Distress, Trauma

Peter Bachman, PhD
University of California, Los Angeles
Outpatient Psychiatry Service; Developmental Neuropsychiatry

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

Marcus Cherry, PhD
Boston College
Outpatient Psychiatry Service; Childhood Trauma, Cultural and Individual Diversity

Michelle Codner, PsyD
William James College
Outpatient Psychiatry Service

Yasmin Cole-Lewis, PhD, MPH
University of Michigan & UNC – Chapel Hill
Pediatric Psychology Consultation Services

Lauren DiLullo, PsyD
Florida Institute of Technology
Outpatient Psychiatry Service; Anxiety, Depression, Adherence Concerns, Medical Coping

Rahma Hida, PhD
North Carolina State University
Pediatric Psychology Consultation Services

Imari Ashley Isaksen, PhD
Loma Linda University
Pediatric Psychology Consultation Services

Jennifer LeBovidge, PhD
Northwestern University Feinberg School of Medicine
Atopic Dermatitis Center; Medical Coping, Immunology

Roxana Llerena-Quinn, PhD
Boston College
Outpatient Psychiatry Service; Latino Mental Health, Childhood Trauma

Beth Logan, PhD
University of Maine, Orno
Pediatric Psychology Consultation Services; Transplant

Alice Lowy, PhD
Northeastern University
Outpatient Psychiatry Service; Anxiety, Depressive, Trauma and Eating Disorders

Kerry McGregor, PhD
Regent University
Gender Multispecialty Service; Gender Diversity and Management Issues

John McKenna, PhD
Suffolk University
Gender Multispecialty Service; Gender Diversity and Management Issues

Sara Medina-DeVilliers, PhD
University of Virginia
Pediatric Psychology Consultation Services

Heather Potts, PhD
Syracuse University
Outpatient Psychiatry Service; Complex ADHD

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

Rachel Tunick, PhD
University of Denver
Children's Hospital Primary Care Center

Carl Waitz, PsyD
Azusa Pacific University
Inpatient Psychiatry Service

PSYCHOLOGY INTERN AND SUPERVISOR RESPONSIBILITIES FOR PATIENT CARE

The Department of Psychiatry and Behavioral Sciences 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's responsibilities regarding the provision and supervision of care provided to patients by trainees. In the Department of Psychiatry and Behavioral Sciences, 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.

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 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 developing process in which psychology trainees 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. 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/her limitations and to request supervision or assistance when managing problems which are unfamiliar or difficult. 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 and Behavioral Sciences 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 trainee does not think that the Department has 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 trainee 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 yet nonetheless develop complications of their disease process. Complications are not necessarily 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 remarkable 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 the 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 cultural competence in their practice and to work in partnership with patients, families, and communities.

SPECIFIC GUIDELINES FOR SUPERVISION

1. The attending physician/clinician supervises, in whole or in part, the mental health management plan for each patient seen by a psychology trainee. The attending is responsible for ensuring that all trainees have appropriate experience and competence to undertake such management. Supervision occurs across outpatient, inpatient, consultation, and community settings in the Department of Psychiatry and Behavioral Sciences. The trainee and attending should always strive to engage in clear communication.

2. For all patients under his/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. Psychology trainees must notify the attending physician/clinician of significant changes in a patient's condition, regardless of the time of day or day of week.

   Significant changes or events include, but are not limited to:
   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/violation, or 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 trainee for a particular patient.

7. A psychology trainee cannot 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 their shared cases, and that case log should be reviewed on a monthly basis 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, and I recognize that these guidelines govern my training at Boston Children's Hospital.

Signature:_____ Date:_____

Printed Name:_____

Document Attributes

Title	Supervision Guidelines for Psychology Trainees		
Author	David R DeMaso, MD	**Date of Origin**	2003
Reviewed/ Revised by	David R DeMaso, MD Eugene J D'Angelo, PhD	**Dates Reviewed/Revised**	7/07; 8/11; 6/12
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This form is what your supervisor has received, reviewed, and signed; it is provided to complement the previous document.

Department of Psychiatry and Behavioral Sciences Responsibilities of Attending Clinician in Patient Care

The Medical Staff Executive Committee has implemented guidelines for the responsibilities of attending physicians, regarding the supervision of care provided to patients by trainees. (*In the Department of Psychiatry and Behavioral Sciences, 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 an assigned staff supervisor/attending clinician who is ultimately responsible for the patient's care.

OVERALL PRINCIPLES

- The attending clinician has the ultimate responsibility for all psychiatric care decisions regarding their patients.
- The attending clinician is responsible for providing oversight and supervision of all care provided by trainees.
- The attending 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 at any time the trainee believes it to be helpful in the care of the patient.
- The attending clinician is to make clear to each trainee that only the failure to seek guidance will be considered problematic.

PHILOSOPHY

Graduate medical education is a developing 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.

- 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. Rigid guidelines for supervision can never replace good clinical judgment, and are not intended to do so.
- Every trainee in the Department of Psychiatry and Behavioral Sciences 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.
- For trainees, it is only the failure to seek guidance that will be considered to be problematic.

- 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 and always free to call for guidance. If a situation arises in which a trainee feels 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.

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

- 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.

- 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.

- Guidelines cannot 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 is not limited to:

    ~ 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.

- 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 encompass the full spectrum of clinical and research settings, will use evidenced-based approaches, will be culturally aware, and will empower patients, families, and communities alike. 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

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

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

- 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.

- 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:

~ all patients evaluated in the emergency room or emergency situations;
~ development of significant life threatening psychiatric changes (e.g.: suicidal attempt or completion; behavior acutely endangering others);
~ major medication errors requiring acute clinical intervention (e.g.: emergency room medical assessment or hospitalization);
~ 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);
~ development of major psychiatric treatment issues (e.g.: emergency 51A filing, running away)
~ emergency admission to a psychiatric or medical hospital.

OUTPATIENT AND COVERAGE BY ATTENDING PSYCHIATRISTS

- 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.

- 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 trainee***. 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 PCS-log for follow-up
    d. New psychiatry consultation cases

2. The attending psychiatrist is expected to remain available, and be responsive to the on-call trainee at all times, to return pages and calls promptly and to keep the trainee informed of contact information such as pager and telephone numbers. All requests for assistance from the on-call trainee 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 trainee.**

4. The on-call trainee 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 trainee 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 trainee in the assessment and management of the patients.

5. In addition to the events already outlined above, the on-call trainee 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 trainee feels for any reason that she/he requires the onsite presence of the attending psychiatrist.

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**

The internship program formally evaluates an intern's progress in attaining these competencies both at midyear, and at the end of the year. Evaluation ratings are important to note: first, the evaluation sets a Minimum Level of Achievement (MLA) on all 9 competencies in order to determine whether the appropriate levels of progress and/or completion of the internship have been met. In December, at the midyear evaluation, an intern is expected to have received a rating of "3" on all 9 competencies (a "3" indicates the intern uses that particular skill effectively most of the time, but still benefits from continued supervision and guidance). [*Two or more competency areas rated as "2" or below at the midyear evaluation would result in the creation of a Remediation Plan*.] By the end of the academic year, an intern should have attained a rating of "4" on all 9 competencies ("4" indicates the intern consistently uses the skill independently). Interns will meet with their supervisors to review and evaluate their performance.

While interns receive this formal assessment twice a year, there is often informal feedback provided during the course of supervision. 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, nor ever terminated an intern from the Internship Program.

Boston Children's Hospital
Profession-Wide Competency Rating Form

Intern Name: _____

Date: _____

Supervisor: _____

Rotation: *Name of Rotation: PCS, OPS etc.*

_____ *Mid-year Evaluation* _____ *End of Year Evaluation*

RATING SCALE:

N = not yet/not applicable

1 = basic knowledge, but not yet 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 but 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)*

* this is a typical mid-year evaluation rating

** this is the typical end of the year rating

In each of these profession-wide competency areas, rank the intern's ability to:

RATING

RESEARCH
(Intern demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings in all professional roles)

Demonstrates an ability to incorporate current, relevant research into clinical practice using a specific case. _____

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. _____

Demonstrates appropriate knowledge, skills and attitudes to incorporate and evaluate scientific research, making appropriate use of scientific methods and findings. _____

RATING

ETHICAL AND LEGAL STANDARDS
(Intern demonstrates appropriate ethical and legal knowledge, skills and attitudes in all professional roles)

Describes clinical cases in a way that clearly identifies and integrates the ethical and legal issues involved, to include 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. _____

RATING

INDIVIDUAL AND CULTURAL DIVERSITY
(Intern demonstrates appropriate knowledge, skills and attitudes about individual and cultural differences in all professional roles)

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

Demonstrates effective collaboration with patients/guardians during assessment and 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 that differ significantly from one's self. _____

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

RATING

PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

(Intern demonstrates dispositions and engages in behaviors that reflect the values and attitudes of the psychology profession including the appropriate knowledge, skills and attitudes in: critically evaluating, reflecting on, and improving one's own professional performance)

Reflects upon, assesses strength and growth areas, and develops professional goals based on self-evaluation and feedback from supervisors. Utilizes this self-assessment to develop specific personalized goals for the cases on this rotation with each assigned supervisor. _____

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

Identifies a personal statement of professional goals for the future, based on a self-assessment of competencies (taking supervisor feedback into account). The intern should also identify areas for future professional growth and plans to achieve them. _____

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

Identifies, reflects upon, 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), as well as ways to address them. _____

Advocates with compassion for difficult and challenging clients/families. _____

RATING

COMMUNICATION AND INTERPERSONAL SKILLS

(Intern demonstrates ability to communicate effectively, to interact appropriately and to develop meaningful and helpful relationships in all professional roles)

Demonstrates appropriate engagement in a new clinical case: greeting orienting, establishing empathy and asking sensitive questions, all the while reflecting on that process. _____

Demonstrates effective working alliance in at least two treatment cases. _____

Identifies any treatment ruptures, miscues or difficulties that emerge in a clinical service relationship, reflects on that process and plans a resolution. _____

Gives audience-tailored presentations at didactics/case conferences; gathers feedback from the participants and incorporates feedback 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/care-givers, administrative personnel, and community resource providers. _____

RATING

SUPERVISION

(Intern demonstrates appropriate knowledge, skills and attitudes regarding the instruction/oversight of trainees and other professionals)

Articulates a supervision model for oneself, with reflection on how it could be applied. _____

Demonstrates knowledge of supervision techniques. _____

Identifies relevant issues in colleagues' assessment cases. _____

Incorporates issues of diversity into the discussion about supervision. _____

Assists colleagues in developing strategies to provide feedback to patients, families and referral-sources. _____

Provides effective supervision to another intern, articulates an understanding of the complexities involved and shows an ability to reflect on the process as a whole. _____

RATING

ASSESSMENT

(Intern 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)

Independently completes a psychological assessment including solid diagnosis/conceptualization while addressing: ethics, diversity and interpersonal dynamics (under the observation of a supervisor). _____

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. _____

Utilizes test results to address a patient's diagnosis and/or questions by the referring clinician. _____

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

Independently and appropriately administers and interprets (for all referral parties involved):

- clinical questionnaires _____
- cognitive/neuropsychological assessment _____
- personality evaluation (e.g. MMPI-A) _____

RATING

INTERVENTION

(Intern demonstrates appropriate knowledge, skills and attitudes in the selection, implementation and evaluation of interventions, based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences)

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 four

Or more of the broad categories listed:

- ADHD _____
- Behavior Disorder _____
- Mood Disorder _____
- Trauma _____
- Medical Coping Issue _____
- Medical Consultation/Liaison Issue _____

Demonstrates the ability to integrate and reflect on the treatment process of 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, to include an overview of case decisions and choice points regarding: scheduling, outcomes, discharges etc. for the supervisor. _____

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 all interventions that are based on the best scientific research evidence, relevant expert guidance and respect for the client's values and preferences. _____

RATING

CONSULTATION & INTER-PROFESSIONAL/INTERDISCIPLINARY SKILLS

(Intern 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 _____
- Primary Care Physician _____
- Inter-professional healthcare team _____

Demonstrates appropriate knowledge, skills and attitudes regarding interdisciplinary collaboration in relevant professional roles. _____

****

Date of Direct Observation by Supervisor: _____

Supervisor Comments:

Intern Comments:

Supervisor's Signature: _____

Intern Signature: _____

Training Director: _____ Date: _____

Training Director's signature attests to review of this evaluation.

GRIEVANCE, REMEDIATION AND DUE PROCESS PROCEDURES FOR THE PSYCHOLOGY INTERNSHIP

The Psychology Training Programs are committed to responding to the concerns, complaints, or formal grievances of all individuals in training. Boston Children's Hospital ideally facilitates an environment which:

- maximizes the training experiences for each intern;
- reflects respect to all individuals regardless of age, gender, racial/ethnic background, religion, or gender preference;
- promotes collegial and professional interactions among staff and trainees;
- communicates clear expectations for patient care that is compassionate, and of highest quality;
- requires supportive but clear evaluation of each intern's progress that recognizes the 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 effectively resolve potentially problematic situations such as may result from some conflict, difference of opinion, or stress/discomfort in ongoing interactions. When 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:

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

- If this first option has proven to be unsuccessful or the intern feels uncomfortable initiating such a meeting, she/he can meet with the Service Director, Chief of Psychology, Training Director, 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 an initial meeting with the person who might be the source of the discomfort either alone or with the consulted staff member. It is also appropriate for the consulted staff person to meet separately with the perceived distressing party to discuss the problem if that would be preferable to the intern. A subsequent meeting between the intern and perceived aggrieving party could occur, either with or without the consulting staff person present.

- 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 aggrieved intern's supervisors. A corrective plan can be developed, discussed with all relevant parties, and carefully monitored. If the Chief of Psychology is considered to be the perceived aggrieving 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.

- 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. 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 Hospital

Intern grievances

We 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 these 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 of Psychology and/or Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the staff member. 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 the intern's 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 mediation is 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 Training Director.

a. The Chief of Psychology, the Training Director 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 faculty with any information regarding the grievance.

b. Based upon a review of the grievance, and all 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 and/or Training Director. That staff member 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 or the Training Director), that member will recuse himself/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 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 BCH 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 Hospital;
- 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, Hospital, Psychiatry department, Psychology Division, or training program.

Any allegation of misconduct in science or research involving an intern shall be addressed and resolved in accordance with Boston Children's Hospital 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.

Among the factors to be considered by the Chief of Psychology and/or the Training Director, Service Directors, and training faculty 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. In rare cases, an intern could be 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 of Psychology and the Training Director at the earliest opportunity, so as to allow the maximum time for remedial efforts. The Chief or Training Director will inform the intern of the staff's concern ("Notice") and call a meeting with the intern and relevant training faculty ("Due Process"). The intern and involved supervisory staff will be 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/her clinical services; his/her relationships with peers, supervisors, or other staff; or his/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 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 following 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 issue 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 of Psychology and/or the Training Director.

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 Service Director, the Chief of Psychology, the Training Director, and/or relevant faculty *and* the intern, to provide a setting that is conducive to addressing 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, or Training Director to maintain the current assignment.

e) The intern and the supervisor will report to the Chief of Psychology, the Training Director and the 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 of Psychology, the Training Director, 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 of Psychology and/or the Training Director will so inform the intern at the earliest opportunity.

h) The decision about whether the intern is removed from probation is made by majority vote by the Service Director, Chief of Psychology, the Training Director, and relevant 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 Chief of Psychiatry.

j) The Chief of Psychology and/or the Training Director 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 Director, Chief of Psychology and the Training Director 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 may 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 Training Director and/or Chief of Psychology, who will then notify the intern of the complaint. Per the procedures described above, the supervising staff member(s) will first notify all involved parties, including the intern and Associate Chief of Psychiatry, and then call a meeting of relevant faculty to review the concerns. All involved parties will be encouraged to submit any relevant information that bears on the issue, and will be 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 Hospital resources, including General Counsel.

- Following a careful review of the case, the Service Director, Chief of Psychology, Training Director, 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 Hospital. This information would be communicated immediately to the Director of Clinical Training at the intern's academic institution.

3. Suspension: After careful review, 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. The Chief of Psychology and/or Training Director shall notify the intern in writing of the decision to suspend the intern. The Chief of Psychiatry, 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 re-evaluated. The written notification shall also advise the intern of his/her right to request a review of the suspension decision. Such a request for review must be submitted in writing to the Chief of Psychiatry within two (2) business days of the intern's receipt of notification.

In appropriate circumstances, at the discretion of the Chief of Psychology and/or the Training Director, an intern may be suspended, effective immediately. In situations involving immediate suspension, the Chief of Psychology and/or the Training Director 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 Chief of Psychiatry 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. Within ten (10) days of the communication of change-in-status notice, an intern may submit a letter to the Chief of Psychology and/or the Training Director requesting an appeal.

1. Within five (5) working days of the receipt of the appeal request, the Chief of Psychology, the Training Director, the Postdoctoral Internship Training Director, two faculty members selected by the Service Director, and two faculty members selected by the intern will meet to discuss the request. The intern retains the right to hear all facts and the opportunity to dispute or explain his/her behavior.
2. At the faculty review committee meeting, the intern will be permitted to present 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 of Psychology and/or the Training Director will conduct and chair the review hearing in which the intern's appeal is heard. The Review Committee's decisions will be made by majority vote. Within ten (10) days of completion of the review hearing, the Review Committee will prepare a report on its decisions and recommendations and will inform the intern. The Review Committee will then submit its report to the Associate Chief and Chief of Psychiatry.
3. The Chief of Psychology, the Training Director, and both the Associate Chief and Chief of Psychiatry will make the final decision, and the intern will be informed of any actions taken.

Procedures for Developing and Implementing an Internship Remediation Plan

By the completion of the internship, our goal is to have trainees achieving the level of "Proficient and Autonomous" on all Profession-Wide Competency skills (PWCs); this indicates the intern consistently uses the skill independently and is ready for independent practice. Should an intern have difficulty developing to proficient-status, the following steps will be undertaken to aid in improvement:

1. Problem identification and an initial, informal focused plan. Identified areas of concern should be shared with an intern during the course of the rotation, or might be reflected in receiving a rating of "2" at the formal, mid-year assessment. Receiving a "2" in more than two areas of competency would result in a need for a formal remediation plan.
2. A formal plan would be made up of additional supervision, supplementary readings, added observations, and collaborations with supervisors, and should be established with the intern and used as a guide during supervision and/or direct observation meetings.
3. Formal Intern Competency Remediation Plan established.

Key features of a formal plan if probation-status is possible:

- The plan should be specific about what competencies need to be developed;
- Specify what particular steps will be taken by the intern, the program and the supervisor(s) to help facilitate competency;
- Clearly state how the skill/competency will be measured;
- Identify the probation length of time and what specific improvement needs to be demonstrated;
- Be clear about the next steps, for example: if competency is not demonstrated, will the intern have a renewed probation, an extension in the training year, and/or termination from the internship.

Intern Competency Remediation Plan

Name of Intern: _____

Date of Remediation Plan meeting: _____

Primary Supervisor/Advisor: _____

List all staff present: _____

_____

Date for follow-up meeting: _____

Please check all competencies whereby the Intern does not meet the benchmark at the expected level for this point in the training year:

PROFESSION-WIDE COMPETENCIES:

( )	Research	( )	Supervision	( )	Intervention
( )	Consultation	( )	Assessment	( )	Research/Evaluation

( ) Individual and Cultural Diversity

( ) Communication and Interpersonal Skills

( ) Professional Values, Attitudes and Behaviors

Please describe the problems in each competency domain checked above: _____

_____

_____

_____

_____

Date the problem was identified to the Intern, and by whom: _____

_____

Steps already taken by the Intern to rectify the identified problem: _____

_____

Steps already taken by the supervisor/faculty to address the problem: _____

_____

Possible consequences if competencies have not been sufficiently developed from the remediation plan: _____

My signature below indicates that I have reviewed the remediation plan with my primary supervisor/advisor, any additional faculty and the Training Director, and I fully understand the plan and process.

Intern signature:_____ Date:_____

Service Director:_____ Date:_____

Training Director:_____ Date:_____

Intern to indicate: ( ) I agree with the plan ( ) I disagree with the plan

(*If the intern disagrees, comments including his/her rationale behind the disagreement, are required)*

Intern's comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

All supervisors/faculty members with responsibilities or actions described in the above remediation plan agree to participate in the identified plan.

Please sign and date to indicate your agreement.

Staff member:_____ Date:_____

Staff member:_____ Date:_____

Staff member:_____ Date:_____

Staff member:_____ Date:_____

Staff member:_____ Date:_____

Staff member:_____ Date:_____