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# Program Overview

The Providence Medical Group – Oregon Integrated Care Psychology Residency Program is a part of Providence Health and Services. Providence Health and Services is a not-for-profit Catholic network of hospitals, care centers, health plans, physicians, clinics, home health care, and affiliated services guided by a Mission of caring that the Sisters of Providence began in the West nearly 160 years ago. The residency program was started in 2015 with two residents placed in Providence Medical Group (PMG) primary clinics functioning as Behavioral Health Providers. With ongoing Providence support, the residency has continued and grown averaging 5 residents/year in the program.

The primary aim of the residency program is to prepare psychologists to function effectively in integrated care settings as Behavioral Health Providers. Recognizing that this is an emerging and rapidly developing area of practice the program also provides psychologists with the knowledge, skills, and abilities to function in integrated care leadership roles. Integrated care leadership roles include program development/implementation, expansion of integrated care into health care settings beyond primary care, and development of healthcare policy related to the integration of behavioral health and general medical care settings.

## Accreditation Status

The program completed and submitted a self-study to the American Psychological Association's Commission on Accreditation in December 2018 and completed a site visit in November 2019. Following the site visit, the residency program was Accredited on Contingency pending the final required data submission of 2 full cohorts. This last data requirement was submitted in September 2022.

***As of April 2023, our program is fully accredited by the American Psychological Association Commission on Accreditation. Our next site visit is scheduled for 2026.***

The residency program is designed to meet all standards set forth by the accreditation standards. Additionally, the residency is designed to meet all standards for a psychology residency in the state of Oregon.

## Providence Medical Group

As part of the larger Providence Health and Services (PHS) system, Providence Medical Group – Oregon (PMG) adheres to the PHS mission which states: *As expression of God's healing love, witnessed through the healing ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.* Additionally, the core values of PHS are Compassion, Dignity, Justice, Excellence, and Integrity also apply to PMG. The aims of the psychology residency program fit well within the holistic notion of healing communicated by the PHS mission statement. The emphasis on care for poor and vulnerable people compliments the program emphasis on training residents to serve a diverse range of clients regardless of their life circumstance. As an early adopter of behavioral health integration, PMG began the process of embedding psychologists in primary care over 10 years ago.

The postdoctoral program is administered through the Department of Psychology within Providence Medical Group. The Department of Psychology is headed by the Senior Psychologist Medical Director, who is responsible for the provision of behavioral health integration services in the PMG clinics throughout Oregon. The Psychologist Medical Directors and Training Leads are responsible for the overall administration, provision of supervision/training, selection, placement, and curriculum for psychology doctoral practicum, intern, and postdoctoral trainees. The overall Department of Psychology is additionally supported by the Psychologist Medical Directors who serve as Psychologist Managers for the department, including primary care, specialty care and assessment services.

Residents are placed in PMG primary care clinics in the greater Portland metropolitan area and small communities outside of the metro area. The administrative, staffing, and operational structure of the clinics are all similar. The patient populations are representative of the general population of the communities where they are located and represent a wide demographic and diagnostic range. Consistent with the Providence Health System mission, PMG clinics place an emphasis on caring for the poor and vulnerable in their communities. PMG clinics serve patients with Medicare, Medicaid, and commercial insurance as well as patients without healthcare insurance coverage. The services provided by residents afford them the opportunity to develop specialized assessment, intervention, consultation skills in integrated care settings. Residents are considered valued members of the multidisciplinary care team.

The diverse patient populations served by the PMG clinics provide a rich service delivery experience for the residents. PMG operates over 50 primary care clinics throughout Oregon and SW Washington and those clinics have adopted the Patient Centered Medical Home model – a component of which is the integration of behavioral health services. The clinics are well staffed with multidisciplinary teams of health care providers and support staff. The diverse staff provides the resident with opportunities for case consultation, staff education, and program development. Residents also have the opportunity for mentoring to and from other healthcare professionals. Providence Health Systems patient care facilities utilize the EPIC electronic health record system.

## Diversity, Equity, and Inclusion

As psychologists who are committed to ethical principles which bar us from supporting or engaging in maleficence or injustice and require us to respect the dignity and worth of all people, and, as employees of PSJH, an organization whose core values of Compassion, Dignity and Justice complement these ethical principles, the PMG Psychology Department is committed to standing in solidarity against the institutional and societal structures of inequity that result in oppression and racism. As such, our department is committed to providing an inclusive home for all trainees and licensed Providers regardless of race, religion, age, gender identity, sexual orientation, ethnicity, or religion. This is also enforced in our PSJH HR policies and procedures. In addition to our promise to adhere to these professional ethics and values, we have committed equally, as caregivers of PSJH, to the organization's mission of "…serving all, especially those who are poor and vulnerable."

It is in this spirit that we act on those ideals yielding our privilege in service to the cause of anti-racism, anti-oppression, and social justice. We stand firmly against those structures and biases that repeatedly and relentlessly allow for oppression, exclusion, and inequity. We work to demand accountability and systemic change in our own work and in the work of the systems we encounter. The urgent, but enduring action we take beyond our words includes enacting and influencing policy including, but not limited to, addressing the racial inequities that affect the health of our patients and the wellbeing of our caregivers. We invite you to join us and help to address the racism we have failed to recognize in our communities and in our country for far too long. A few of the highlights of the actions and initiatives we are engaging in as a department and organization include:

Didactics: Intentionality will be brought to all didactic trainings to include diversity considerations. All presenters throughout the course of the training year will specifically be asked to include identity centering, as well as intentional incorporation of specific learning objectives related to both DEI and lifespan considerations.

Diversity Seminar: All Intern and Resident Psychologist trainees will participate in monthly Diversity Seminars. These seminars will be a combination of psychology-specific trainings as well as participation in the Providence Behavioral Health quarterly 'Diversity Journal Club". These opportunities will additionally provide space for multidisciplinary conversation with providers and caregivers outside of the Department of Psychology.

Behavioral Health Provider Diversity Workgroup: A workgroup led by Behavioral Health Providers – licensed and trainees – that serves as a liaison to other organizational Diversity, Equity, and Inclusion committees to promote education, awareness, and advocacy related to diversity, equity, and inclusion within the department, organization, and our communities. Trainees are encouraged to participate in this workgroup if they desire.

Recruitment: The Psychology department works to ensure recruiting trainees and licensed providers from sources that ensure diverse talent. In reviewing applicants, the training committee and leadership team perform a holistic review that takes into consideration the whole person. To ensure we are actively recruiting from underrepresented minority groups, we not only focus on academic excellence and preparation, but we also look for qualities such as leadership and contributions to the community. We seek diversity in background and experience and potential for positive contributions to our department.

# Goals and Competencies

Residents participate in the following combination of activities that are designed to work synergistically to develop advanced competency as clinical health service psychologists functioning in integrated healthcare settings. Residents work as Behavioral Health Providers embedded in Providence Medical Group clinics for the service delivery component of their training for 28-30 hours per week. This experience gives them the opportunity to build advanced skills and competency in:

- Application of the foundational knowledge base and current evidence to the implementation/provision of behavioral health services in primary care.
- Functioning as a "go to" consultant and knowledge expert in ethical/legal issues encountered in health care settings.
- Provision of behavioral health integration services to a diverse patient population within a diverse multidisciplinary healthcare provider team.
- Effective application of screening-oriented assessment tools commonly utilized in medical settings to guide the provision of behavioral health integration services and facilitate population-based healthcare goals and initiatives.
- Development of focused concise consultation skills that are well suited for the primary care and other medical settings.

Program didactics and clinical rotation experiences provide residents with:

- Working knowledge of the foundational and current empirical evidence base that provides the rationale for behavioral integration services and informs strategies for their effective implementation.
- Specialized training in healthcare ethics and cultural competency through the internationally recognized Providence Center for Health Care Ethics.
- Knowledge of the evidence base regarding the promotion and development of culturally diverse, multidisciplinary teams.
- Knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care and other medical settings.
- Knowledge of consultation models that inform effective behavioral health consultation in integrated care settings.

All residents receive individual and group supervision that:

- Provides clinical oversight of their direct service.
- Integrates didactic knowledge with the development of advanced service delivery, consultation, and leadership roles.
- Provides mentorship in the development of advanced service delivery, consultation, and leadership roles.

The program differs from doctoral internship training in that internship provides the generalist profession wide competencies that prepare a psychologist for focused training in behavioral integration. The Providence Oregon Psychology Residency builds on that generalist training to provide advanced and focused training that prepares the resident to work in a variety of integrated care settings. The following areas of focused advanced

training distinguish our residency program from internship training and from other postdoctoral training programs:

- Review of foundational research that defines the benefit and best practice for psychologists working in integrated settings.
- Focused training in healthcare related law and ethics.
- Focused training in the science, value, promotion, and development of a diverse healthcare workforce.
- Focused training in primary care and medical specialty-oriented assessment methodology.
- Focused training in primary care, multidisciplinary, oriented consultation.

## Sample Weekly Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| **AM** | Home Clinic(s)<br>10:00am -11:30am Didactic<br>11:30am -12:30pm Group Supervision | Home Clinic(s) | Longitudinal Rotation | Clinical Rotation | Home Clinic(s) |
| **PM** | Home Clinic(s) | Home Clinic(s) | Longitudinal Rotation | Clinical Rotation | Home Clinic(s) |

This sample schedule may vary based on personal training goals, specialty clinical rotations, and unique clinic needs.

The overall duration of the program is 52 weeks with an average of 40 total program hours per week. It requires 12 months or one full calendar year to complete the program.

## Didactics

Resident Didactics: The program includes a weekly didactic hour. The sample didactic curriculum (appendix A) provides knowledge of the evidence base associated with the development of the post-doctoral level competencies that support the aims of the program. The format of the didactics combines lecture, case examples, and group discussion.

Ethics Training: Residents will participate in the Providence Ethics Center "Ethics Core Program" seminars during the program year. The ethics programs are full day, half-day (3-4 hour) and brief 1-hour workshops. The format of the ethics didactics also combines lecture, case examples, and group discussion. Appendix B contains a brochure that includes a description of the Ethics Core Program.

Diversity Seminar: All Intern and Resident Psychologist trainees will participate in monthly Diversity Seminars. These seminars will be a combination of psychology-specific trainings as well as participation in the quarterly 'Diversity Journal Club".

Population Health or Culturally Congruent Care Focused Activity: Residents will participate in 1 population health or Culturally Congruent Care activity throughout the course of the

training year consistent with their training goals. Residents will be provided with several options, alternatively, the resident and their clinical supervisor may propose an alternative, independent activity that meets the spirit of this clinical goal. Possible examples include:

- Clinic focused activity to promote DEIB.
- Participation in a PMG Culturally Congruent Care Clinic.
- Offering a smoking cessation class through the Population Health Team.
- Exposure to adolescent populations through the School Based Health Center.
- Participation in Trans+ Care Service Development.

Completion will be documented through submission of a brief (approximately 1-3 page) SBAR overview of the clinical work that was done to support culturally congruent care and/or population health.

## Supervision

The resident weekly schedule includes 2 hours of face-to-face individual supervision with a psychologist licensed in Oregon for at least 2 years which is consistent with the Oregon Board of Psychology requirements for a residency supervisor. ***Residents must have an approved Oregon Board Residency Contract in place prior to starting clinical work.***

Residents meet each week for one hour of group supervision and 90 min of didactics. They also meet once monthly with neighboring Behavioral Health Providers from 4-5 nearby Providence clinics to discuss clinical cases, refine workflows, exchange community resources, etc. Residents attend a monthly supervision consultation meeting related to their layered supervision. Finally, residents attend a once monthly meeting (3 hours) with all area Behavioral Health Providers, facilitated by the Department of Psychology leadership.

Residents are assigned an individual supervisor, who will work with them for the duration of their residency. Individual supervision is provided by a psychologist working in one of the Providence Medical Group clinics as a Behavioral Health Provider, in a role like that of the resident's role in their primary placement clinic.

Per Oregon law, the individual supervisors assume professional and legal responsibility for the work of the residents including monitoring patient care, ensuring the quality of practice, overseeing all aspects of patient services, and mentoring the resident. As part of their supervisory responsibilities, each supervisor engages in live observation of the resident's direct patient care at least 2 to 4 times during the training year – with preference for once quarterly observations. This direct observation adds to and informs the individual supervisors' evaluation of their resident trainee.

Per Oregon Laws, if a resident works 1–20 hours in a week, the resident must receive at least one hour of individual face-to-face supervision during that week. If a resident works more than 20 hours in a week, the resident must receive at least two hours of supervision

during that week. One hour must be individual and one hour may be group supervision. Group supervision must be:

- A formal and on-going group of at least three mental health professionals;
- Facilitated by a licensed psychologist; and
- Approved by the resident's supervisor

If a resident's work in a particular week does not comply with these requirements, then it may not be counted towards the supervised work experience requirement.

### "Non-Routine" Make-Up Supervision:

- Individual resident supervision may be delayed up to 14 days to accommodate vacations, illness, travel, inclement weather, etc.
- A resident should have access to supervision via telephone to discuss urgent matters if the supervisor is unavailable during a period not to exceed fourteen days.
- The resident may not engage in psychological activities during an absence that is greater than 14 days without supervision.
- It may be advantageous for a resident to identify an associate supervisor on their initial Residency Supervision Contract Form to prepare for the unexpected.

# Program Policies and Procedures

## Application Procedure

The residency abides by the APPIC Postdoctoral Selection Guidelines, this includes processes for applicant notification. Details of this process are available at the APPIC website (https://www.appic.org/About-APPIC/Postdoctoral). All applicants must participate in the APPA CAS Application for Psychology Postdoctoral Training (https://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information) to be considered for an interview. Applicants must be authorized to work in the United States without an employer-sponsored visa.

## Resident Interview and Selection Process

### Admission Requirements

- Completion of a doctoral degree from an APA accredited doctoral degree program in Clinical or Counseling Psychology.
- Completion of an APA accredited or APPIC member pre-doctoral internship.
- Applicants with previous experience in primary care or other integrated health care settings are strongly preferred.

A selection committee composed of the Senior Psychologist Medical Director, Psychologist Medical Directors, Training Director, and current resident supervisors review applications

in the order received, identify qualified applicants, and invite them to interview. Qualified applicants will be invited to a group informational session where the Training Director will describe the program and program facilities followed by a question-and-answer period. Candidates are then interviewed individually by two members of the selection committee to gather information on how well the applicant matches the program's training model and aims. The selection committee reviews information from the application and interview process. From that information they prepare a list of candidates and alternates who will be offered positions in the program. Interviews are typically conducted in January and February for the upcoming academic year.

## Disclosure of Difficulty in Meeting Program Expectations

At the time a candidate is offered a postdoctoral residency position, they are expected to fully and completely disclose any issue or concern which will impact or has the potential to impact patient care or their ability to successfully meet competencies set forth for this residency. Failure to disclose may result in a meeting with the new resident's primary supervisor to develop a plan to remediate this concern as described in the "Resident Performance Evaluation, Feedback, Retention, and Termination Decisions" below. The outcome of that plan may cause the resident to be subject to discipline, including the possibility of dismissal from the program. Additionally, the psychology residents are employees of the Providence and as such are subject to all PHS standards and policies.

## Providence HR Employment Offer Letter

Providence Medical Group Talent Acquisition department sends all candidates who accept, an email offering them the position of Psychologist Resident. The offer letter includes resident stipend and post-offer requirements. Post-offer requirements include background check, drug screen, and a health screen.

## Degree Verification Procedure

The Training Director will send an Expected Degree Completion Form (appendix C) to all applicants who accept a position. Applicants must then complete the "Applicant Consent" portion of the Expected Degree Completion Form (appendix C) and forward it to their academic program's Director of Training. The Director of Training from the applicant's academic program attests that the accepted applicant will complete all degree requirements prior to the residency program start date. The program must receive an official transcript from the accepted applicant's doctoral program indicating date of doctoral degree conferral prior to December 10 of the program year or be discharged from the program.

## Start and End Dates

The residency starts on the second Monday in September and ends after 52 weeks.

# Onboarding Requirements

As employees within Providence Health and Services (PHS), residents will complete all on boarding and pre-placement processes required for all PHS providers.

Additionally, residents will receive information from Human Resources to complete necessary documentation required to receive their benefits.

## *Urine/Drug Toxicology Screening:*

*Onboarding for hire at PMG includes the completion and passing of a background check, a 10-panel drug toxicology screen (Please note that this includes a screening for Marijuana/THC/Cannabis;* ***Providence does not make allowances for medical marijuana and/or use of marijuana despite its use being legal in our state****).*

The following excerpts are from the "Providence Substance-Free Workforce Policy" (please see full policy outlined in Policy Section):

> ***Illegal Drug:*** Any drug whose use is prohibited or restricted by federal law to include marijuana/THC (including medically prescribed marijuana), cocaine, opiates, amphetamines, phencyclidine (PCP) hallucinogens, methaqualone, barbiturates, narcotics, and any other substance included in Schedules I-V, as defined by Section 812 of Title 21 of the United States Codes and prescription medications that are used in an unauthorized manner.
>
> **Pre-Employment/Post Offer**
> All job applicants will be informed of the Post Offer Drug Screening requirement.
>
> A. All employment offers within the facility are conditioned upon completion of a drug screen exam and negative results from the exam. No applicant will begin working for facility prior to completion of a drug screen exam and the receipt, review, and approval of the drug screen results by human resources.
> B. Applicants who test positive for prescription drugs will be informed of the test results and given an opportunity to provide, to a certified Medical Review Officer (MRO), medical evidence of the need for the prescription and compliance with the prescriptive directions. Failure to provide such evidence within a reasonable amount of time (7 business days) will be interpreted as a withdrawal of the employment application and any outstanding employment offer will be considered void.
> C. Positive results as determined by a MRO will result in an immediate revocation of the employment offer. Applicants who test positive for the use of prohibited substances will be disqualified from consideration for employment with any affiliates for a period of twelve months dating from the exam date. Applicants with inconclusive test results due to dilution may also receive a revocation of the employment offer.

*Required Certifications: CPR/BLS or ACLS certification in compliance with the American Hospital Association (AHA) standards.*

*HIPPA/Confidentiality: All residents must agree to confidentiality, privacy, behavioral standards, and nondisclosure, as well as HIPPA training and HIPPA compliant data access of patient information.*

*Vaccinations: Verification of up-to-date immunizations including Measles, Mumps and Rubella (MMR) Varicella (chickenpox), Tetanus, Diphtheria, and Pertussis (Tdap), and demonstration of either a negative skin test or chest x-ray for Tuberculosis within the last 12 months.*

*COVID-19 Guidelines: In keeping with our mission, vision, and values as well as our commitment to safety; Providence's family of organizations are, consistent with federal rules, state public health orders and policy, requiring caregivers to be fully vaccinated against COVID-19 and show proof of vaccination.*

As a new caregiver, you will be required to be fully vaccinated and show proof of vaccination or have an approved exemption.

Skilled nursing and congregate living facilities serve the highest risk population for COVID-19. To ensure the safety and well-being of our caregivers, patients, and residents, caregivers with medical or religious exemptions are not able to work in roles that have direct patient contact in skilled nursing and assisted living facilities.

You must be fully vaccinated **by your start date**. To be fully vaccinated by your start date, it must have been at least two weeks after receiving the second dose in a two-dose series or at least two weeks after receiving a single-dose vaccine.

If you will not be fully vaccinated **by your start date**, residents may be required to adjust their start date (and subsequent internship completion date) to adhere to these conditions of employment

## Vaccination Exceptions:

- Medical and religious exemptions are available for those who qualify.
- At this time, caregivers with medical or religious exemptions are not able to work in positions that have direct patient contact in skilled nursing and assisted living facilities.
- Requests for exemptions can be submitted on your first day of work.
- Caregivers who have approved exemptions must follow additional protocols where required, such as enhanced COVID-19 testing, mandatory vaccine-related education/discussions, etc.

# Salary, Benefits and Administrative Support

The resident salary is $55,993 per year. Residents work normal business hours Monday through Friday. Some PMG clinics offer extended evening or weekend hours. Residents can flex their schedule to see patients for evening and/or weekend appointments but are not required to do so. All schedule changes must be discussed and agreed upon with their direct supervisor, clinic leadership, and training director prior to their implementation.

Benefits include 25 days of paid provider time away, as well as medical and dental insurance for the resident, family members and domestic partners.

General office and clinic supplies are available at the PMG clinics where residents are placed. Administrative support related to clinical work is available at the placement clinic and through the PMG Department of Psychology.

## Time Off

Residents receive 25 Paid Provider Time Away (PTA) days per year as part of their Providence Medical Group employee status. The 25 days include the following holidays: New Year's Day, Memorial Day, Martin Luther King Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

In addition, residents are allotted 40 hours per year paid time away from clinic for continuing education and 20 hours per year away from clinic study time for licensing related examinations. Residents must inform the Training Director, their primary supervisor, clinic manager, clinic team and arrange for EPIC in basket coverage 4 weeks prior to any planned time away for vacation, continuing education, and examination study time. Residents may consult their training manager for exceptions to this timeline. Residents are also required to set up Outlook notifications for any time away that adheres to department policies

For PTA, residents must send the Training Director an outlook invite indicating time away for all days absent and indicating in the subject whether it is PTA, CE, etc. as well as who is covering for them. In addition to this requested calendar invitation, please follow all clinic-level PTA protocols and processes.

Residents are not responsible for identifying EPIC in-basket coverage if they call out sick, but must communicate intention of calling out sick to their clinic manager and Training Director in a timely manner consistent with their clinic and department protocols.

## Sick Call-Outs:

Residents must communicate intention of calling out sick to their primary supervisor, clinic manager, and Training Director in a timely manner, usually as early as possible, consistent with their clinic-specific and department protocols.

Residents should follow up with Employee Health consistent with illness, clinic policies and/or COVID guidelines.

Please note that Providence COVID-19 guidelines are rapidly changing as new information and evidence becomes available and/or due to state regulations. Please consult with your clinical supervisor and clinical training director for all COVID-19 guidelines. Regular updates will be sent via email as they become available.

## Policy of Students with Disabilities

If a resident has a specific physical, psychiatric, and/or learning disability and requires accommodations, please contact the Residency Training Director as early as possible so learning and training needs may be appropriately met. Accommodations will be made consistent with Providence Medical Group Reasonable Accommodation Policy. Current documentation of the disability will need to be provided and will be maintained in the resident file.

## Providence Oregon Reasonable Accommodation Policy

**Policy Name:** Reasonable Accommodation

**Scope:** All caregivers and applicants

**Purpose:** To support and promote our commitment to good faith efforts in making employment decisions in a non-discriminatory manner, the facility will follow this policy in regard to employment practices, including, but not limited to, hiring, promotion, transfer, recruitment or recruiting advertising, layoff or termination, and compensation.

**Terms:**

*Disability:* A physical or mental impairment that impacts caregiver/applicant's major life activities as defined by applicable local, state, and federal law.

*Major life activities* include the following, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

*Reasonable accommodations* are modifications or adjustments to the work environment or work procedures that enable a qualified individual with a disability to perform the essential functions of that position. Reasonable accommodations enable a caregiver with a disability equal opportunity of benefits and privileges of employment as similarly situated caregivers without disabilities. An accommodation may be considered reasonable if it is reliable, effective in eliminating the limitations, capable of being provided in a timely manner, and does not create an undue hardship for the facility.

*Essential functions* of the job refer to those job activities that are determined by the facility to be essential or core to performing the job; these functions cannot be eliminated.

*Undue hardship:* In general, with respect to provision of an accommodation, undue hardship means significant difficulty or expense. Some factors to be considered when determining whether an undue hardship exists are the nature and cost of the

accommodation, overall financial resources of the facility, type of operations, and the impact of an accommodation upon the facility's operation and ability to conduct business.

**Policy:**

In keeping with our mission and values, the facility does not discriminate against applicants and caregivers with disabilities. In accordance with the Americans with Disabilities Act ("ADA"), the Americans with Disabilities Act Amendments Act ("ADAAA"), Section 503 of the Rehabilitation Act of 1973, and any applicable state or local laws, we provide reasonable accommodations to applicants and caregivers. Furthermore, it is our policy not to discriminate against qualified applicants or caregivers with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions and privileges of employment. The facility also will consider reasonable accommodation outside of the context of caregivers with disabilities where otherwise required by local, state, and federal law.

As part of our commitment to make reasonable accommodations, the facility also wishes to participate in a good faith, interactive process with caregivers or applicants with disabilities to determine effective reasonable accommodations, if any, that can be made in response to a request for accommodation. Caregivers and applicants are invited to identify reasonable accommodations that can be made to assist them to perform the essential functions of the position they occupy or seek. Caregivers should contact their core leader, human resources or the third-party administrator as soon as possible to request the opportunity to participate in an interactive process. By working together in good faith, we hope to implement any reasonable accommodations that are appropriate and consistent with legal obligations.

**State or Local Law.** To the extent that applicable state or local law provides additional rights for caregivers than those rights provided under the ADA and/or discussed in this policy, the facility will fully comply with such state or local laws.

**Help:** For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the facility.

Caregiver Knowledge (HR) - Reasonable Accommodation Policy (hrforcaregivers.org)

## Travel

Residents are responsible for and not reimbursed for travel related to recurring events that are part of their training including supervision meetings, elective rotations, and regularly scheduled department meetings. Unscheduled meetings between worksites during the workday can be reimbursed with prior approval from the Training Director or Director of Psychology.

## Extended Absence

Residents may be excused from service for maternity leave or severe illness (physical or emotional). Providence abides by all Federal and State laws related to family and medical leaves of absence. Providence has partnered with Sedgwick, a third Party Administrator who manages disability and Family Medical Leave Act (FMLA) claims. For absences of three days or more (or intermittent absences), residents request a leave through Sedgwick as follows:

> **Step 1:** Contact Sedgwick, leave administrator, at 855-537-4470 or online by clicking the Sedgwick link on the Providence Intranet site.
> **Step 2:** Notify the Training Director. All subsequent absences under an intermittent leave must be reported to both Sedgwick and the Training Director.
> **Step 3:** Provide required information and forms to Sedgwick.

Sedgwick will set up the appropriate claim and assign a specialist to the Resident's case. Required forms will be sent to the Resident and their health care provider to complete. A Sedgwick specialist will reach out within 24 hours to discuss the process and obtain additional information. The Training Director and health care provider also will be contacted to gather any required information. Sedgwick subsequently confirms eligibility, makes an approval decision, and manages the claim through return to work or leave exhaustion.

**Please Note,** Extended absences ***do not*** reduce the overall number of hours or months required for completing the residency. In instances where a resident has required an extended leave, a resident may need to extend the length of their training year to successfully complete the required training hours. If this occurs, the salary and stipend end after the first 12 months of training.

## Requirements for Successful Resident Performance

The following criteria are the requirements for successful completion of the program per Oregon Laws.

**Hours Requirement:** A minimum of 1500 hours of psychological services. Per Oregon law, psychological services is defined as: direct psychological services to an individual or group; diagnosis and assessment; completing documentation related to services provided; client needs meetings and consultation; psychological testing; research related to client services; report writing; and receiving formal training including workshops and conferences.

**Competency Requirement:** Residents must score a 3 or higher on their final evaluation using the competency evaluation form in all areas of competency to successfully complete the residency program.

## Certificate of Completion

All residents who meet the requirements for program completion above will receive a certificate of completion noting that the resident has completed 1500 hours of supervised clinical experience and has met the competency requirements for program completion.

Residents who do not meet the competency requirements for program completion will not receive a Certificate of Completion. However, the resident's supervisors will be able to complete the Oregon Record of Supervised Hours (or similar forms from other states) and attest to the number of supervised hours work hours that the resident completed during the program.

## Quality Improvement of the Program

A Resident Evaluation of Program Form (appendix F) is sent to each resident at mid-year and end of the program via a dedicated and confidential link via Teams Form. The Post-Residency Survey (appendix G) is sent to all former residents one time per year also via Teams Form. The Resident Evaluation of Program and Post-Residency Survey both contain items regarding how well the program helped the resident develop competency in the areas identified on the Resident Competency Evaluation that are tied to the program's aims.

Data from the Resident Program Evaluation and Post-Residency Survey will be reviewed during an annual Program Development Retreat. Data regarding current resident, past resident, and supervisor perception of how appropriate its standards and expectations are for residents entering the program, and for residents during the program, are reviewed and discussed. Data reviewed include numerical ratings from the Resident Program Evaluation and Post-Residency Survey. Recommendations are made regarding changes that would improve the quality of the resident experience and training and an action plan created to implement those changes.

Program, competencies, didactic curriculum, provision of supervision, and training site selection will be reviewed at least annually at the Program Development Retreat to insure they remain relevant and most effective in achieving the programs primary aim of training psychologists to work in medical settings with behavioral health integration services. Finally, residents and supervisors are encouraged to provide feedback throughout the year to the training director in addition to the more structured opportunities mentioned above.

## Resident Performance Evaluation, Feedback, Retention, and Termination Decisions

Within the first two weeks of the program residents and supervisors complete an initial evaluation of competence using the Self-Assessment and Training Plan competency evaluation tool found in appendix D. The information from that form is used to develop an individualized training plan. The individualized training plan identifies areas where the resident requires additional training to meet the competency requirements for completion of the program. Feedback regarding the resident's progress toward meeting the competency requirements of the program is integral to the weekly resident supervision process.

Written competency evaluations also occur at a minimum of 6 months and 12 months into the program using the Competency Evaluation Form (appendix E). Competencies that are

rated as below a 3 will be addressed in the initial training plan, subsequent training plan revisions, or written remediation plans.

The training committee consisting of the Senior Psychologist Medical Director, Training Director, the Psychologist Medical Directors, and Psychology Training Leads, and the resident individual supervisors will review the 6-month, 12-month and any interim evaluations. Residents who are making progress toward their individual training goals and the program completion criteria will meet criteria for continuation in the program. Lack of progress that could result in not meeting program completion criteria will be addressed with the remediation procedures described below. The committee makes final decisions regarding termination from the program if the remediation plan does not result in sufficient progress toward meeting program completion criteria.

## Insufficient Progress toward Program Completion Criteria-Identification and Remediation

Insufficient progress toward program completion criteria is identified by the Performance Evaluation, and Feedback process described above. Problematic behavior can be identified by any person who has contact with the resident while participating in program activities. We are committed to promoting the Providence mission and core values in everything we do. Respect for the professional attainment of the resident and integrity are guiding principles for the process. The goal of remediation is to assist the resident in successfully meeting the program completion criteria and having a positive experience in their residency. The following are the range of options available to program faculty and leadership to address these difficulties. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. This policy is consistent with the Providence Human Resource policy regarding performance management. The Training Director will be notified of any of these actions and be consulted regarding their implementation.

- **Informal resolution** of the problem is encouraged. This is consistent with the APA Ethical Principles standard 1.04 regarding the resolution of ethical violations, which states that psychologists attempt to resolve the issue informally by bringing it to the attention of the psychologist. Similarly, the first step in addressing concerns regarding resident attainment of competency or problematic behavior is to bring it to the attention of the resident. This conversation should include a clear and direct statement regarding the concern, identify the nature of a successful resolution, and a timeline for successful resolution. The resident or supervisor may request that the Training Director assist in mediating the discussion of the problem.
- **Work Plan**: This is a more structured remediation. The work plan is developed by the supervisor and resident. A work plan will identify the behavior or professional attainment that is not meeting expectations, the expected resolution, and a timeline for that resolution. In most cases involving the resident in the plan will maximize the opportunity for the resident to resolve the issue. The work plan is recorded in supervision documentation and monitored by the supervisor. The work plan is not

considered to be formal discipline, is not entered into the residents file as discipline and is not reportable.

- **Documented Verbal and Written Warning:** This is a formal remediation action that is written and included in the resident's file. This action typically occurs when an informal resolution or work plan does not result in timely attainment of previously addressed competency or behavior. It may also be implemented if the resident scores a 1 in an area of the competency evaluation or engages in a behavior of serious concern such as professional misconduct, patient endangerment or criminal behavior. The supervisor will complete the Corrective Action form from Providence human resources which describes the competency or behavior problem, expected resolution and expected timeline for that resolution. The supervisor will also record on the form the potential consequences if the expected resolution does not occur up to and including possible dismissal from the program.
- **Discharge:** If the Documented Verbal or Written Warning does not result in the expected resolution of the problem or if warranted by the severity of the performance problem the resident may be discharged from the program.
- **Suspension:** Suspension may be the result of but not limited to unprofessional or unethical behavior, failure to comply with State law, or when removal of the resident from clinical service is in the best interest of the resident, patients, staff and/or the training program. The resident's supervisor will document the suspension stating the reason for the suspension and its expected duration. A suspension may be paid or unpaid.

## Dispute Resolution Process

This process is consistent with the Providence Health and Services-Oregon Dispute Resolution Policy.

The purpose of the dispute resolution process is to provide residents with an equitable and timely process for resolving concerns related to the program.

The Dispute Resolution Process provides residents with a procedure for the consideration and resolution of complaints or problems regarding program remediation decisions, concerns regarding other residents, and concerns regarding program faculty or staff. Residents shall not be subject to reprisal for appropriately using or participating in the Dispute Resolution Process. The program strives to provide solutions that are consistent with the Providence Mission, Core Values.

## Insufficient Progress/Dispute Resolution Process Considerations

While every attempt will be made to closely adhere to and follow the above outlined due processes for 'Insufficient Progress/Remediation Process' and/or 'Dispute Resolution Processes' there may be times where involvement of Human Resources and/or Caregiver Relations and associated HR due processes may necessitate a change in process or timeline. The Training Committee is committed to ensuring appropriate adherence to Providence HR policies as well as legal/state employment guidelines as a component of addressing any identified resident concerns.

## Informal Review

A resident who has a complaint or problem related to the program is encouraged to discuss the concern with his/her clinical supervisor as soon as possible or as soon as practicable. It is important to talk over the concern frankly and sincerely. If the resident does not feel comfortable discussing the problem with his/her supervisor, it may be shared with the Training Director.

## Formal Review

If the concern has not been addressed to the resident's satisfaction through the informal review, the resident may pursue a formal review. A formal review would incorporate the following steps:

Step 1 –Training Director Review. Step 1 should not be initiated without first following the informal review process.

- Resident completes the Dispute Resolution Form and submits to the Training Director within 7 days of the informal review meeting.
- The Training Director will forward a copy of the completed Dispute Resolution Form to the Director of Psychology and Human Resources.
- The Training Director will schedule a meeting with the resident to discuss the concern. Human Resources may also participate in the meeting with the resident and supervisor. Following the meeting the Training Director will respond to the resident in writing within ten calendar days.

Step 2 – Senior Psychologist Medical Director

- If the resident is not satisfied with the Step 1 resolution, Step 2 may be initiated within ten calendar days of receiving the response. The resident will submit a letter to the Director of Psychology identifying why the resolution is not satisfactory, along with a copy of the original Dispute Resolution Form. A copy will also be submitted to Human Resources.
- In consultation with Human Resources, the Director of Psychology will conduct a review of the facts surrounding the issue. This may include interviews and additional research.
- The Director of Psychology will render a decision or solution within ten days.
- If the resident is not satisfied with the Step 2 resolutions, he/she may initiate Step 3 within ten calendar days.

Step 3 – Chief Executive of Behavioral Health

- To initiate Step 3, the resident will submit a letter to the Chief Executive of Behavioral Health identifying why the Step 2 resolution was not satisfactory, along with a copy of the original Dispute Resolution Form. A copy will also be submitted to Human Resources.
- Human Resources will provide a copy of the original Dispute Resolution Form, the Step 1 and Step 2 responses, and the resident's previous request for step review to the Senior Psychologist Medical Director for consideration.

- After reviewing the related documentation, the Chief Executive of Behavioral Health will render a written decision within ten calendar days.

The Step 3 decision is final and binding. A copy of the decision is forwarded to the resident and Human Resources.

### Additional Instructions:

Filing a Concern: The Resident will complete the Dispute Resolution Form found in appendix F or in the Human Resources Department. The resident shall provide the following information on the form:

- Description of the event or circumstances leading to the concern
- Names of people, witnesses, locations, etc.
- Date of the event or circumstances leading to the concern
- Date the resident discussed the complaint with the supervisor
- Resident's suggested solution to resolve the complaint and
- Resident signature

If needed, the resident may request assistance from Human Resources in completing the form. The resident should keep a copy of the completed form and submit the original to his/her supervisor.

Time Limits: If Providence does not act within the time limits provided at any step of the concern process, the resident may proceed to the next step. The concern may be considered withdrawn if the resident does not respond within the time limits provided at any step of the process. Time limits may be extended by mutual agreement of the parties.

Informal Resolution: Informal resolution of the concern may be agreed to by the resident and his/her immediate supervisor at any stage during the Dispute Resolution process. Human Resources shall be available for assistance.

## Maintenance of Records

Each resident has a permanent file that is stored on a secure network drive accessible by the Training Director, Director of Psychology, and the Chief Executive of Behavioral Health. The Training Director is responsible for management and access to resident files. The files contain the following documents:

- Application materials - all documents submitted by the resident during the application process.
- Verifications - Verification of Degree Requirement Completion form, transcripts confirming degree conferral.
- Evaluations - initial evaluation of competency, training plan, and all routinely scheduled quarterly competency evaluations and supporting documentation if any. Certificate of Program Completion.
- Resident Evaluations of Program - all evaluations by the resident of the program and supervisors.
- Correspondence - any correspondence related to resident program participation.

- Complaints / Grievances - any documentation related to the dispute resolution procedure.

Residents have access to any materials in their file via written request to the Training Director.

The Training Director, or designee in their absence, is responsible for handling any requests for records contained in the resident file.

Records of all concerns formally addressed through the Dispute Resolution process are retained indefinitely.

# Nondiscrimination Policies

The program adheres to the Providence Health and Services – Oregon Equal Employment Opportunity/Diversity policy (appendix G).

The program excludes collecting any information not relevant to resident success during the process of application, interview, and selection for offering of positions. Demographic data not relevant to resident success such as gender, race, and ethnicity is not gathered during the application process. Interview questions do not prompt for disclosure of any demographic information irrelevant to program success.

## Harassment Policies

The Providence Medical Group Residency endorses, and residents and supervisors must comply with, Section 3.02 and 3.03 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

### 3.02 Sexual Harassment

*Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.*

*(a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.*

*(b) Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.*

### 1.12 Other Harassment

*Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.*

## Providence: Harassment Discrimination Retaliation Policy

**Policy Name:** Harassment Discrimination Retaliation

**Scope:** All workforce members

**Purpose:** In keeping with our mission and values, this policy establishes expectations for the work environment and standards for behaviors of all workforce members.

**Terms:**

*Workforce Member* means employees, caregivers, volunteers, trainees, residents, medical staff, students, independent contractors, vendors, and all other individuals working at the ministry whether or not they are paid by or under the direct control of the ministry.

*Harassment* may involve but is not limited to inappropriate behavior including comments, slurs, jokes, gestures, innuendoes, physical contact, graphics, writings, and pranks based on a legally protected characteristic such as those listed below. Harassment may involve a co-worker, a core leader, a customer or a vendor. Inappropriate behavior that is related to one of those protected characteristics rises to the level of harassment when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of the harassment is used as the basis for employment decisions affecting the individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

*Sexual Harassment* is a form of harassment that may include but is not limited to unwelcome sexual advances, requests for sexual favors and other visual, verbal or physical conduct of a sexual nature.

*Discrimination* is when a workforce member is subjected to an employment decision based on a protected characteristic, as defined by local, state, or federal law, including but not limited to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, genetic information, and military and veteran status.

*Retaliation* is when a workforce member is subjected to an employment decision as a result of engaging in a protected activity, such as a good-faith report of discrimination harassment or illegal activity.

**Policy:** The ministry strives to provide a positive work atmosphere that reflects our core values. Workforce members are expected to demonstrate behaviors that create a supportive and inclusive work environment, and share responsibility for maintaining a positive workplace. The ministry strictly prohibits unlawful harassment or discrimination, and expects everyone in our workplaces to conduct themselves in a manner consistent with this philosophy. As such, core leaders, co-workers, third parties and other individuals with whom workforce members come into contact must not engage in harassing or discriminatory conduct. These standards of conduct apply in any situation where a

workforce member is engaged in activities on behalf of the ministry, including off-site activities such as attendance at seminars, business travel and any business-related entertainment or social function. Allegations of unacceptable behavior will be taken seriously and investigated.

**Procedures:**

1. Workforce members should immediately report any concerns regarding sexual or other harassment or discrimination promptly to their core leader. If the core leader is unavailable or the workforce member believes it would be inappropriate to contact that person, the workforce member should immediately contact another core leader or the human resources leader or designee.
2. Core leaders must take appropriate action in response to all incidents or reported concerns. A co-worker or core leader who becomes aware of possible sexual or other harassment or discrimination or retaliation must promptly inform human resources so that the ministry may try to resolve the claim.
3. Reported concerns regarding potential harassment will be investigated to eliminate inappropriate conduct. Appropriate corrective action will be taken, as necessary, based on the outcome of the investigation. Confidentiality of the person reporting harassment will be maintained to the extent possible. Individuals who report a concern in good faith or who cooperate in an investigation will not be subject to retaliation.
4. Any workforce member who violates the expectations of this policy will be subject to corrective action, which may include termination of employment. Violations of the standards in this policy by any vendor, supplier, or other non-employee will be handled appropriately.

**Help:** For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the ministry.

This policy does not modify the express terms of any collective bargaining agreement. In the event of a conflict between this policy and the terms of a collective bargaining agreement, the collective bargaining agreement will prevail.

Caregiver Knowledge (HR) - Harassment Discrimination Retaliation Policy (hrforcaregivers.org)

## Substance-Free Workforce Policy

**Policy Name:** Substance-Free Workplace

**Scope:** This policy applies to all caregivers at the facility.

**Purpose:** In keeping with our mission and values, the facility is committed to providing a workplace free of illegal drug and/or alcohol use and to ensure consistency in the implementation of illegal drug and/or alcohol testing procedures for all applicants who

receive conditional offers of employment and all caregivers reasonably suspected of being under the influence.

**Terms:**

*Illegal Drug:* Any drug whose use is prohibited or restricted by federal law to include marijuana/THC (including medically prescribed marijuana), cocaine, opiates, amphetamines, phencyclidine (PCP) hallucinogens, methaqualone, barbiturates, narcotics, and any other substance included in Schedules I-V, as defined by Section 812 of Title 21 of the United States Codes and prescription medications that are used in an unauthorized manner.

*Impaired:* Reduced cognitive or physical abilities which could include: poor judgment, impaired motor senses (sight, hearing, balance, reaction times, and reflexes), slurred speech, reduced fine motor skills, erratic behavior, appearing dazed or sedated.

*Under the Influence:* Caregivers are considered under the influence at work if they have a detectable level of drugs (in excess of trace amounts attributable to secondary exposure) or alcohol in the blood or urine or have any noticeable or perceptible impairment of mental or physical faculties. The symptoms of influence are not limited to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance.

*Medical Review Officer (MRO):* A physician with current MRO certification contracted to review and interpret laboratory tests measuring detectable levels of drugs or alcohol. The MRO can review test results, talk with the caregiver/applicant, and consider other information in order to make a reportable determination that a drug and/or alcohol test result is positive, negative, or inconclusive.

**Policy:**

1. The facility strictly prohibits the use, possession, transfer, distribution, manufacturing, sale, purchase or accepting of any illegal drug at any time while on its property and/or while on duty. The facility also strictly prohibits any attempt to engage in the conduct described above.
2. These restrictions also apply to the use of alcohol unless provided as part of an on-site facility-sponsored event for non-working staff. Gifts of alcohol are allowed as part of a gift exchange between caregivers provided the alcohol is not opened or consumed on facility property.
3. Caregivers are prohibited from reporting to work or remaining on duty while under the influence of or impaired by a drug(s) or alcohol.
4. Caregivers taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to determine whether the medication could impact the ability to safety perform their jobs. Prescription and over-the-counter drugs are allowed when taken in standard dosage and/or according to a physician prescription.

5. Caregivers must report any identified work restrictions to their immediate core leaders prior to commencing work and ensure they are able to safely perform their job functions without risk of harm to themselves or others.
6. Possession, sale, or being under the influence of marijuana is not authorized for purposes of this policy. The legality of marijuana is not a defense to violate this policy. The use of any substance containing detectible amounts of tetrahydrocannabinol (THC) is also prohibited.
7. Violation of this policy may result in corrective action, up to and including termination of employment.
8. Caregivers in positions that are subject to State Department of Transportation (DOT) laws or regulations may be required to meet additional requirements.

**Procedures:**

1. **Pre-Employment/Post Offer**

    A. All job applicants will be informed of the Post Offer Drug Screening requirement.
    B. All employment offers within the facility are conditioned upon completion of a drug screen exam and negative results from the exam. No applicant will begin working for facility prior to completion of a drug screen exam and the receipt, review, and approval of the drug screen results by human resources.
    C. Applicants who test positive for prescription drugs will be informed of the test results and given an opportunity to provide, to a certified Medical Review Officer (MRO), medical evidence of the need for the prescription and compliance with the prescriptive directions. Failure to provide such evidence within a reasonable amount of time (7 business days) will be interpreted as a withdrawal of the employment application and any outstanding employment offer will be considered void.
    D. Positive results as determined by a MRO will result in an immediate revocation of the employment offer. Applicants who test positive for the use of prohibited substances will be disqualified from consideration for employment with any affiliates for a period of twelve months dating from the exam date. Applicants with inconclusive test results due to dilution may also receive a revocation of the employment offer.
2. **Fitness for Duty:** The facility may require a caregiver to participate in a medical examination to determine fitness for duty. This examination will require the caregiver to provide a urine, breath and/or blood specimen for drug and/or alcohol testing. Caregivers who refuse to consent to testing will be considered to be under the influence and generally will face termination of employment, even for a first refusal. Consent to testing and search includes a caregiver's obligation to fully cooperate. Upon request, a caregiver must promptly complete any required forms and releases and promptly cooperate in the testing process. The fitness for duty examination may be initiated for any of the following reasons:

A. When there is reasonable suspicion that a caregiver is using or under the influence of drugs and/or alcohol.
B. When a caregiver's conduct is a contributing factor in any accident occurring in the course of work and resulting in a reportable injury or incident.
C. As part of a caregiver's return to work.
D. When a caregiver is the subject of a drug diversion investigation and a fitness for duty examination is relevant to that investigation.

3. **Investigation and Searches.** The facility expressly reserves the right to search caregiver personal effects, work areas, lockers, desks or file cabinets without prior notice or consent if the facility reasonably suspects a violation of this policy.
4. **Confidentiality.** The results of any tests and/or information disclosed in the testing process will not be disclosed absent legitimate business reasons or unless otherwise required by law.
5. **Self-Referral - Caregiver Assistance**

A. The facility encourages and expects caregivers who suspects they may have a drug or alcohol problem to seek assistance or treatment before it affects job performance.
B. Caregivers with job performance or conduct problems may be subject to corrective action, regardless of whether the problems are caused in whole or in part by the use of alcohol or drugs.

6. **Notice of Convictions**

A. Any caregiver who is convicted of violating any federal or state criminal drug statue must notify the facility within 24 hours of the conviction.
B. Any caregiver who is convicted of driving under the influence or driving while impaired must notify the facility within 24 hours of the conviction if driving is a requirement of their position, assignment, or as required by local/state regulations.

7. **Caregiver Responsibility**

A. Unlawful or unauthorized possession or use of drugs or alcohol by any individual within the scope of this policy, or any failure to notify the facility of convictions as set forth in Section VI, will subject that individual to corrective or disciplinary action up to and including termination of employment. In addition, for licensed personnel, the facility may report the violation to the appropriate licensing agency.
B. It shall be the responsibility of each caregiver who observes or has knowledge of another caregiver whose behavior exhibits an inability to perform job duties or poses a hazard to the safety and welfare of others to promptly report the observation to the immediate core leader. Concerns regarding possible violations by a core leader should be reported to human resources. Caregivers reporting concerns about a core leader or other staff will be protected from retaliation for reporting concerns in good faith and should notify their core leader human resources or the Integrity Line if they believe retaliation is occurring.

**Help:** For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the facility.

Caregiver Knowledge (HR) - Substance-Free Workplace Policy (hrforcaregivers.org)

## Providence Policies

A comprehensive repository of Providence's policies related to Harassment, Drug Free Environment, and other rights and expectations can be found on the HR Portal for Providence Health System: HR Service Portal - HR Service Portal (hrforcaregivers.org) .

# Mission, Values and Community Aspirations

## Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

## Our Values

**Compassion**

*Jesus taught and healed with compassion for all. –Matthew 4:24*
We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

**Dignity**

*All people have been created in the image of God. –Genesis 1:27*
We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

**Justice**

*Act with justice, love with kindness and walk humbly with your God. –Micah 6:8*
We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

**Excellence**

*Whatever you do, work at it with all your heart. –Colossians 3:23*
We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe and reliable practices for the care of all.

**Integrity**

*Let us love not merely with words or speech but with actions in truth. –1 John 3:18*
We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

## Our vision

Health for a Better World

## Our promise

"Know me, care for me, ease my way"

## Training Year Aspirations

PMG Department of Psychology stives for an intentional community where kindness, compassion, and mutual respect are practiced daily. Every effort is made to provide an optimal training environment for residents.

We invite residents to be part of this learning community with the hope that we will contribute to their growth and shaping their career as a licensed psychologist, ultimately positively impacting, and expanding the field of psychology.

Residency is a time of transition, providing opportunity for trainees to enhance skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. We hope this residency year provides many opportunities for personal and professional development.

**Residents are valued colleagues. Please feel free to bring your questions, comments and concerns to the Training Director, leadership, staff, and supervisors.**

**We hope you enjoy your residency year!**

# Appendices

## Appendix A: Didactic Curriculum

Competency Focus:

- PWC I Foundational research and training in behavioral integration (***BHI***)
- PWC II Healthcare ethics (***Ethics***)
- PWC III Literature supporting benefits of diverse teams (***Diversity***)
- PWC VI Psychometrics of primary care screening tools (***Assess***)
- PWC IX Consultation models applicable to BHP role (***Consult***)

Other content areas

- Program orientation, evaluation, planning (***Orient***)
- Licensure preparation (***License***)

| **Title, Description** | **Instructor** | **References** |
|---|---|---|
| ***ORIENT*** | | |
| Review of Residency Handbook, Policies and Procedures Overview of program goals and competencies. Initial competency self-evaluation. | Training Director | Resident Handbook<br>Self-Evaluation/Training Plan |
| Training Plan Review | Training Director | Self-Evaluation /Train Plan |

| Title, Description | Instructor | References |
|---|---|---|
| ***ETHICS*** | | |
| Providence Ethics Center Training Ethics Core IA – Ethical Decision Making in Clinical Settings. | Kockler Dirksen | **Core IA:** Provides the ethical infrastructure and Providence approach to understanding ethics in health care, and introduces participants to the Providence model for ethical decision-making. It also includes a discussion of case studies on topics such as clinical conflicts, patient decision-making and professionalism. |
| Providence Ethics Center Ethics Core IIA – Making Unsafe Behavior Safer | Kockler Dirksen | **Core IIA:** Builds on IA and focuses on harm reduction and how to balance these principles and arrive at a care plan that can be ethically justified. |
| Providence Ethics Center Core IB Decisions in Tough Cases: Who Makes Them and Why | Kockler Dirksen | **Core IB:** Explores the principle of respect for autonomy and its application in health care decision-making. |
| Providence Ethics Center Ethics Core IIE – Ethical Issues at the End of Life | Kockler Dirkson | **Core IIE:** Builds on IA and focuses on ethical issues in end of life care; emphasizes key ethical principles across a variety of clinical scenarios. |
| Application of Providence Ethics Model to primary care harm reduction case | Training Director | Tuohey, J. (2006). Ethics consultation in Portland. *Health Progress*, 87(2). |
| Review of APA Ethics code – U of O Kerr Case | Training Director | OBOP Kerr Case Final Order: https://obpe.alcsoftware.com/files/kerr.shelly%20k._1672.pdf<br><br>Oregon Revised Statutes, Administrative Rules & APA Ethical Principles of Psychologists and Code of Conduct: https://www.oregon.gov/Psychology/Documents/OBOP_Statutes_Rules_EPs.pdf<br><br>Oregon Statutes Pertaining to the Practice of Psychology: https://www.oregon.gov/Psychology/Documents/Statutes_Pertaining.pdf |

| Title, Description | Instructor | References |
|---|---|---|
| ***BHI*** | | |
| 11 PMG BHP Monthly Meetings with Case Consultations | Director of Psychology<br>BHP Staff | |
| 8-10 GeoPod Small Peer Group Consultations | BHP Staff | |
| Integrated Care Evidence Base | Training Director | Blount, A., Schoenbaum. M., Kathol, R., Rollman, B., Thomas, M., O'Donohue, W., et al. (2007). The economics of behavioral health services in medical settings: A summary of the evidence. *Professional Psychology: Research and Practice, 38*(3), 290-297. doi: 10.1037/0735-7028.38.3.290<br><br>Blount, A. (2003). Integrated primary care: Organizing the evidence. *Families, Systems & Health, 21*(3), 121-134. doi: 10.1037/1091-7527.21.2.121\<br><br>Cigrang, J. A., Dobmeyer, A. C., Becknell, M. E., Roa-Navarrete, R. A., & Yerian, S. R. (2007). Evaluation of a collaborative mental health program in primary care: Effects on patient distress and health care utilization. *Primary Care & Community Psychiatry, 11,* 121–127. doi:10.1185/135525706X121192 |
| Medical Cost Offset & Longitudinal Naturalistic BHI Outcomes. | Training Director | Chiles, J.A., Lambert, M.J., & Hatch, A.L. (1999). The impact of psychological interventions on medical cost offset: A meta-analytic review. *Clinical Psychology: Science and Practice, 6, 204-220.* doi: 10.1093/clipsy.6.2.204<br><br>Ray-Sannerud, B. N., Dolan, D. C., Morrow E. E., Corso, K.A., Kanzler, K.W., Corso, M. L., et al. (2012). Longitudinal outcomes after brief behavioral health intervention in an integrated primary care clinic. *Families, Systems, and Health, 30(1), 60-71.* Doi: 10.1037/a0027029 |

| Title, Description | Instructor | References |
|---|---|---|
| ***BHI*** | | |
| Robinson and Reiter: Empirical Support for the PCBH Model Summary | Training Director Residents | Robinson, P.J., & Reiter, J.T. (2016). Empirical Support for the PCBH Model pgs 19-20 in *Behavioral Consultation and Primary Care: A Guide to Integrating Services 2nd Ed*. New York: Springer Science Business Media LLC. |
| Impact of early adversity on Health | Training Director | Taylor, S.E. (2010). The impact of early adversity on health. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Behavioral Interventions for Prevention and Management of Chronic Disease Research | Training Director | Oldenburg, B., Absetz, P., & Chan, K.Y. (2017). Behavioral interventions for prevention and management of chronic disease. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Psychosocial-Behavioral Interventions and Chronic Disease Research | Training Director | Schneiderman, N., Antoni, M.H., Penedo, F.J., & Ironson, G.H. (2017). Psychosocial-behavioral interventions and chronic disease. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Management of Medically Unexplained Symptoms | Training Director | Hubley, S., Uebelacker, L.A., Nash, J., & Eaton, C.B. (2017). Open trial of integrated primary care consultation for medically unexplained symptoms. *Journal of Behavioral Health Services & Research* 44(4), 590-601. DOI: 10.1007/s11414-016-9528-5 |

| Title, Description | Instructor | References |
|---|---|---|
| ***ASSESS*** | | |
| Psychometrics of Assessment in Primary Care Introduction | Training Director | Porcerelli, J.H., & Jones, J.R. (2017) Uses of psychological assessment in primary care settings. In M. E. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings, 2nd Ed.* New York: Routledge. |
| Psychometrics of Cognitive Screening Tools | Training Director | Franzen, M.D. (2017). Screening for cognitive impairment. In M. E. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings, 2nd Ed.* New York: Routledge. |
| Psychometrics of Anxiety Screening in Primary Care | Training Director | Martinson, A.A., Cramer, J.R., & Sweeney, R.U. (2017). Assessment of anxiety in primary care. In M. E. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings, 2nd Ed.* New York: Routledge. |
| Psychometrics of Depression Screeners<br><br>Psychometrics of Geriatric Depression Scale | Training Director | Brantley, P.R. & Brantley, P.J. Screening for depression, and DiNapoli, E.A. & Scogin, F. Geriatric depression scale, (2017). In M. E. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings, 2nd Ed.* New York: Routledge. |
| Psychometrics of Pain Assessment in Primary Care Settings | Training Director | Gatchel, R.J., Robinson, R.C., Block, A.R., & Benedetto, N.N. (2017) Assessment of pain in primary care settings. In M. E. Maruish (Ed.), *Handbook of Psychological Assessment in Primary Care Settings, 2nd Ed.* New York: Routledge. |

| Title, Description | Instructor | References |
|---|---|---|
| ***DIVERSITY*** | | |
| Benefits of Diverse Teams | Training Director | Lorenzo, R., Voigt, N., Schetelig, K., Zawadzki, A., Welpe, M., & Brosi, P. (2017). The mix that matters: Innovation through diversity. *Boston Consulting Group Report.* *https://www.bcg.com/publications/2017/people-organization-leadership-talent-innovation-through-diversity-mix-that-matters.aspx*<br><br>Lorenzo, R., Voigt, N. Tsusaka, M., Krentz, M., & Abouzahr, K (2018) How diverse leadership teams boost innovation. *Boston Consulting Group Report*. https://www.bcg.com/publications/2018/how-diverse-leadership-teams-boost-innovation.aspx |
| Diverse Team Literature | Training Director | Hills, L. (2014). Managing the culturally diverse medical practice team: Twenty-five strategies. *Medical Practice Management,* March/April 2014. |
| Development of Diverse Teams | Training Director | Dobbin, F. & Kalev, A. (2016). Why diversity programs fail: And what works better. *Harvard Business Review*, 94(7-8), 52-60.<br><br>Rock, D & Grant, H. (2016). Why diverse teams are smarter. *Harvard Business Review, Nov 2016.* |
| Development of Diverse Teams | Training Director | Wiggins-Romesburg, C.A., Githens, R.P., (2018). The psychology of diversity resistance and integration. *Human Resource Development Review*, 17(2), 179-198. DOI: 10.1177/1534484318765843 |

| Title, Description | Instructor | References |
|---|---|---|
| ***CONSULT*** | | |
| Principles of Effective Consultation<br><br>Role of Consultation, Coordination & Collaboration in Primary Care | Training Director | Salerno, S.M., Hurst, F.P., Halvorson, S. & Mercado, D.L. (2007). Principles of effective consultation: An update for the 21st-century consultant. *Archives of Internal Medicine,* 167 (2), 271-275.<br><br>Cohen, D.J., et al. (2015). Integrating behavioral health and primary care: Consulting, coordinating and collaborating among professionals. *Journal of the American Board of Family Medicine*, 28, S21-S31 |
| Principles of Effective Consultation<br><br>Collaboration with Medical Providers | Training Director | Gunn, R. et al. (2015). Designing clinical space for the delivery of integrated behavioral health and primary care. *Journal of the American Board of Family Medicine*, 28:S52-S62.<br><br>Porcerelli, J.H., Fowler, S.L., Klassen, B., Murdoch, W., Thakur, E.R., Wright, B.E., & Morris, P. (2013). Behavioral health assessment and interventions of residents and psychology trainees during dual interviewing: A descriptive study. *Family Medicine*, 45(6), 424-427 |

| Title, Description | Instructor | References |
|---|---|---|
| ***LICENSE*** | | |
| Oregon statutes pertaining to psychology: Confidentiality & Privilege | Training Director | Oregon Jurisprudence Examination Candidate Handbook: https://www.oregon.gov/Psychology/Documents/Candidate_Handbook_Rev.8-17.pdf<br><br>Oregon Statutes Pertaining to the Practice of Psychology: https://www.oregon.gov/Psychology/Documents/Statutes_Pertaining.pdf |
| Oregon Jurisprudence Exam Review | Training Director | Oregon Jurisprudence Examination Candidate Handbook: https://www.oregon.gov/Psychology/Documents/Candidate_Handbook_Rev.8-17.pdf<br><br>Oregon Statutes Pertaining to the Practice of Psychology: https://www.oregon.gov/Psychology/Documents/Statutes_Pertaining.pdf |
| EPPP Review | Training Director | EPPP Review |
| EPPP Study | Training Director | EPPP Study Materials |

# Appendix B: Ethics Center Brochure

### Our vision

Providence Center for Health Care Ethics and its staff reveal God's love for all, with particular attentiveness for the poor and vulnerable, by promoting human dignity, the common good, and social justice in the diverse communities of Providence St. Joseph Health through the Center's services and programming.

### Purpose Statement

The Center aspires to help transform technical skill and expertise into professional practices in health care through ethics and the medical humanities. That is, the Center strives to cultivate prudence, integrity, and peace in care delivery, insurance provision, and other institutional activities and decision-making.

Relative to Providence's core strategy of Creating Healthier Communities, Together, the Center embraces its role in inspiring and developing caregivers and core leaders in service to the Mission and Core Values of the organization. Following a 'theology of encounter,' the Center seeks solidarity with all those who confront the full range of ethical issues in health care from the bedside to the boardroom as well as outside the bricks and mortar of health care. The Center aspires to bear prophetic witness to call attention to those whose future is most at risk and to rally remedies to their vulnerabilities.

### Staff

**Nicholas J. Kockler**, Ph.D., MS, regional director
endowed chair, applied health care ethics

**Kevin M. Dirksen**, M.Div., M.Sc., senior ethicist
director of ethics education

**Kelsi Charlesworth,** M.S., program manager

**Patty Goss**, coordinator of ethics services

**Eileen Mooney**, administrative assistant III

### Affiliate Faculty

**Andrea Cano**, M.Div., BCC

**Tina Castañares**, M.D., founder
One Community Health

**Marian Hodges**, M.D., medical director
senior health program, Oregon
Bain Chair of Geriatric Medicine

**Barbara A. Segal**, M.S., MA, family counselor

New affiliate faculty may be added periodically.

### OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

### OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

**Providence Center for Health Care Ethics**
9205 SW Barnes Road
Portland, OR 97225
503-216-1913

www.providence.org/ethics

Providence Health & Services, a not-for-profit health system, is an equal opportunity organization in the provision of health care services and employment opportunities

132323 TPR 11-15

## Health Care Ethics:
## Consultation Services and Educational Opportunities

### Ethics consultation services

Staff ethicists provide clinical ethics consultation at Providence ministries for caregivers, patients and families throughout the Oregon Region.

### What does a consult look like?

To ensure quality and consistency in care, we developed a model for clinical ethical decision-making. It includes four areas of concern:

| | |
|---|---|
| ***Clinical Integrity***<br>Honesty in the delivery of health care | ***Beneficence***<br>Dependability to benefit patients |
| ***Autonomy***<br>Fairness to patient in the context of their lives | ***Justice/ Nonmaleficence***<br>Accountability to other obligations |

A typical consult may involve:

- Identifying appropriate surrogates
- Clarifying patient wishes
- Addressing concerns related to protecting a patient or third party
- Reviewing issues related to professionalism
- Respecting cultural and religious diversity

We hold consultations in various settings — in care conferences and team meetings, during patient care rounding, and in "curbside" conversations. A consult may be requested by a physician, another member of the care team, a patient or a family member.

### To request a consult:

*If the consult is of an urgent nature:*
**Text page via AMCOM**: find the ethicist on call by searching for 'ethics' under departments; or
**Contact an ethicist directly**:

**Nicholas Kockler, PhD, MS**
Pager: 503-202-4862
Office: 503-215-3777

**Kevin Dirksen, MDiv, MSc**
Pager: 503-202-8732
Office: 503-513-8368

**Center Main Line:**
Phone: 503-216-1913

*If the consult is of a non-urgent nature:*
In a hospital setting enter a consult request in **Epic**, in a clinic enter a referral in **Epic**; or call the Center's main line.

## Educational opportunities

Providence Center for Health Care Ethics offers educational programs targeted to specific audiences and integrated with patient care and other educational programs. The basic philosophy toward ethics education can be summarized as follows: ethics education helps to transform the technical skill and knowledge caregivers possess into therapeutic relationships and professional practices. In our educational opportunities, we aim to enhance the ethical components of each profession's competencies.

### Targeted professional-in-training education:

We provide ethics education for the medical residencies, pharmacy residency, and clinical pastoral education program at Providence. The learning opportunities occur across a variety of settings and formats including, but not limited to the following:

**Ethics conferences.** Ethics conferences cover a broad range of themes and topics from professionalism issues such as truth-telling, confidentiality, moral distress, and clinical empathy to elements of decisional capacity, end-of-life decision-making, difficult encounters with patients and more. For the medicine residencies, topics for ethics-related conferences follow a 3-year cycle, which offers residents the full scope of ethics across all six physician competency domains.

**Elective rotations.** Elective rotations in ethics offer participants an immersive experience in the work of ethics at Providence. This exposes residents to the broad range of settings and questions encountered by ethicists in ethics consultation, discernment, and leadership meetings.

**Rounding.** Ethicists round routinely to provide real-time support as well as to prepare for focused teaching sessions or 'ethics rounds.' These are opportunities for caregivers to explore questions or issues that they may not have a chance to discuss otherwise.

**Other Collaborative Programs.** Ethicists are available for as needed in-services and presentations for targeted audiences including specific nursing units, departmental meetings, etc. Additionally, we work with Providence Medical Education to host scholars for medical grand rounds several times a year. These presentations may be viewed in-person or online. See "Lectureships" for more information.

All Providence professionals are welcome to participate in our Ethics Core Program.

### Ethics Core Program:

The Core Program consists of several interactive modules designed to enhance ethical components of professional competencies. Although the Core Program grew out of nursing education needs, the following modules are available to all caregivers.

### Introductory Modules:

**IA: Basic Principles & Providence Model for Clinical Ethical Decision-Making**

- Covers the Providence approach to understanding ethics in health care
- Full-day module, no prerequisites

**IB: Decisions in Tough Cases: Who Makes Them and Why**

- Explores the principle of respect for autonomy and its application in health care decision-making
- Full-day module, no prerequisites

**IC: Communicating with Patients Across Culture**

- Provides communication guidelines to help resolve conflicts and improve patient care
- 1.5-hour interactive sessions with video vignettes and skill building exercises, no prerequisites

Session 1: *Discussing a Serious Illness*
Session 2: Discussing *Advance Care Planning*

### Intermediate Modules:

**IIA: Making Unsafe Behavior Safer**

- Builds on IA and focuses on harm reduction and how to balance these principles and arrive at a care plan that can be ethically justified
- Full-day module, prerequisite: IA

**IID: Special Situations that Agonize Us in Caring for the Elderly**

- Explores several unique situations that face clinicians and families in the care of aging patients
- Half-day module, prerequisites: IA and IB

**IIE: Ethical Issues at the End of Life**

- Builds on IA and focuses on ethical issues in end of life care; emphasizes key ethical principles across a variety of clinical scenarios
- Full-day module, prerequisite: IA

### Lectureships:

Lectureships often include multiple presentations over several days. Presentations are open to all caregivers and can be attended in-person or viewed online.

### Curtis R. Holzgang, M.D., MACP Visiting Scholar

This visiting scholar lectureship is named for the retired director of Critical Care Medicine at Providence St. Vincent Medical Center. During his tenure, Dr. Holzgang was an inspiration in ethics education, especially for internal medicine residents working in critical care. Dr. Holzgang was instrumental in establishing Providence Center for Health Care Ethics in 2000. The annual visiting scholar is a nationally known figure invited to speak on various issues of ethics in health care.

### Goldman-Berland Lectureship in Palliative Medicine

This program is named for two exemplary role models in palliative care. Robert Goldman, M.D., helped launch the hospice program at Providence St. Vincent Medical Center; John Berland, M.D. retired from internal medicine at Providence St. Vincent Medical Center and remains passionate about palliative care and physician education. The speakers for this program are clinicians recognized for their excellence in palliative and end-of-life care.

### Allen M. Boyden, M.D. Memorial Lectureship

Dr. Boyden was a world renowned surgeon from Providence St. Vincent Medical Center known for his ability to find wholeness in the doctor-patient relationship. The lectureship explores aspects of medicine and the humanities that enrich and challenge health professionals in the pursuit of fineness, human values, and ethics.

### How to access our offerings:

For schedules and registration information, please go to our department intranet page. For questions, please contact Patty Goss at patricia.goss@providence.org or 503-216-1906. For general information, call us at 503-216-1913 or visit us at www.providence.org/ethics.

Continuing medical education and continuing education units are available for most programs.

### Other educational opportunities:

Center staff routinely offer brown-bag sessions at ministries outside of the Portland area; these are open to all caregivers. In addition, specific departments may request an in-service or special educational session by contacting the Center.

### Duncan and Cindy Campbell Reference Library

As part of their commitment to inspire others, Duncan and Cindy Campbell have contributed to the establishment of our library for research. This library provides ready access to journals, books and recorded lectures, both paper and electronic, for all caregivers. This extensive collection focuses on theology, health care ethics, cultural competency and palliative care.

### Conference Rooms

We have three meeting spaces at the Center for use by Providence caregivers: the Duncan and Cindy Campbell Reference Library along with another small meeting space on the main level, and a larger conference room on the lower level. Please contact us at 503 -216-1913 if you'd like to reserve space for an upcoming event.

## Appendix C: Degree Verification Form

| Applicant Consent<br>I hereby authorize the academic program named below to disclose information regarding completion of doctoral degree requirements to Providence Medical Group – Oregon where I have accepted a residency position for academic year 2018/19 | |
|---|---|
| Doctoral Program and School: | |
| Applicant Name (printed): | |
| Applicant Signature: | |
| Date: | |

| Academic Program Verification<br>Providence Medical Group – Oregon Psychology Residency Program requires that Residents complete all requirements for their doctoral degree in Psychology or Education prior to starting the program. Your signature below verifies that by Monday September 10, 2018 the student listed above completed all doctoral degree requirements including:<br>• Completion of all required internship hours<br>• Successful defense of dissertation | |
|---|---|
| Academic Official Name (printed): | |
| Academic Official Title: | |
| Academic Official Signature: | |
| Date: | |
| Contact Email or Phone: | |

Please email or fax completed form by September 7, 2020 to Elisa Rudd PsyD at:
Fax: 503.893.6680 or elisa.rudd@providence.org

## Appendix D: Self-Assessment and Training Plan

| Resident Name: | |
|---|---|
| Clinic Site: | |
| Supervisor: | |
| Date: | |

| **Self-Assessment Rating Scale** | |
|---|---|
| **1 = No Experience:** | Resident has no experience in this area. Needs focused training to meet competency expectation of entry-level postdoctoral resident |
| **2 = Minimal Experience:** | Resident has minimal experience in this area. Needs focused training to meet competency expectation of entry-level postdoctoral resident |
| **3 = Meets Expectations:** | Resident's experience in this area meets expectations for completion of a one-year pre-doctoral internship |
| **4 = Exceeds Expectation:** | Resident's experience in this area exceeds expectations for completion of a one-year pre-doctoral internship |
| **5 = Outstanding:** | Resident's experience is consistent with post-licensure colleague |

**Goal 1. Integration of Science and Practice:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

| **1A. Scientific Mindedness** | | | |
|---|---|---|---|
| **Description:** Independently applies scientific methods to practice | | | |
| **Behavioral Anchors:**<br>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems<br>Implements appropriate methodology to address research questions | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **1B. Scientific Foundation of Psychology** | | | |
|---|---|---|---|
| **Description:** Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) | | | |
| **Behavioral Anchors:**<br>Accurately evaluates scientific literature regarding clinical issues<br>Identifies multiple factors and interactions of those factors that underlie pathological behavior | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **1C. Scientific Foundation of Professional Practice** | | | |
|---|---|---|---|
| **Description:** Independently applies knowledge and understanding of scientific foundations to practice | | | |
| **Behavioral Anchors:**<br>Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization<br>Independently applies EBP concepts in practice<br>Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

**Goal 2. Ethical and Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

| **2A. Knowledge of Ethical, Legal and Professional Standards and Guidelines** |
|---|

<table>
<tr><td colspan="4">Description: Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines</td></tr>
<tr><td colspan="4">Behavioral Anchors:<br>Identifies applicable APA Ethical Principles during supervision presentation of case material.<br>Passing score on EPPP.<br>Passing score on Oregon Jurisprudence Examination.</td></tr>
<tr><td>Q1: 1 2 3 4 5</td><td>Q2: 1 2 3 4 5</td><td>Q3: 1 2 3 4 5</td><td>Q4: 1 2 3 4 5</td></tr>
</table>

<table>
<tr><td colspan="4">2B. Ethical Decision Making</td></tr>
<tr><td colspan="4">Description: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.</td></tr>
<tr><td colspan="4">Behavioral Anchors:<br>Proactively identifies potential ethical dilemmas and appropriate resolutions in group and individual supervision.<br>Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues during group and individual supervision.<br>Applies Providence Ethics Model to BHC case material during Residency Didactics.</td></tr>
<tr><td>Q1: 1 2 3 4 5</td><td>Q2: 1 2 3 4 5</td><td>Q3: 1 2 3 4 5</td><td>Q4: 1 2 3 4 5</td></tr>
</table>

<table>
<tr><td colspan="4">2C. Ethical Conduct</td></tr>
<tr><td colspan="4">Description: Conducts self in an ethical manner in all professional activities</td></tr>
<tr><td colspan="4">Behavioral Anchors:<br>Demonstrates adherence to ethical and legal standards in professional activities.<br>Positive scores on “displays professional conduct” item on Clinic 360 degree evaluations.</td></tr>
<tr><td>Q1: 1 2 3 4 5</td><td>Q2: 1 2 3 4 5</td><td>Q3: 1 2 3 4 5</td><td>Q4: 1 2 3 4 5</td></tr>
</table>

<table>
<tr><td colspan="4">2D. Knowledge and Application of Common Healthcare Ethics Issues</td></tr>
<tr><td colspan="4">Description: Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Consultant practice.</td></tr>
<tr><td colspan="4">Behavioral Anchors:<br>Completes Providence Ethics Center Core trainings.<br>Applies BHC case material to Providence Ethics Model during Residency didactics.</td></tr>
<tr><td>Q1: 1 2 3 4 5</td><td>Q2: 1 2 3 4 5</td><td>Q3: 1 2 3 4 5</td><td>Q4: 1 2 3 4 5</td></tr>
</table>

<table>
<tr><td colspan="4">Goal 3. Individual and Cultural diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.</td></tr>
<tr><td colspan="4">3A. Understanding of intersection of own identity and understanding of people different from themselves</td></tr>
<tr><td colspan="4">Description: Demonstrates an understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.</td></tr>
<tr><td colspan="4">Behavioral Anchors:<br>Identifies role of intersection of own identity markers and biases with understanding of other people during supervision and Residency Program didactics.<br>Displays sensitivity to intersection of self and other cultural identification in all professional roles.</td></tr>
<tr><td>Q1: 1 2 3 4 5</td><td>Q2: 1 2 3 4 5</td><td>Q3: 1 2 3 4 5</td><td>Q4: 1 2 3 4 5</td></tr>
</table>

<table>
<tr><td>3B. Knowledge of empirical and theoretical diversity literature</td></tr>
<tr><td>Description: Demonstrates knowledge of literature related to addressing diversity in all professional roles.</td></tr>
<tr><td>Behavioral Anchors:</td></tr>
</table>

| Makes reference to empirical diversity literature during supervision and Residency Program didactics.<br>Presents empirical diversity literature during Residency Program didactics and to clinic staff. | | | |
|---|---|---|---|
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **3C. Integration of diversity awareness and knowledge** | | | |
|---|---|---|---|
| **Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. | | | |
| **Behavioral Anchors:**<br>Identifies intersection of diversity knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision.<br>Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **3D. Works effectively with range of individuals and groups encountered during residency** | | | |
|---|---|---|---|
| **Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. | | | |
| **Behavioral Anchors:**<br>Readily develops good rapport with wide range of patients who return for continuing care.<br>Sought out by clinic staff from all disciplines for consultation and support. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **Goal 4. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. | | | |
|---|---|---|---|
| **4A. Selection of Assessment Tools** | | | |
| **Description:** Utilizes assessment tools tailored to the pace and scope of primary care | | | |
| **Behavioral Anchors:**<br>Consistently utilizes screeners that require minimal patient, provider, and staff time burden.<br>Selects assessment tools targeted to patients'' presenting problem. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **4B. Empirical Basis of Assessment Tools** | | | |
|---|---|---|---|
| **Description:** Demonstrates knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care. | | | |
| **Behavioral Anchors:**<br>References strengths and limitations of assessment tools during consultation based on their empirical and psychometric properties.<br>Serves as consultant for selection, interpretation, and implementation of primary care oriented assessment tools based on empirical and psychometric data. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **Goal 5. Primary Care Oriented Consultation Skills**: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. | | | |
|---|---|---|---|
| **5A. Role of Consultant** | | | |
| **Description:** Provides consultation tailored to the pace and scope of primary care | | | |
| **Behavioral Anchors:**<br>Offers productive, on-demand, and concise consults to PCCs and clinic staff on both general and patient specific issues, using clear, direct language<br>Effectively utilized downtime by collaborating in PC team activities and consultation case finding. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **5B. Addressing Referral Question** | | | |
|---|---|---|---|
| **Description:** Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question | | | |
| **Behavioral Anchors:**<br>Demonstrates ability to gather information necessary to answer referral question<br>Clarifies and refines referral question based on analysis/assessment of question | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **5C. Communication of Consultation Findings** | | | |
|---|---|---|---|
| **Description:** Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations | | | |
| **Behavioral Anchors:**<br>Responds directly to referral question in EMR and in direct feedback with appropriate recommendations<br>Interrupts PCC, when indicated, for urgent patient needs | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **5D. Application of Consultation Methods** | | | |
| **Description:** Provides consultation to broader clinic team | | | |
| **Behavioral Anchors:**<br>Regularly attends clinical team meetings<br>Effectively delivers pertinent brief presentation in staff meetings (i.e. complex case conference, evidence for behavioral treatments, training in behavioral techniques such as motivational interviewing) | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

## Individual Resident Training Plan

| Training Plan for Competency Areas Rated as 1 or 2 | | | |
|---|---|---|---|
| **Competency** | **Didactics** | **Clinic Activities** | **Supervision** |
| | | | |
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| Training Plan for Resident Identified Areas of Added Focus | | | |
|---|---|---|---|
| Competency | Didactics | Clinic Activities | Supervision |
| | | | |
| | | | |
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## Appendix E: Competency Evaluation Form

| Trainee Name: | |
|---|---|
| Clinic Site: | |
| Supervisor: | |
| Date: | |

| Competency Rating Scale | |
|---|---|
| **1 = No Experience:** | Resident has no experience in this area. Needs focused training to meet competency expectation of entry-level postdoctoral resident |
| **2 = Minimal Experience:** | Resident has minimal experience in this area. Needs focused training to meet competency expectation of entry-level postdoctoral resident |
| **3 = Meets Expectations:** | Resident's experience in this area meets expectations for completion of a one-year pre-doctoral internship |
| **4 = Exceeds Expectation:** | Resident's experience in this area exceeds expectations for completion of a one-year pre-doctoral internship |
| **5 = Outstanding:** | Resident's experience is consistent with post-licensure colleague |

**Goal 1. Integration of Science and Practice:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

| **1A. Scientific Mindedness** | | | |
|---|---|---|---|
| **Description:** Independently applies scientific methods to practice | | | |
| **Behavioral Anchors:**<br>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems<br>Implements appropriate methodology to address research questions | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **1B. Scientific Foundation of Psychology** | | | |
|---|---|---|---|
| **Description:** Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) | | | |
| **Behavioral Anchors:**<br>Accurately evaluates scientific literature regarding clinical issues<br>Identifies multiple factors and interactions of those factors that underlie pathological behavior | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **1C. Scientific Foundation of Professional Practice** | | | |
|---|---|---|---|
| **Description:** Independently applies knowledge and understanding of scientific foundations to practice | | | |
| **Behavioral Anchors:**<br>Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization<br>Independently applies EBP concepts in practice<br>Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **Goal 2. Ethical and Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |
|---|

| **2A. Knowledge of Ethical, Legal and Professional Standards and Guidelines** | | | |
|---|---|---|---|
| **Description**: Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines | | | |
| **Behavioral Anchors:**<br>Identifies applicable APA Ethical Principles during supervision presentation of case material.<br>Passing score on EPPP.<br>Passing score on Oregon Jurisprudence Examination. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **2B. Ethical Decision Making** | | | |
|---|---|---|---|
| **Description:** Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas. | | | |
| **Behavioral Anchors:**<br>Proactively identifies potential ethical dilemmas and appropriate resolutions in group and individual supervision.<br>Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues during group and individual supervision.<br>Applies Providence Ethics Model to BHC case material during Residency Didactics. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **2C. Ethical Conduct** | | | |
|---|---|---|---|
| **Description:** Conducts self in an ethical manner in all professional activities | | | |
| **Behavioral Anchors:**<br>Demonstrates adherence to ethical and legal standards in professional activities.<br>Positive scores on "displays professional conduct" item on Clinic 360 degree evaluations. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **2D. Knowledge and Application of Common Healthcare Ethics Issues** | | | |
|---|---|---|---|
| **Description:** Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Consultant practice. | | | |
| **Behavioral Anchors:**<br>Completes Providence Ethics Center Core trainings.<br>Applies BHC case material to Providence Ethics Model during Residency didactics. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **Goal 3. Individual and Cultural diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | | | |
|---|---|---|---|
| **3A. Understanding of intersection of own identity and understanding of people different from themselves** | | | |
| **Description:** Demonstrates an understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. | | | |
| **Behavioral Anchors:**<br>Identifies role of intersection of own identity markers and biases with understanding of other people during supervision and Residency Program didactics.<br>Displays sensitivity to intersection of self and other cultural identification in all professional roles. | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **3B. Knowledge of empirical and theoretical diversity literature** |
|---|

**Description:** Demonstrates knowledge of literature related to addressing diversity in all professional roles.

**Behavioral Anchors:**
Makes reference to empirical diversity literature during supervision and Residency Program didactics.
Presents empirical diversity literature during Residency Program didactics and to clinic staff.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

**3C. Integration of diversity awareness and knowledge**

**Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

**Behavioral Anchors:**
Identifies intersection of diversity knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision.
Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

**3D. Works effectively with range of individuals and groups encountered during residency**

**Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency.

**Behavioral Anchors:**
Readily develops good rapport with wide range of patients who return for continuing care.
Sought out by clinic staff from all disciplines for consultation and support.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

**Goal 4. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics.

**4A. Selection of Assessment Tools**

**Description:** Utilizes assessment tools tailored to the pace and scope of primary care

**Behavioral Anchors:**
Consistently utilizes screeners that require minimal patient, provider, and staff time burden.
Selects assessment tools targeted to patients'' presenting problem.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

**4B. Empirical Basis of Assessment Tools**

**Description:** Demonstrates knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care.

**Behavioral Anchors:**
References strengths and limitations of assessment tools during consultation based on their empirical and psychometric properties.
Serves as consultant for selection, interpretation, and implementation of primary care oriented assessment tools based on empirical and psychometric data.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

**Goal 5. Primary Care Oriented Consultation Skills**: provides consultations that enhance the ability to the primary care team to improve the health of their patient population.

**5A. Role of Consultant**

**Description:** Provides consultation tailored to the pace and scope of primary care

**Behavioral Anchors:**
Offers productive, on-demand, and concise consults to PCCs and clinic staff on both general and patient specific issues, using clear, direct language
Effectively utilized downtime by collaborating in PC team activities and consultation case finding.

| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
|---|---|---|---|

| **5B. Addressing Referral Question** | | | |
|---|---|---|---|
| **Description:** Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question | | | |
| **Behavioral Anchors:**<br>Demonstrates ability to gather information necessary to answer referral question<br>Clarifies and refines referral question based on analysis/assessment of question | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **5C. Communication of Consultation Findings** | | | |
|---|---|---|---|
| **Description:** Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations | | | |
| **Behavioral Anchors:**<br>Responds directly to referral question in EMR and in direct feedback with appropriate recommendations<br>Interrupts PCC, when indicated, for urgent patient needs | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

| **5D. Application of Consultation Methods** | | | |
|---|---|---|---|
| **Description:** Provides consultation to broader clinic team | | | |
| **Behavioral Anchors:**<br>Regularly attends clinical team meetings<br>Effectively delivers pertinent brief presentation in staff meetings (i.e. complex case conference, evidence for behavioral treatments, training in behavioral techniques such as motivational interviewing) | | | |
| **Q1:** 1 2 3 4 5 | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |

## Appendix F: Resident Evaluation of Program Form

| Residency Year: | Date: |
|---|---|

| Please use the scale below to evaluate the program in the areas that follow | |
|---|---|
| 1 = Inadequate | Program never meets my expectations |
| 2 = Needs Improvement | Program sometimes meets my expectations |
| 3 = Meets Expectations | Program consistently meets my expectations |
| 4 = Exceeds Expectations | Program often exceeds my expectations |
| 5 = Outstanding | Program consistently exceeds my expectations |

| How would you rate the quality of the weekly didactic? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| How would you rate the quality of your individual primary supervision? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| How would you rate the quality of your group supervision? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| How would you rate the quality of the overall training during your residency? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| How would you rate the availability of the physical resources at your clinic (office equipment, supplies)? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| How would you rate the quality of the monthly Behavioral Health Provider meeting? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| Did you feel respected by the professional staff at your clinic (MD’s, NP’s, PA’s)? |
|---|

| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
|---|---|
| Comments: | |

| Did you feel respected by the clinic staff (MA's, PRR's)? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| Did you feel that your clinic was inclusive and welcoming for people of all backgrounds? | |
|---|---|
| Midyear: 1 2 3 4 5 | End of Year: 1 2 3 4 5 |
| Comments: | |

| Development of Competencies |
|---|

We are interested in how well your residency training prepared you for your career and how well the program met its training goals.

| Please use the scale below to evaluate how well you felt prepared in the areas described below: | |
|---|---|
| 1 = Inadequate | Not at all prepared |
| 2 = Needs Improvement | Somewhat prepared |
| 3 = Meets Expectations | Adequately prepared |
| 4 = Exceeds Expectations | Very prepared |
| 5 = Outstanding | Exceptionally prepared. |

| Goal 1. Ethical and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |
|---|

| 1A. Knowledge of Ethical, Legal and Professional Standards and Guidelines |
|---|
| Description: Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines |
| Behavioral Anchors:<br>Identifies applicable APA Ethical Principles during supervision presentation of case material.<br>Passing score on EPPP.<br>Passing score on Oregon Jurisprudence Examination. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 1B. Ethical Decision Making |
|---|
| Description: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas. |

| Behavioral Anchors:<br>Proactively identifies potential ethical dilemmas and appropriate resolutions in group and individual supervision.<br>Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues during group and individual supervision.<br>Applies Providence Ethics Model to BHC case material during Residency Didactics. |
|---|
| Rating: 1 2 3 4 5 |
| Comment: |

| 1C. Ethical Conduct |
|---|
| Description: Conducts self in an ethical manner in all professional activities |
| Behavioral Anchors:<br>Demonstrates adherence to ethical and legal standards in professional activities.<br>Positive scores on “displays professional conduct” item on Clinic 360 degree evaluations. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 1D. Knowledge and Application of Common Healthcare Ethics Issues |
|---|
| Description: Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Consultant practice. |
| Behavioral Anchors:<br>Completes Providence Ethics Center Core trainings.<br>Applies BHC case material to Providence Ethics Model during Residency didactics. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 2. Individual and Cultural diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. |
|---|

| 2A. Understanding of intersection of own identity and understanding of people different from themselves |
|---|
| Description: Demonstrates an understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. |
| Behavioral Anchors:<br>Identifies role of intersection of own identity markers and biases with understanding of other people during supervision and Residency Program didactics.<br>Displays sensitivity to intersection of self and other cultural identification in all professional roles. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 2B. Knowledge of empirical and theoretical diversity literature |
|---|
| Description: Demonstrates knowledge of literature related to addressing diversity in all professional roles. |
| Behavioral Anchors:<br>Makes reference to empirical diversity literature during supervision and Residency Program didactics.<br>Presents empirical diversity literature during Residency Program didactics and to clinic staff. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 2C. Integration of diversity awareness and knowledge |
|---|
| Description: Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. |
| Behavioral Anchors: |

| Identifies intersection of diversity knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision.<br>Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. |
|---|
| Rating: 1 2 3 4 5 |
| Comment: |

| 2D. Works effectively with range of individuals and groups encountered during residency |
|---|
| Description: Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. |
| Behavioral Anchors:<br>Readily develops good rapport with wide range of patients who return for continuing care.<br>Sought out by clinic staff from all disciplines for consultation and support. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 3. Integration of Science and Practice: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. |
|---|

| 3A. Scientific Mindedness |
|---|
| Description: Independently applies scientific methods to practice |
| Behavioral Anchors:<br>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems<br>Implements appropriate methodology to address research questions |
| Rating: 1 2 3 4 5 |
| Comment: |

| 3B. Scientific Foundation of Psychology |
|---|
| Description: Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) |
| Behavioral Anchors:<br>Accurately evaluates scientific literature regarding clinical issues<br>Identifies multiple factors and interactions of those factors that underlie pathological behavior |
| Rating: 1 2 3 4 5 |
| Comment: |

| 3C. Scientific Foundation of Professional Practice |
|---|
| Description: Independently applies knowledge and understanding of scientific foundations to practice |
| Behavioral Anchors:<br>Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization<br>Independently applies EBP concepts in practice<br>Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 4. Primary Care Oriented Assessment Skills: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |
|---|

| 4A. Selection of Assessment Tools |
|---|
| Description: Utilizes assessment tools tailored to the pace and scope of primary care |
| Behavioral Anchors: |

| Consistently utilizes screeners that require minimal patient, provider, and staff time burden.<br>Selects assessment tools targeted to patients'' presenting problem. |
|---|
| Rating: 1 2 3 4 5 |
| Comment: |

| 4B. Empirical Basis of Assessment Tools |
|---|
| Description: Demonstrates knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care. |
| Behavioral Anchors:<br>References strengths and limitations of assessment tools during consultation based on their empirical and psychometric properties.<br>Serves as consultant for selection, interpretation, and implementation of primary care oriented assessment tools based on empirical and psychometric data. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 5. Primary Care Oriented Consultation Skills: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. |
|---|

| 5A. Role of Consultant |
|---|
| Description: Provides consultation tailored to the pace and scope of primary care |
| Behavioral Anchors:<br>Offers productive, on-demand, and concise consults to PCCs and clinic staff on both general and patient specific issues, using clear, direct language<br>Effectively utilized downtime by collaborating in PC team activities and consultation case finding. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5B. Addressing Referral Question |
|---|
| Description: Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question |
| Behavioral Anchors:<br>Demonstrates ability to gather information necessary to answer referral question<br>Clarifies and refines referral question based on analysis/assessment of question |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5C. Communication of Consultation Findings |
|---|
| Description: Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations |
| Behavioral Anchors:<br>Responds directly to referral question in EMR and in direct feedback with appropriate recommendations<br>Interrupts PCC, when indicated, for urgent patient needs |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5D. Application of Consultation Methods |
|---|
| Description: Provides consultation to broader clinic team |
| Behavioral Anchors:<br>Regularly attends clinical team meetings<br>Effectively delivers pertinent brief presentation in staff meetings (i.e. complex case conference, evidence for behavioral treatments, training in behavioral techniques such as motivational interviewing) |
| Rating: 1 2 3 4 5 |
| Comment: |

Additional Information or Comments:

## Appendix G: Post-Residency Survey

The Providence Medical Group Psychology Residency Program sends out this survey each year to past program participants. The survey provides valuable information on the careers of past program participants and how well the program met its goal in preparing residents for their careers. The information from the survey helps to support ongoing program accreditation and helps us to evaluate and improve the program.

The survey takes about 15 minutes to complete. Thank you for taking the time to complete this valuable survey.

Past Participant Information

| Name: |
|---|
| Current Address: |
| Date: |
| Phone Number: |
| Email Address: |
| Year of Doctoral Degree: |
| Residency Year: |
| Residency Clinic: |

Initial Post-Residency Employment Setting:
Academic Teaching
Community Mental Health Center
Consortium
Correctional Facility
Health Maintenance Organization
Hospital/Medical Center
Independent Practice
Psychiatric Facility
School District or System
University Counseling Center
Other

Initial Job Title and Employer: ______________________________

Current Employment Setting:
Academic Teaching
Community Mental Health Center
Consortium
Correctional Facility
Health Maintenance Organization
Hospital/Medical Center
Independent Practice
Psychiatric Facility
School District or System
University Counseling Center
Other

Current Job Title and Employer: ______________________________________________

Are you currently licensed: Yes____ No____

If yes, Licensed in what State(s): ______________________________________________

Are you board certified: Yes____ No____

If yes, who is providing board certification: ____________________________________

We are interested in how well your residency training prepared you for your career and how well the program met its training goals.

| Please use the scale below to evaluate how well you felt prepared in the areas described below: | |
|---|---|
| 1 = Inadequate | Not at all prepared |
| 2 = Needs Improvement | Somewhat prepared |
| 3 = Meets Expectations | Adequately prepared |
| 4 = Exceeds Expectations | Very prepared |
| 5 = Outstanding | Exceptionally prepared. |

| Goal 1. Ethical and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |
|---|

| 1A. Knowledge of Ethical, Legal and Professional Standards and Guidelines |
|---|
| Description: Demonstrates knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines |
| Behavioral Anchors:<br>Identifies applicable APA Ethical Principles during supervision presentation of case material.<br>Passing score on EPPP.<br>Passing score on Oregon Jurisprudence Examination. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 1B. Ethical Decision Making |
|---|
| Description: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas. |

| Behavioral Anchors:<br>Proactively identifies potential ethical dilemmas and appropriate resolutions in group and individual supervision.<br>Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues during group and individual supervision.<br>Applies Providence Ethics Model to BHC case material during Residency Didactics. |
|---|
| Rating: 1 2 3 4 5 |
| Comment: |

| 1C. Ethical Conduct |
|---|
| Description: Conducts self in an ethical manner in all professional activities |
| Behavioral Anchors:<br>Demonstrates adherence to ethical and legal standards in professional activities.<br>Positive scores on "displays professional conduct" item on Clinic 360 degree evaluations. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 1D. Knowledge and Application of Common Healthcare Ethics Issues |
|---|
| Description: Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Consultant practice. |
| Behavioral Anchors:<br>Completes Providence Ethics Center Core trainings.<br>Applies BHC case material to Providence Ethics Model during Residency didactics. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 2. Individual and Cultural diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. |
|---|

| 2A. Understanding of intersection of own identity and understanding of people different from themselves |
|---|
| Description: Demonstrates an understanding of how own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. |
| Behavioral Anchors:<br>Identifies role of intersection of own identity markers and biases with understanding of other people during supervision and Residency Program didactics.<br>Displays sensitivity to intersection of self and other cultural identification in all professional roles. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 2B. Knowledge of empirical and theoretical diversity literature |
|---|
| Description: Demonstrates knowledge of literature related to addressing diversity in all professional roles. |
| Behavioral Anchors:<br>Makes reference to empirical diversity literature during supervision and Residency Program didactics.<br>Presents empirical diversity literature during Residency Program didactics and to clinic staff. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 2C. Integration of diversity awareness and knowledge |
|---|
| Description: Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. |
| Behavioral Anchors: |

| Identifies intersection of diversity knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision.<br>Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. |
|---|
| Rating: 1 2 3 4 5 |
| Comment: |

| 2D. Works effectively with range of individuals and groups encountered during residency |
|---|
| Description: Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. |
| Behavioral Anchors:<br>Readily develops good rapport with wide range of patients who return for continuing care.<br>Sought out by clinic staff from all disciplines for consultation and support. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 3. Integration of Science and Practice: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. |
|---|

| 3A. Scientific Mindedness |
|---|
| Description: Independently applies scientific methods to practice |
| Behavioral Anchors:<br>Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems<br>Implements appropriate methodology to address research questions |
| Rating: 1 2 3 4 5 |
| Comment: |

| 3B. Scientific Foundation of Psychology |
|---|
| Description: Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) |
| Behavioral Anchors:<br>Accurately evaluates scientific literature regarding clinical issues<br>Identifies multiple factors and interactions of those factors that underlie pathological behavior |
| Rating: 1 2 3 4 5 |
| Comment: |

| 3C. Scientific Foundation of Professional Practice |
|---|
| Description: Independently applies knowledge and understanding of scientific foundations to practice |
| Behavioral Anchors:<br>Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization<br>Independently applies EBP concepts in practice<br>Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 4. Primary Care Oriented Assessment Skills: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |
|---|

| 4A. Selection of Assessment Tools |
|---|
| Description: Utilizes assessment tools tailored to the pace and scope of primary care |
| Behavioral Anchors:<br>Consistently utilizes screeners that require minimal patient, provider, and staff time burden.<br>Selects assessment tools targeted to patients'' presenting problem. |

| Rating: 1 2 3 4 5 |
|---|
| Comment: |

| 4B. Empirical Basis of Assessment Tools |
|---|
| Description: Demonstrates knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care. |
| Behavioral Anchors:<br>References strengths and limitations of assessment tools during consultation based on their empirical and psychometric properties.<br>Serves as consultant for selection, interpretation, and implementation of primary care oriented assessment tools based on empirical and psychometric data. |
| Rating: 1 2 3 4 5 |
| Comment: |

| Goal 5. Primary Care Oriented Consultation Skills: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. |
|---|

| 5A. Role of Consultant |
|---|
| Description: Provides consultation tailored to the pace and scope of primary care |
| Behavioral Anchors:<br>Offers productive, on-demand, and concise consults to PCCs and clinic staff on both general and patient specific issues, using clear, direct language<br>Effectively utilized downtime by collaborating in PC team activities and consultation case finding. |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5B. Addressing Referral Question |
|---|
| Description: Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question |
| Behavioral Anchors:<br>Demonstrates ability to gather information necessary to answer referral question<br>Clarifies and refines referral question based on analysis/assessment of question |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5C. Communication of Consultation Findings |
|---|
| Description: Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations |
| Behavioral Anchors:<br>Responds directly to referral question in EMR and in direct feedback with appropriate recommendations<br>Interrupts PCC, when indicated, for urgent patient needs |
| Rating: 1 2 3 4 5 |
| Comment: |

| 5D. Application of Consultation Methods |
|---|
| Description: Provides consultation to broader clinic team |
| Behavioral Anchors:<br>Regularly attends clinical team meetings<br>Effectively delivers pertinent brief presentation in staff meetings (i.e. complex case conference, evidence for behavioral treatments, training in behavioral techniques such as motivational interviewing) |
| Rating: 1 2 3 4 5 |
| Comment: |

Additional Information or Comments:

## Appendix H: Dispute Resolution Form

Dispute Resolution Form

Name:___________________________ Date form completed:___________________
Job Title:_________________________ Supervisor: __________________________
Personal Phone: ____________________ Department/Unit: ______________________
Work Phone: ______________________

Refer to Dispute Resolution Policy for a complete explanation of this process. The Human Resources Department is available to assist you with completion of this form and address any questions you may have. You have seven (7) calendar days from the date you completed the informal review process to request a formal review of your concern.

Informal Review: Date you first discussed your concern with your supervisor:_____________

Formal Review
Description of event or circumstance leading to the problem including dates, names of people involved, witnesses, location, etc.
_______________________________________________________________________
_______________________________________________________________________

What are your suggestions for possible solution?
______________________________________________________________________________________________
______________________________________________

Note: If needed, additional pages can be attached to support further detail of concern and suggested solutions.
Caregiver Signature: _____________________________ Date: ___________________

Date this form is routed to next review level (if necessary):

2) Second Level Review:________________________________/___________________
Second Level Supervisor Name Date

3) Third Level Review_________________________________/___________________
Third Level Supervisor or Designee Date

Original: Supervisor/Manager Send a copy to: Human Resources - HRSP
Send final resolution to Human Resources – HRSP

## Appendix I: Equal Employment Opportunity/Diversity Policy

Providence Medical Group

Department: Human Resources
Approved by: Director, HR
Date Last Reviewed: 7/1/2018
Date Last Revised: 7/1/2018
Date Adopted: 12/1/2014

POLICY NAME: Equal Employment Opportunity - *KB0051600 & KB0054451*

SCOPE: All caregivers, volunteers, students, trainees, independent contractors and other persons working at the facility.

PURPOSE: In keeping with our mission and values, we respect the inherent worth of every person. We demonstrate behaviors that create a supportive and inclusive work environment, and we share responsibility for maintaining a positive workplace. We are committed to ensuring equal employment opportunities for all caregivers, transferees and prospective caregivers, consistent with our mission and core values.

TERMS: *Discrimination* means bias resulting in denial of employment, or unfair treatment regarding selection, promotion, transfer, training, working conditions, wages, benefits and application of policies on the basis of applicable legally protected status.

POLICY: We are committed to the principle that every caregiver has the right to work in surroundings that are free from all forms of unlawful discrimination and harassment.

We are committed to cultural diversity and equal employment for all individuals. It is our policy to recruit, hire, promote, compensate, transfer, train, retain, terminate, and make all other employment-related decisions without regard to race, color, gender, disability, genetic information, veteran status or military status, religion, age, creed, national origin, gender identity or expression, sexual orientation, marital status, or registered domestic partner status or any other applicable legally protected status. We will also provide reasonable accommodation to known physical or mental limitations of an otherwise qualified caregiver or applicant for employment, unless the accommodation would impose undue hardship on the operation of our business.

POLICY NAME: Equal Employment Opportunity - *KB0051600 & KB0054451 [Continued]*
We are a community where all people, regardless of differences, are welcome, secure, and valued. We value respect, appreciation, collaboration, diversity, and a shared commitment to serving our communities. We expect that all caregivers, volunteers, vendors and affiliated individuals of our community will act in ways which reflect a commitment to and accountability for, racial and social justice and equality in the workplace. As such, we will maintain a workplace free of discrimination and harassment based on race, color, gender, disability, genetic information, veteran status or military status, religion, age, creed, national origin, gender identity or expression, sexual orientation, marital status, or registered domestic partner status or any other applicable legally protected status. We also expect that all employees, volunteers, vendors and affiliated individuals of our community will maintain a positive workplace free from any unacceptable conduct which creates an intimidating, hostile, or offensive work environment.
PMG will conform to the spirit as well as the letter of all applicable laws and regulations. In the event that a caregiver or applicant has reason to believe that this policy has been violated, they should report this to their core leader, any other leader, the Integrity Hotline, or Human Resources.

All claims of discrimination and harassment will be investigated as appropriate. Retaliation against a reporting party is prohibited.

HELP: For questions about this policy, or assistance with understanding your obligations under this policy, please contact human resources.

The statements of this policy document are not to be construed as a contract or covenant of employment. They are not promises of specific treatment in specific situations and are subject to change at the sole discretion of the facility.