Providence
Medical Group

Psychologist Residency in Primary Care Behavioral Health

Postdoctoral Training in Clinical Health Psychology

2025 – 2026 Handbook

Providence Health and Services
4400 NE Halsey St
Portland, OR 97213

Table of Contents

APPENDICES

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 Western United States 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, allowing up to five resident positions each year.

The primary aim of the residency program is to prepare psychologists to function effectively in integrated care settings as Behavioral Health Providers. Recognizing this is a dynamic and rapidly developing area of practice, the program also provides psychologists with the knowledge, skills, and abilities to function in integrated care leadership roles including program development/implementation, and expansion of integrated care into specialty health settings beyond primary care.

Training Continuum

The Postdoctoral Residency training program is the final of the Psychology Department's three-step training continuum which includes 1) doctoral student Practicum placements, 2) Pre-doctoral Internship training program (with stipend), and 3) Post-doctoral Residency positions (with salary). The continuum represents professional advancement and training in Clinical Health Psychology. Each builds on the prior although participation in prior PMG programming is not required for placement in Intern or Resident-level training with PMG. All learners will complete core training to promote the safety and wellbeing of our patients as well as best practices in integrated behavioral health.

The Residency program differs from Pre-doctoral Internship training in that Internship provides the generalist profession-wide competencies that prepare a psychologist for focused training in behavioral integration, while the 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 and for a career in clinical health psychology. 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 primary care and medical specialty-oriented assessment methodology.
- Focused training in primary care, multidisciplinary, oriented consultation.
- Emphasis on growing competence in areas of Clinical Health Psychology.

Accreditation Status

The program is designed to meet postdoctoral training standards set by the American Psychological Association (APA) Commission on Accreditation (CoA) and the program was APA accredited until September 2025. Accreditation was discontinued voluntarily, and accreditation funds reallocated to advancing Providence training programs and professional

development activities. The program continues to meet all the standards set forth by the APA's CoA. Additionally, the residency is designed to meet all standards for a psychology residency in the state of Oregon.

Location

Residents are placed in Providence Medical Group - Oregon primary care clinics in the greater Portland metropolitan area and small communities outside of the metro area. Portland, OR sits on the stolen land of the Chinook, Cowlitz, Clackamas, Kalapuya, Molalla, Multnomah, Tualatin, Wasco, and many others. PMG acknowledges the original and continued protectors and caretakers of this land, many of whom were – and continue to be – persecuted as they protect the land and water for everyone. Portland is Oregon's largest city, with a population nearing 650,000. Providence Medical Group is housed in the Providence Office Park in Northeast Portland. Portland is a progressive city with a variety of museums, coffee shops, Saturday Market, the Waterfront, and the Portland Trailblazers (see www.portlandonline.com/ for more regional information). Mount Hood is about one hour east of Portland, offering winter sports and summer outdoor activities. The Oregon coast is a 75- minute drive west of Portland. Oregon features 96,981 square miles (about twice the area of Georgia) of diverse terrain such as the Columbia River Gorge, the Cascade Mountain Range and high-desert country.

Providence Medical Group (PMG)

As part of the larger Providence Health and Services (PHS) system, Providence Medical Group - Oregon (PMG) commits to the PHS core values which are Compassion, Dignity, Justice, Excellence, and Integrity also apply to PMG. The program 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.* 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.

The diverse patient populations served by the PMG clinics provide a rich service delivery experience for residents. PMG operates over 50 primary care clinics throughout Oregon 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. As an early adopter of behavioral health integration, PMG began the process of embedding psychologists and other medical specialty providers in primary care more than a decade ago. Discipline diversity provides residents 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 for documentation of all interactions. The administration, 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, and consultation skills in integrated care settings. Residents are considered valued members of the multidisciplinary care team.

PMG Psychology Department

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 Directors are responsible for the overall administration of the residency program including resident selection and placement, provision of supervision and training, and curriculum for psychology doctoral practicum, intern, and postdoctoral trainees. The Department of Psychology is additionally supported by Psychologist Medical Directors who serve as Psychologist Managers for the department, including primary care, specialty care and assessment services.

Primary Care Behavioral Health Integration

Residents are Behavioral Health Providers and become integral members of the primary care team. When people attend primary care appointments, people commonly describe any number of concerns that warrant a consultation or referral to a specialist. Often a physician will consult with a specialist to better understand and provide a thoughtful care plan for the person. Sometimes a physician will request a specialist meet with the person for perspective and/or assessment. Sometimes a specialist will facilitate intervention across two or more visits to promote health improvement(s). During consultation, assessment and/or intervention, the person remains in the care of their primary care provider. Primary care teams commonly include specialty provider like a Nutritionist, Physical Therapist, or Dermatologist. In most PMG clinics, the Behavioral Health Provider is a specialist integrated with the primary care team.

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 Providence St Joseph Hospital (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 Human Resource 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:

Recruitment: PHS is one of 17 US healthcare systems to sign the Impact Workforce Commitment, which aims to build healthy and equitable local economies through hiring and workforce development programs and policies. The Psychology department is committed to ensuring the recruitment of 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.

Hiring for Excellence: Providence rolled out inclusive hiring leadership development through educational initiatives. Hiring for Excellence is designed to increase trust in the hiring process by reducing both organizational and individual biases that impact hiring at each phase. The intent is to advance and accelerate the creation of a simple, reliable hiring experience that delivers trusted results.

Caregiver Resource Groups (CRGs) are voluntary, caregiver-led groups designed to create a more inclusive workplace. CRGs encourage employees with shared characteristics or life experiences to come together within our caregiver community. Providence organizations' CRGs range from Black and LGBTQIA+ to veterans and are open to all caregivers. If interested, interns may join or connect with available CRGs.

Professional Development Activities: Intentionality will be brought to professional development activities and training 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.

Core Ethics Programming: All Resident Psychologist trainees will participate in Providence Core Ethics programming. These workshops and lunch-and-learn will be provided by the internationally recognized Providence Center for Health Care Ethics. These opportunities will additionally provide space for multidisciplinary conversation with providers and caregivers outside of the Department of Psychology.

Ongoing DEI Education: PMG provides ongoing DEI education including implicit bias training for caregivers and core leaders. Providence is dedicated to equipping leaders to recognize and disrupt biased decision making and behavior patterns to confront biases, promote inclusion, and seek full potential through experiential, peer-based learning, through the Inclusive Leadership Workshop.

Learn more about Providence system DEI initiatives HERE.

Program Components and Objectives

Resident schedules and patient care time will vary based on personal training goals, specialty clinical rotations, and unique clinic needs. All residents will be scheduled five days per week, Mondays through Fridays, within clinic operating hours. The overall duration of the program is 52 weeks with an average of 40 total program hours per week. Completing the program requires 12 months or one full calendar year. Residents must present to clinic on the last day of residency as identified in their Oregon Board of Psychologists Residency Contract.

A typical resident schedule looks something like this:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rotation Clinic	Home Clinic	Home Clinic	Home Clinic (Ethics Core, Supervision)	Home Clinic
PM	Rotation Clinic	Home Clinic	Home Clinic (Training Program Activities Group Supervision, Prof Mtgs)	Home Clinic	Home Clinic

During scheduled hours, residents participate in six components which are described in detail below. The components are Direct Patient Care, Clinical Rotation, Individual Supervision, Provision of Supervision & Supervision of Supervision, Clinical Consultation & Collaboration, Professional Development Activities, and a Population Health Project. Program components are designed to work harmoniously to develop advanced competence as clinical health psychologists functioning in integrated healthcare settings.

Direct Patient Care

Residents provide patient care as Behavioral Health Providers embedded in Providence Medical Group clinics for the service-delivery component of their training for about thirty (30) hours per week. This experience gives them the opportunity to build advanced skills and competence in:

- Application of knowledge and evidenced based practices for the implementation and 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.

Clinical Rotation

The Clinical Rotation experience provides 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.
- 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.

Supervision

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. All residents participate in at least two hours of individual supervision with a psychologist licensed in Oregon for at least two 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.***

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 supervising the resident's professional development. As part of their supervisory responsibilities, each supervisor engages in live observation of the resident's direct patient care at least twice during the training year and is encouraged to schedule at least once quarterly observations. 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. 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. Group supervision is available and will be assigned based on resident placement and training plan. Group supervision is a formal and on-going group of at least three mental health professionals, is facilitated by a licensed psychologist, and must be pre-approved by the resident's individual supervisor.

"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.
- Providence encourages residents to identify an associate supervisor on their initial Residency Supervision Contract Form to prepare for the unexpected.

Supervision attendance is mandatory as it:
- Provides clinical oversight of clinical and ancillary services.
- Encourages integrity in a relationship, ethical, and values-based practice.
- Integrates science-informed 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.

Supervision of Supervision

Residents will supervise a predoctoral-level practicum student who is placed in the same or similar clinic as the resident. A licensed psychologist is ultimately responsible for practicum student supervision and so will be directly and indirectly involved in this component of the resident's training. Residents will meet with the practicum student at least once weekly for practicum supervision and participate in supervision of supervision with the assigned licensed psychologist. Professional development, curriculum-based seminars will be available to residents develop the resident's knowledge and skill specific to competency-based supervision. By providing supervision and participation in supervision of supervision, the resident will:
- Articulate supervision models and practices designed to the developmental level of the supervisee.
- Apply knowledge of supervision competencies in clinical health psychology.
- Demonstrate an understanding of the ethical, legal and contextual issues of the supervisor role.

Clinical Consultation & Collaboration

Residents participate in GeoPod meetings which are a once a month virtual meeting with neighboring Behavioral Health Providers from nearby Providence clinics. Residents also attend a once monthly department wide meeting with all Behavioral Health Providers, facilitated by the Department of Psychology leadership. GeoPod and Department meetings provide venues where the resident can observe and consult with other behavioral health psychologists, discuss clinical cases, refine workflows, exchange community resources, and other topics which vary depending on needs of the provider group.

Professional Development Activities

Professional Development Activities are available and selected by residents and their supervisors each week. While many activities count as "professional development", Providence offers activities at regular cadence. Selecting activities that are custom fit to resident interests and goals is meant to:
- Provide flexibility and variety to each resident's training year
- Expand upon resident understanding of medical disorders and their treatment

- Promote resident interaction with colleagues from varied disciplines
- Allow for self-paced professional development in specific content areas
- Supplement healthcare ethics, didactic, service delivery, and other program-required activities
- Encourage use of available clinical education resources

Residents are responsible for participating in at least two hours of planned and scheduled activities weekly. Specific activity objectives will vary and are broadly designed to advance foundational competencies (professionalism, self-assessment, relationships, individual and cultural diversity, ethical legal standards and policy, evidence-based practice) and competencies in clinical health psychology (assessment, intervention, consultation, management/administration, and supervision). Residents are asked to track the Day, Time and Activity description in their TEAMS Folder using the Professional Development Activities Tracking form (see Appendix A).

Professional Development Activities may include:

- Any [scheduled] supervision beyond two hours for every 20+ hours scheduled.
  - Group Supervision and Supervision of Supervision *may* count
  - Mentoring meetings and unplanned consultations *do not* count
- Planned Co-Therapy with discussion or Case/Care Conferences
- Any Ethics CORE Program offering
- Program seminars, didactics and other activities organized by training program
- Scheduled Department, Clinic, and Provider meetings and trainings.
  - Clinic Huddles *do not* count
- Any activity found on the PMG CME Website
  - https://providence4.sharepoint.com/sites/omgcme
  - OHSU Grand Rounds included
- Any activity published in the CME Review Newsletter
  - CME Quarterly Newsletter emailed in March, June, September, and December
  - Request Calendar Invites to Weekly Grand Rounds: PMGCME@providence.org
- Seminars/Workshops attended outside clinic *PESI, OPA/APA/CFHA
- Other activities approved by the Resident Training Director

Population Health Project

Residents will plan and facilitate a Population Health *or other Culturally Congruent Care focused* Project throughout the course of the training year consistent with their training goals. Residents and their clinical supervisors may propose an alternative, independent activity that meets the spirit of this clinical goal. Objectives of the Project are:

- Advances resident competency in Health Psychology, Management/Administration.
- Provides a platform for demonstration of leadership within an interprofessional team.
- Apply knowledge of the mission and organizational structure, relevant historically factors and position of Clinical Health Psychology within the healthcare system.
- Represents a professional contribution to clinical programming or population health as assessed by the resident.

Example projects from prior residents include:

- Facilitate a clinic focused activity to promote diversity equity and inclusion within and

across services. The resident would create a written plan for engaging one or more primary care team (can be their assigned PMG team) in advancing equity and inclusion, then implement the plan.

- Partner with Health Education Services to create or expand on curriculum related to a specific health concern (such as tobacco cessation, heart health, blood sugar), or targeted to a specific population (older adults, parents, LGBTQ+). The resident would also facilitate one or more classes or groups (series) they contributed to.
- Increased access to behavioral healthcare for adolescent populations through the School Based Health Center. The resident would participate in providing services based on access improvement(s) identified.
- Participation in Trans+ Care Service Development. The resident would participate in meetings, workgroups or service-directed care team involved in efforts to expand implementation of gender affirming care at PMG.
- Conduct program needs assessment to identify one or more improvement opportunity. The resident would generate workflow, curriculum or other needs and implement in population-specific setting.

Projects will be presented to Department Leadership in July or August of the training year. Completion will be documented through submission of a brief (approximately 1-3 page) SBAR overview of the situation/purpose, background, assessment and recommendations based on the project's promotion of culturally congruent care and/or population health.

Program Policies and Procedures

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.

Application Procedure

Applications are accepted at any time, continuing until positions are filled. Potential applicants are invited to attend one of the monthly informational sessions where the Training Director will describe the program and program facilities followed by a question-and-answer period. Email the PMG Training Director to request an invitation to a future information session.

PMG Training Director:	Teresa DaVigo PhD	teresa.davigo@providence.org

All application materials should be sent directly to the PMG Training Director.

Instructions

- Send a Cover Letter and Curriculum Vitae to the PMG Training Director whose name and contact is above and is posted on the Universal Psychology Postdoctoral Directory (UPPD) website.
- Two (2) references must also email their letters of recommendation directly to the PMG Training Director.

Resident Interview and Selection Process

Applicants can expect to receive an email confirming receipt of their application and an alert if materials are missing or inaccessible. 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 to identify qualified applicants and invite them to interview. Interviews are typically conducted in January or February for the following academic year. Qualified candidates are interviewed individually by two or three 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. Applicants will be invited to accept a PMG Residency position no later than the date listed in the offer email.

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 a PHS employment application form (no additional interviews required), background check, drug screen or attestation, and a health screen.

Degree Verification Procedure

Candidates selected for the residency program must verify they are in good standing and on track to complete their degree by the program start date.
Candidates may *either*:

- Request their academic program's Director of Training complete and submit to Providence Training Program the Expected Degree Verification Form (Appendix B) which the candidate will receive by email after accepting a position in the Program

OR

- Email the Providence Training Program and attach a DegreeVerify Certificate from the National Student Clearinghouse as verification a doctoral degree was awarded

The **PMG Residency Program must receive an official transcript from the accepted applicant's doctoral program indicating date of doctoral degree conferral prior to the first Friday in December of the program year or be discharged from the program**.

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" on page 20 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 Providence Health Services (PHS) and as such are subject to all PHS standards and policies.

Start and End Dates

The residency starts on the second Monday in September and ends after 52 weeks. If the Oregon Board is unable to approve a residency contract before the 2nd Monday in September, the resident and their supervisor should discuss with the Training Director and collaboratively plan for a delayed start or possible withdrawal from the program. A delayed start date will extend the residency end date.

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. All job applicants will be informed of the Post Offer Drug Screening requirement.

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 1-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

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.

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.

COVID-19 Guidelines: In keeping with our mission and values, the facility aims to prevent and control the spread of COVID-19 transmission to workforce members, our vulnerable patient population and the community. Residents will be asked to provide documentation of receiving the vaccine or complete a written declination in our system of record.

As a new caregiver, you will be required to either show proof of vaccination or complete a written declination for medical contraindications or due to sincerely held religious, ethical or moral beliefs. Those who are not vaccinated will be required to comply with masking and other infection prevention requirements in accordance with facility policy, CDC or public health recommendations, which may vary over time. Workforce members must strictly adhere to current, local masking requirements. Workforce members will adhere to federal and state OSHA, local health authority, and facility standards for respiratory protection.

Salary, Benefits and Administrative Support

The resident salary is $55,993 per year. Residents work normal business hours, five days per week, Monday through Friday. Some PMG clinics offer extended evening hours. With awareness and approval of their primary supervisor, residents can flex their schedule to see patients for evening appointments but are not required to do so. All schedule changes must be discussed and agreed upon with their primary supervisor, clinic leadership, and training director prior to their implementation. The Training Program will not accommodate a four-day work week.

Benefits include paid Provider Time Away (PTA), additional Education Leave, and paid day(s) when sitting for the licensing exam. Residents have access to $3,000 for professional education expenses and for fees required to obtain License in the State of Oregon. Medical and dental insurance is available 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

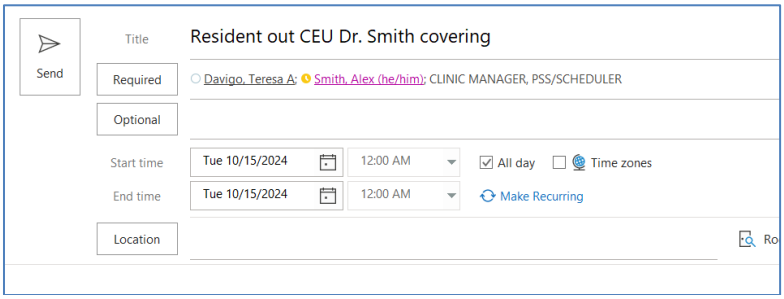
Residents receive 23 paid Provider Time Away (PTA) days per year as part of their Providence Medical Group employee status. The 23 days include the following holidays:

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 exam study time. Residents are also excused, with Regular Pay on days they sit for licensing related examinations: EPPP and Jurisprudence. **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 supervisor for exceptions to this timeline. All residents should plan to be in the clinic on the final day of their contract. Residents are encouraged to review their Licensing Board Residency Contract for additional expectations related to time off.

When taking time off, residents must 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.

EXAMPLE



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

Sick Call-Outs:

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

Residents should follow up with Employee Health consistent with illness and clinic policies. Please consult with your clinical supervisor and clinical training director for all illness and 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. Accommodation will be made consistent with Providence Medical Group Reasonable Accommodation Policy (Appendix C). Current documentation about the disability will need to be provided and will be maintained in the resident file.

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 medical-related 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 due to medical ***do not*** reduce the overall number of hours or months required for completing the PMG Residency Training Program. In instances where a resident has requested extended leave, a resident may need to extend the length of their training year to successfully complete the training hours required by the State Licensing Board. If this occurs, the salary and stipend end after the first 12 months of training unless in case of written exception provided by the Training Director and approved by the Training Committee.

Requirements for Successful Resident Performance

The following are 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 are 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 5 or higher on their final evaluation using the competency evaluation form in all areas of competency to successfully complete the residency program.

Resident Performance Evaluation, Feedback, Retention, and Termination Decisions

Within the first two weeks of the program residents complete an initial evaluation of competence using the Resident Competency & Program Evaluations Templates (see merged example in Appendix D). Evaluations may be completed on the Teams platform using the link provided at the beginning of the program year. Residents and supervisors will discuss the resident's self-evaluation, and the information 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.

Supervisor evaluation of resident occurs quarterly, and a full evaluation will be recorded a minimum of 6 months and 12 months into the program using the same Resident Competency Evaluation criteria throughout the program year. Competencies that are rated as below a 5 will be addressed in the initial training plan, subsequent training plan revisions, or written remediation plans.

The training committee, which consists of the Senior Psychologist Medical Director, Training Director, the Psychologist Medical Directors, Psychology Training Leads, and Training Program 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.

Quality Improvement of the Program

A Resident Evaluation of Program Form is sent to each resident at mid-year and end of the program via a dedicated and confidential link via Teams Form. The Program will be evaluated on how well it is providing opportunities for residents to develop the same professional competencies as in Appendix D. A Post-Residency Survey 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 which are tied to the program's aims.

Data from the Resident Program Evaluation and Post-Residency Survey will be reviewed by the Training Committee and actions taken to continually improve the Residency Training Program. 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, professional development activities, provision of supervision, and training site selection will be reviewed at least annually by the Training Committee 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.

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.

Insufficient Progress toward Program Completion 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 (see Appendix E). 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 their 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 their 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 it to the Training Director within 7 days of the informal review meeting.
- The Training Director will forward a copy of the complete Dispute Resolution Form to the Director of Psychology and to 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 make 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 at the end of Appendix E 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.

Providence Policies

A comprehensive repository of Providence's policies can be found on the HR Portal for Providence Health System: My Policies - Caregiver Service Portal (service-now.com)

The program adheres to the Providence Health and Services Oregon Equal Employment Opportunity/Diversity (Appendix F), Harassment Free Workplace (Appendix G), and Substance Free Workforce (Appendix H) policies. Residents are held accountable to these and other relevant Providence Medical Group and Psychology Department policies which can be found on the HR Portal linked above.

Personal Information

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

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.

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: Professional Development Activities Log

Actual Log will be completed electronically in Microsoft Teams

Resident Training Professional Development Activities						
Week Starting	**Activity Date**	**Time**	**Hours**	**Activity / Topic**	**Objectives**	**Supervisor / Credentials**
9/08/25	*9/9*	*10-11*	*1*	*PCBH in Pediatrics*	*Clarify BHP role, scope and best practices with pediatric population in PCBH*	*Tyson Payne, PsyD*
		11-12	*1*	*PCBH and Trauma Informed Care*	*Review TIC principles and apply to PCBH brief service model.*	*Elisa Rudd, PsyD*
9/15/25	9/19	9-11	2	Assessment and Treatment Planning	Co-Therapy and discussion, case conceptualization and plan	Emily Morgan, PsyD

Appendix B: Degree Verification Form

Resident candidates may submit a DegreeVerify Certificate from the National Student Clearinghouse in leu of the Verification Form below if a degree has already been awarded.

Applicant Consent 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 2025/26.	
Doctoral Program and School:	
Applicant Name (printed):	
Applicant Signature:	
Date:	

Academic Program Verification 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 8, 2025 the student listed above completed all doctoral degree requirements including: • Completion of all required internship hours • Successful defense of dissertation	
Academic Official Name (printed):	
Academic Official Title:	
Academic Official Signature:	
Date:	
Contact Email or Phone:	

Email completed form to Teresa DaVigo at: teresa.davigo@providence.org

Appendix C: 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, the Pregnant Worker Fairness Act, and any other applicable federal, 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 the facility participates 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.

References:

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.

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

Caregiver Knowledge (HR) - Reasonable Accommodation Policy (service-now.com)

Appendix D: Resident & Program Competency Evaluation Template

Resident Competency & Program Evaluation

Note: This is a merged document and should not be used to record evaluations. Evaluations should be completed online via the Teams platform. Link will be provided.

Instructions vary slightly depending on whether a Resident, Supervisor or Program evaluation.

- **Residents evaluate themselves** at Program Entry, Mid-Year, and upon Program Completion.
- **Residents evaluate Supervisors** at Mid-Year and upon Program Completion.
- **Residents evaluate the Residency Training Program** at Mid-Year and upon Program Completion.
  - Residents will also receive a Program Survey at least 6 months after completing the program.
- **Supervisors evaluate Residents** Quarterly and upon Program Completion.
  - An abbreviated form will be used after Quarter 1 and Quarter 3.

Resident Name: _____ Clinic: _____
Supervisor: _____ Date: _____

Competency Rating Scale	
1 = No Experience:	Resident has no experience in this area. Requires focused training under direct supervision to meet competency expectation of entry-level postdoctoral resident.
2 = Minimal Experience:	Resident has minimal experience or is beginning to develop skills in this area. Requires focused training under close supervision to meet competency expectation of entry-level postdoctoral resident.
3 = Start of Residency:	Resident has experience and developed skills consistent with a resident at the beginning of their training year. Requires periodic supervision and regular consultation to continue to develop their skills in this area.
4 = Residency Midpoint:	Resident experience is well-developed and consistent with completing 6 months of a residency program. Able to perform with minimal supervision or consultation.
5 = Meets Expectations:	Resident's experience is consistent with a post-licensure, non-supervised colleague
6 = Exceeds Expectation:	Resident's experience in this area exceeds expectations for a licensed colleague. Able to supervise others in this area.
7 = Outstanding:	Resident's experience has reached aspirational levels compared to licensed colleagues. Able to teach others in this area – considered an expert.

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: • Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems. • Demonstrates the ability to critically evaluate and utilize existing empirically based knowledge to inform best practice implementation of behavioral integration services.
Rating: 1 2 3 4 5 6 7
Comment:

1B. Scientific Foundation of Psychology
Description: Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
Behavioral Anchors: • Accurately evaluates scientific literature regarding clinical issues. • Identifies multiple factors and interactions of those factors that underlie pathological behavior.

Rating: 1 2 3 4 5 6 7
Comment:

1C. Scientific Foundation of Professional Practice
Description: Independently applies knowledge and understanding of scientific foundations to practice.
Behavioral Anchors: • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization. • Independently applies EBP concepts in practice. • 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 6 7
Comment:

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: • Identifies applicable APA Ethical Principles during supervision presentation of case material. • Passing score on EPPP. • Passing score on Oregon Jurisprudence Examination.
Rating: 1 2 3 4 5 6 7
Comment:

2B. Ethical Decision Making
Description: Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve dilemmas.
Behavioral Anchors: • Proactively identifies potential ethical dilemmas and appropriate resolutions in group and individual supervision. • Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues during group and individual supervision. • Applies Providence Ethics Model to BHC case material during Residency Didactics.
Rating: 1 2 3 4 5 6 7
Comment:

2C. Ethical Conduct
Description: Conducts self in an ethical manner in all professional activities
Behavioral Anchors: • Demonstrates adherence to ethical and legal standards in professional activities.
Rating: 1 2 3 4 5 6 7
Comment:

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: • Attends department, professional, and/or Providence Ethics Center Core trainings throughout the training year. • Applies Providence or other similar healthcare-related ethical models to patient cases during individual or group supervision and Residency didactics. • Demonstrates ability to identify and resolve ethical dilemmas specific to the role of an integrated Behavioral Health Provider through application of the overall ethical principles of Psychology.
Rating: 1 2 3 4 5 6 7

Comment:

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: • Identifies role of intersection of own identity markers and biases with understanding of others during supervision and Residency Program didactics. • Displays sensitivity to intersection of self and other cultural identification in all professional roles.
Rating: 1 2 3 4 5 6 7
Comment:

3B. Knowledge of empirical and theoretical diversity, equity, and inclusion literature
Description: Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
Behavioral Anchors: • Makes reference to empirical diversity, equity, and inclusion literature during supervision and Residency Program didactics. • Able to articulate the empirical evidence related to health disparities for historically marginalized populations and effectively integrate this knowledge in their integrated Behavioral Health Provider role • Presents empirical diversity, equity, and inclusion literature during Residency Program didactics and to clinic staff.
Rating: 1 2 3 4 5 6 7
Comment:

3C. Integration of diversity awareness and knowledge
Description: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
Behavioral Anchors: • Ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. • Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. • Considers cultural identities, health beliefs, and illness history that may impact health behaviors and integrates diversity factors into treatment planning. • Able to articulate the empirical evidence related to health disparities for historically marginalized populations and effectively integrate this knowledge in their integrated Behavioral Health Provider role • Recognizes own privilege status and incorporates this into working effectively with individuals whose group membership, demographic characteristics, or worldviews are different from their own.
Rating: 1 2 3 4 5 6 7
Comment:

3D. Works effectively with a range of individuals and groups encountered during residency
Description: Demonstrates the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).
Behavioral Anchors: • Readily develops good rapport with wide range of patients in their care. • Sought out by clinic staff from all disciplines for consultation and support. • Uses effective professional communication skills to resolve all difficult interpersonal interactions. • Feedback from clinic leadership indicates resident is able to work well as a care team member and has integrated well into their clinic team.
Rating: 1 2 3 4 5 6 7

Comment:

Goal 4. Professionalism: Awareness, sensitivity, and skills in working professionally with patients and colleagues while showing ability to care for self and others.
4A. Integrity and Professional Identity
Description: Continually monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values.
Behavioral Anchors: • Takes independent action to correct situations that are in conflict with professional values. • Maintains honest, authentic, and respectful behavior in all aspects of their role.
Rating: 1 2 3 4 5 6 7
Comment:

4B. Accountability
Description: Independently accepts personal responsibility across settings and contexts.
Behavioral Anchors: • Holds self accountable for own behavior and decisions made. • Engages respectfully with external review of quality of service by supervisors, colleagues, and/or administrators. • Performs in a reliable and timely manner
Rating: 1 2 3 4 5 6 7
Comment:

4C. Concern for the Welfare of Others
Description: Independently acts to safeguard the welfare of others, patients as well as colleagues.
Behavioral Anchors: • Actions convey compassion and sensitivity to patients' experiences and needs while retaining professional demeanor and behavior. • Respectful of the beliefs and values of colleagues even when inconsistent with own personal beliefs and values.
Rating: 1 2 3 4 5 6 7
Comment:

4D. Self-Assessment and Self-care
Description: Demonstrates self-reflection in the context of professional practice while accurately assessing self in all competency domains and monitoring issues related to self-care.
Behavioral Anchors: • Communicates assessment of own strengths and weaknesses. • Takes action to resolve incongruences if there are gaps in professional competencies. • Models effective self-care.
Rating: 1 2 3 4 5 6 7
Comment:

Goal 5. Primary Care Oriented Assessment Skills: Uses assessment methods suited for Primary Care setting based on best available empirical literature regarding assessment practices and the science of measurement and psychometrics.
5A. Selection of Assessment Tools
Description: Utilizes assessment skills and 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 concerns. • Demonstrates ability to make appropriate queries that ensure adequate assessment of patient's concerns, risks, diagnoses and other relevant factors in order to respond appropriately to referral questions
Rating: 1 2 3 4 5 6 7
Comment:

5B. 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. • Incorporates evidence based information related to any diversity, equity, and inclusive considerations of the assessment tools or practices used and the appropriateness of their use in light of those considerations.
Rating: 1 2 3 4 5 6 7
Comment:

Goal 6. Primary Care Oriented Intervention Skills: provides intervention methods well suited for Primary Care setting based on best available empirical literature and science.
6A. Selection of Interventions
Description: Utilizes interventions tailored to the pace and scope of primary care.
Behavioral Anchors: • Consistently utilizes clinical interventions that require minimal patient, provider, and staff time burden. • Selects interventions targeted to patients' presenting concerns.
Rating: 1 2 3 4 5 6 7
Comment:

6B. Empirical Basis of Interventions
Description: Demonstrates knowledge of the empirical basis of interventions commonly utilized in primary care.
Behavioral Anchors: • References strengths and limitations of interventions based on their empirical properties including considerations of diversity, equity, and inclusiveness of the intervention and its appropriateness for patients from minority populations.. • Serves as expert for selection, interpretation, and implementation of primary care oriented interventions based on empirical and psychometric data.
Rating: 1 2 3 4 5 6 7
Comment:

Goal7. Primary Care Oriented Consultation Skills: provides consultations to the primary care team that enhance the ability to improve the health of their patient population.
7A. 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 utilizes downtime by collaborating in care team activities and consultation case finding.
Rating: 1 2 3 4 5 6 7
Comment:

7B. Addressing Referral Question
Description: Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of information gathering that answers consultation referral question.
Behavioral Anchors: • Demonstrates ability to gather information necessary to answer referral question. • Clarifies and refines referral question based on analysis/assessment of question.
Rating: 1 2 3 4 5 6 7

Comment:

7C. Communication of Consultation Findings
Description: Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations.
Behavioral Anchors: • Responds directly to referral question in EMR and in direct feedback with appropriate recommendations. • Engages expediently with PCC, when indicated, for urgent patient needs.
Rating: 1 2 3 4 5 6 7
Comment:

7D. Application of Consultation Methods
Description: Provides consultation to broader clinic team.
Behavioral Anchors: • Regularly attends clinical team meetings. • 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 6 7
Comment:

Goal 8. Primary Care Oriented Program Development: applies program development techniques to issues in primary care to improve the health of their patient population.
8A. Scientific Approach to the Expansion of Knowledge
Description: Develops and implements program evaluation to improve program efficacy.
Behavioral Anchors: • Articulates aspects of effective program development and how it may be applied to specific issues in primary care. • Identifies areas for program development consistent with primary care. • Articulates plan for design, implementation and assessment of success of program development. • Implements plan, action and evaluation of program development. • Communicates findings of program to key stakeholders.
Rating: 1 2 3 4 5 6 7
Comment:

8A. Application of Outcomes to Practice
Description: Demonstrates competence in evaluating outcomes; presents results findings to stakeholders and applies outcomes to improve program(s).
Behavioral Anchors: • Effectively presents findings to stakeholders. • Identifies how outcome data can be applied to improve program(s).
Rating: 1 2 3 4 5 6 7
Comment:

Goal 9. Supervision: Develops knowledge and skills to effectively provide supervision.
9A. Expectations, Roles and Ethics
Description: Understands complexity of the supervisor role including ethical, legal and contextual issues
Behavioral Anchors: • Uses model of supervision that incorporates ethical, legal and contextual issues • Demonstrates ability to provide appropriate feedback to supervisees in helpful and constructive ways
Rating: 1 2 3 4 5 6 7
Comment:

9B. Processes and Procedures
Description: Demonstrates knowledge of competency-based supervision
Behavioral Anchors: • Adjusts supervision based on competency and developmental needs/goals of supervisee • Addresses supervisees' competency issues with concrete training plans
Rating: 1 2 3 4 5 6 7
Comment:

9C. Supervisorial Skills Development
Description: Reflects on own relationship with supervisees, as well as supervisee's relationships with patients; provides supervision independently to others in routine cases and seeks consultation as needed
Behavioral Anchors: • Provides supervision thoughtfully and openly • Clearly articulates how the supervisory relationship aids in the professional development of supervisees and how this impacts their patients.
Rating: 1 2 3 4 5 6 7
Comment:

9D. Awareness of Diversity, Equity, and Inclusive Issues in Supervision
Description: Demonstrates as a supervisor an understanding of other individuals, groups and intersecting dimensions of diversity.
Behavioral Anchors: • Integrates diversity, equity, and inclusive aspects into conceptualization of supervision process.
Rating: 1 2 3 4 5 6 7
Comment:

Goal 10. Management and Administration: Demonstrates knowledge and skills to effectively manage, develop, or build on the administrative aspects and policies of behavioral health integrated care within a clinic setting.
10A. Management and Administration
Description: Demonstrates awareness of relevant behavioral health integration management structures, roles, policies and procedures and contributes meaningfully to managing behavioral health integration services within their clinic
Behavioral Anchors: • Regularly attends clinic leadership meetings • Serves as a member or leader through supporting department-level or system-level workgroup or committee • Provides input during clinic and department administrative meetings regarding behavioral health integration administrative policies • Contributes to the creation and development of behavioral health integration administrative policies and programs at clinic or department level
Rating: 1 2 3 4 5 6 7
Comment:

Please comment on [Resident / Program] strengths, growth areas and recommendations for further development:

Appendix E: Providence Oregon Dispute Resolution Policy and Form

Policy Name: Dispute Resolution - KB0051395

Scope: All facility caregivers who have completed their introductory period, excluding those with an alternate resolution process

Purpose: The purpose of this policy is to provide caregivers with an equitable and timely method for resolving work-related concerns by the Dispute Resolution Process.

Terms: *Work-related concern* includes the application of policies, procedures, practices or other conditions of employment that is a concern for the caregiver.

Policy:

In keeping with our mission and values, the facility recognizes that it is important for caregivers to have a formal process for resolving eligible employment-related disputes.

The following issues are generally eligible for the Employment Dispute Resolution Process: formal written corrective actions, including suspension or involuntary discharge and/or claims by an employee of inconsistent application of facility policy and/or the alleged failure to adhere to facility policy.

The following issues are not eligible for the dispute resolution policy:

- HIPAA or billing violations which should be reported to the Integrity Line
- discrimination or harassment as handled under policy and reported to human resources
- concerns about performance evaluations
- decisions to reorganize, restructure, or reduce the workforce
- claims for state-provided benefits (unemployment, workers' compensation, etc.)
- leaves of absence and/or disability management claims
- written actions that are non-disciplinary in nature
- claims involving wage/hour, pay or scheduling issues, including meal/rest breaks
- concerns that have another resolution process

Caregivers shall not be subject to reprisal for appropriately using or participating in the Dispute Resolution Process.

Procedures:

1. **Informal Review.**
    A. Caregivers should discuss work-related concerns with their immediate core leader as soon as possible.
    B. If a caregiver does not feel comfortable discussing the concern with their core leader, it may be shared with the second-level core leader and/or human resources instead.
2. **Formal Review.** If the concern has not been resolved through the informal review, the caregiver may pursue a formal review.
    A. **First-Level Core Leader Review**
        1. Caregivers will complete the Dispute Resolution Form and submit the form to their core leader within seven (7) calendar days of the informal review meeting. The caregiver may consult with human resources for assistance in filling out the form.
        2. The core leader will forward a copy of the completed Dispute Resolution Form to the human resources department.

3. The core leader will schedule a meeting with the caregiver to discuss the concern. Human resources may also participate in the meeting with the caregiver and core leader.
4. Following the meeting, the core leader will investigate the concern and respond to the caregiver and human resources in writing within ten (10) calendar days.

B. **Second-Level Core Leader Review** (e.g. your core leader's supervisor)

1. If the caregiver is not satisfied with the core leader's resolution, the next level review may be initiated within ten (10) calendar days of receiving the response. The caregiver will submit a letter to the second-level core leader (or designee) identifying why the resolution is not satisfactory, along with a copy of the original Dispute Resolution Form.
2. The second-level core leader will submit a copy of the letter to human resources.
3. In consultation with human resources, the second-level core leader will conduct a review of the facts surrounding the issue. This may include interviews and additional research.
4. The second-level core leader will send a written response to caregiver and human resources within ten (10) calendar days following their review.

C. **Third-Level Core Leader Review**

1. If the caregiver is not satisfied with the second-level resolution, they may initiate the third level review within ten (10) calendar days of the decision by submitting a letter to the third-level core leader identifying why the previous resolution was not satisfactory, along with a copy of the original Dispute Resolution Form.
2. The core leader will submit a copy of the letter to human resources.
3. If needed, human resources will provide a copy of the original Dispute Resolution Form, the first and second review responses, and the caregiver's previous requests for reviews to the third-level core leader for consideration.
4. After reviewing the related documentation, the third-level core leader will render a written decision to the caregiver, core leader and human resources within ten (10) calendar days.

3. **Resolution:** Informal resolution of the concern may be agreed to by the caregiver and their immediate core leader at any stage during the Dispute Resolution process. The third review decision is final and binding. Human resources shall be available for assistance.

References: Dispute Resolution Form

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.

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

Dispute Resolution Form

Caregiver Name: _____ Core Leader: _____
Job Title:_____ Facility Name:_____
Caregiver ID:_ _____ Department/Unit:_____
Contact Number:_____

Human resources 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 work-related concern

Informal Review: Date you first discussed your concern with your core leader

Formal Review: *If you use separate pages, please attach them to the email.*
Description of the event or circumstances leading to the concern, including dates, names of people, witnesses, locations, etc. _____
_____
_____
_____

What are your suggestions for a possible solution?

_____
_____

Are documents attached? ☐ Yes ☐ No

Caregiver Signature: _____ Date: _____

Submit this form to your core leader.

If concern is not resolved at the informal review, caregiver submits to first-level core leader within 7 calendar days. Core leader responds within 10 calendar days.
First-Level Review Resolution: _____
Core Leader Name:_____ Date returned to caregiver: _____

If not resolved at first-level review, caregiver submits form to second-level core leader within 10 days.
Second-Level Review Resolution: _____
Core Leader Name: _____ Date returned to caregiver: _____

If not resolved at second-level review, caregiver submits form to third-level core leader within 10 days.
Second-Level Review Resolution: _____
Core Leader Name: _____ Date returned to caregiver: _____

For each review level, reviewer should provide copies to human resources.

Appendix F: Equal Employment Opportunity/Diversity Policy

Policy Name: Equal Employment Opportunity – KB0051600

Scope: All workforce members 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 workforce members, transferees and prospective caregivers, consistent with our mission and core values.

Terms:
Workforce Member means employees/caregivers, volunteers, trainees, interns, medical staff, students, independent contractors, vendors, and all other individuals working at the facility whether or not they are paid by or under the direct control of the facility.
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 workforce member 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, 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 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.

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 workforce members in 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 any applicable legally protected status. We also expect that all workforce members will maintain a positive workplace free from any unacceptable conduct which creates an intimidating, hostile, or offensive work environment.

The facility will conform to the spirit as well as the letter of all applicable laws and regulations. In the event that workforce members or applicants have reason to believe that this policy has been violated, they should report this to their core leaders, 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.

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

Caregiver Knowledge (HR) - Equal Employment Opportunity Policy (service-now.com)

Appendix G: Providence Oregon - 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, interns, medical staff, students, independent contractors, vendors, and all other individuals working at the facility whether or not they are paid by or under the direct control of the facility.

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 facility 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 facility 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 facility, 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 facility 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.
5. Incidents of unlawful discrimination or sexual assault should be documents by both the workforce member and core leader.

Additional Information:

1. There is a five (5) year statute of limitation in Oregon for bringing a claim of discrimination or sexual assault.
2. Aggrieved workforce members may not be required or coerced to sign a non-disparagement agreement or no re-hire agreement. However, they may voluntarily request to sign a non-disclosure agreement with a seven (7) day revocation period.

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

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Caregiver Knowledge (HR) - Harassment Discrimination Retaliation Policy (service-now.com)

Appendix H: Providence Oregon 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.

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Caregiver Knowledge (HR) - Substance-Free Workplace Policy (service-now.com)