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# Program Overview

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

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

## Accreditation Status

The program completed and submitted a self-study to the American Psychological Association’s Commission on Accreditation in December 2018. Subsequently, the program was approved for a site visit completed in November 2019. As with all initial accreditations for post-doctoral residency programs in psychology, the PMG Clinical Psychology Residency was accredited on contingency by the Commission on Accreditation of the American Psychological Association beginning in April 2020. “Accredited, on contingency” was granted to our program because it was deemed as meeting all standards as set forth by the commission with the exception of an initial requirement of submitting specific outcome data on residents completing the program. Once two cohorts have completed the program, the required data will be provided to the commission in 2022, when the program will be eligible for full accreditation. Additionally, the residency is designed to meet all standards for a psychology residency in the state of Oregon.

## Providence Medical Group

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

The postdoctoral program is administered through the Department of Psychology within Providence Medical Group.  The Department of Psychology is headed by the Regional Director of Behavioral Health Integration, Vanessa Casillas PsyD who is responsible for the provision of behavioral health integration services in the PMG clinics throughout Oregon.  Elisa Rudd, PsyD is the Training Director for PMG and is responsible for the overall administration, provision of supervision/training, selection, placement, and curriculum for psychology doctoral practicum, intern, and postdoctoral trainees.

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

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

## Residency Program during COVID-19

In March of 2020, as with many healthcare organizations and psychology training programs, Providence Medical Group implemented precautionary measures to adapt to the COVID-19 Pandemic. We have transitioned most of our training program to a remote model. Fortunately, our organization and training program had many of the pieces necessary for remote work in place so our staff and trainees were able to work remotely from home relatively quickly providing telehealth (telephone and Zoom video sessions). Coincidentally, our training program offered a core clinical rotation in telehealth that was in place well before the pandemic began. As a result, our residents were leaders in transitioning to remote patient care not only within our department, but also within our region. Amid this transition to remote care, our trainees have been able to meet their training goals successfully, added high quality telehealth to their competencies, and continue to provide exceptional patient care.  
  
Remote supervision, didactics and other required meetings remain in place through multiple platforms including MS Teams and Zoom. Trainees’ in-clinic presence varies from one day per week to every day of the week and is clinic-specific. Decisions on how often the trainee is physically present in their home clinic is dependent on clinic size and the extent of Covid-19 precautionary measures required to provide a safe training and patient care experience. The majority of the patients continue to be seen via telehealth and patients are encouraged to participate in telehealth; however, in cases where patients are best served with face-to-face sessions, decisions to bring a patient in face to face are made by the trainee, the supervisor, clinic leadership, and with the agreement of the patient.   
  
Safety of patients, trainees and staff is our top priority.   As such PMG and the residency program have several safeguards in place.

* **SCREENING.** We conduct routine coronavirus symptom screening on patients, visitors and employees at the entrance of all our clinics and hospitals.
* **MASKING.** Our facilities have adopted policies that align with recommendations from the Centers for Disease Control and Prevention including requiring all patients and employees entering the clinic to wear masks. Masks are provided for all who enter our facilities. In addition, providers are given face shields to additionally wear when providing direct patient care.
* **DISTANCING.** We have taken every precaution to ensure appropriate distance between providers, patients, visitors and staff. Additionally, as needed, providers and staff are given plexiglass dividers for added protection.
* **SANITIZING.** Our staff are provided disinfectant and regularly clean waiting areas and exam rooms in between visits. Hand sanitizer stations also are located throughout our facilities.
* **SEPARATING.** COVID-19 patients, as well as those caring for them, are safely isolated from the rest of the population.
* **VISITORS.** We are limiting people coming into our facilities to those deemed essential. This helps maintain appropriate physical distancing and reduces spread of germs.

## Goals and Competencies

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

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

Program didactics and clinical rotation experiences provide residents with relevant instruction and experiences in many important areas of integrated behavioral health and clinical psychology including, but not limited to:

* Working knowledge of the foundational and current empirical evidence base that provides the rationale for behavioral integration services and informs strategies for their effective implementation.
* Specialized training in healthcare ethics and cultural competency through the internationally recognized Providence Center for Health Care Ethics.
* Knowledge of the evidence base regarding racial inequity and the imperative to promote and develop culturally diverse, equitable, and inclusive systems that: foster diverse multidisciplinary teams, decrease health disparities, and underscore how intersectionality affects patient care.
* Knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care and other medical settings.
* Working knowledge of evidence-based integrated behavioral healthcare interventions
* Knowledge of consultation models that inform effective behavioral health consultation in integrated care settings.

All residents receive individual and group supervision that:

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

The program differs from doctoral internship training in that internship provides the generalist profession wide competencies that prepare a psychologist for focused training in behavioral integration.  The Providence Medical Group Psychology Residency builds on that generalist training to provide advanced and focused experience that prepares the resident to work in a variety of integrated care settings.  The following areas are examples of the focused advanced training that distinguishes 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.
* Review of research and scientific literature related to Diversity, Equity, and Inclusion that informs to further value and promote the development of diverse teams and to target the health of historically marginalized groups, with a particular aim at reducing health disparities.
* Focused training in primary care and medical specialty-oriented assessment methodology.
* Focused training in primary care, multidisciplinary-oriented intervention and consultation.
* Focused training in integrated primary care and medical specialty-oriented program development
* Focused training in clinical supervision skills
* Focused training in integrated behavioral health leadership development

## Estimated Weekly Schedule

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | Home Clinic(s) | Home Clinic(s) | Home Clinic(s) | Clinical Rotation | Home Clinic(s) |
| **PM** | Home Clinic(s) | Home Clinic(s) | 1-3pm Individual Supervision 3-4pm Didactic 4-5pm Group Supervision | Clinical Rotation | Home Clinic(s) |

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

## Didactics

The program includes a weekly didactic hour with the exception of one week per month that is dedicated to the monthly Behavioral Health Provider meeting.  The sample didactic curriculum (appendix A) provides knowledge of the evidence base associated with the development of the post-doctoral level competencies that support the aims of the program. The format of the didactics combines lecture, guest presenters, case examples, and group discussion.

Residents are encouraged to attend 5 Providence Ethics Center “Ethics Core Program” seminars during the program year with the requirement to attend the full-day level one Ethics Core course during their first few weeks. The ethics programs are full day or half-day (3-4 hour) workshops. The format of the ethics didactics also combines lecture, case examples, and group discussion. As circumstances require, the ethics programs also are offered remotely, with self-directed components. Appendix B contains a brochure that includes a description of the Ethics Core Program.

## 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 who works in one of the Providence Medical Group clinics as a Behavioral Health Provider in a role similar to the resident’s role in their primary placement clinic. The resident weekly schedule includes 2 hours of face to face individual supervision with their assigned individual supervisor who is a psychologist licensed in Oregon for at least 2 years – consistent with the Oregon Board of Psychology requirements for a residency supervisor.

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

In addition, residents meet each week for one hour of group supervision and one hour of didactics 2-4 times per month. They also meet once monthly with neighboring Behavioral Health Providers from 4-5 nearby Providence clinics to discuss clinical cases, refine workflows, exchange community resources, etc. Finally, they also attend a once monthly meeting (3 hours) with all area Behavioral Health Providers.

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

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

## Supervision of Supervision

Residents will be paired with a practicum-level psychology trainee to supervise at the beginning of their Residency that will remain in place until the end of the practicum student’s training year. Residents meet with psychology practicum students for supervision, under the supervision of a licensed psychologist(s), on a weekly basis. Residents will be required to formally present their supervising experiences during their own clinical supervision for review. The purpose of this hierarchical supervision model is to assist in the development of intermediate to advanced skills and knowledge in the area of clinical supervision. In addition, Residents will participate in didactics designed to build their own competency to supervise and to develop their own supervision style. Each Resident will reflect on the experience of supervising and will receive feedback from their supervisee as well as from their individual clinical supervisor as part of the formal evaluation process.

## Mentorship Program

Residents have the opportunity to engaging in a mentoring relationship throughout their residency year. The mentorship program is designed to connect residents with a Licensed Psychologist working as a Behavioral Health Provider within a neighboring clinic who serves as a non-evaluative peer mentor. Peer mentors provide advice and guidance related to license preparation, working in the field of integrated behavioral health, career development, and more. Mentors are current Behavioral Health Providers in good standing. They are peers who are willing to share their experiences with others and provide any advice sought by their mentee.

Prior to the beginning of the residency year, mentors and Residents are matched based on several indicators. Residents have access to profiles submitted by potential mentors they can review. Once reviewed, Residents can provide their top choices for a face-to-face informal interview. Residents will submit with their top choices what is most important to them in a mentor (e.g. research interests, personal background, geographic location, etc.), which is then shared with their top mentor choices. Residents will then have the opportunity to meet with at least two potential mentors to determine best fit. After meeting, feedback is obtained from both the mentor candidate and mentee to make the final match decision.

Generally, mentors and Residents will maintain communication as necessary in whatever way is best for them. However, mentors and Residents are expected to maintain contact at least once a month. The Training Director will check in regularly with mentorship pairs to encourage regular communication and suggest potential topics for mentoring as needed.

# Program Policies and Procedures

## Application Procedure

The residency abides by the APPIC Postdoctoral Selection Guidelines. Details of this process are available at the APPIC website (<https://www.appic.org/About-APPIC/Postdoctoral>). Applicants must be authorized to work in the United States without an employer-sponsored visa.

Resident Interview and Selection ProcessAdmission Requirements

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

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

## Uniform Notification Day

The program follows the APPIC selection guidelines including offering of positions on the APPIC Uniform Notification Day (UND). Selected candidates will be offered positions on the UND. Offers and acceptance of offers will be handled according the most current APPIC Postdoctoral Selection Guidelines.

## Disclosure of Difficulty in Meeting Program Expectations

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

## Providence HR Employment Offer Letter

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

## Degree Verification Procedure

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

## Start and End Dates

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

## Salary, Benefits and Administrative Support

The resident salary is $49,067 per year. Residents work normal business hours Monday through Friday. Some PMG clinics offer extended evening or weekend hours. Residents have the opportunity to flex their schedule to see patients evenings and weekends, but are not required to do so. All schedule changes must be discussed and agreed upon with their direct supervisor, clinic leadership and training director prior to their implementation. Benefits include 25 days of paid provider time away, as well as medical and dental insurance for the resident, family members and domestic partners.

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

## Time Off

Residents receive 25 Paid Provider Time Away (PTA) days per year as part of their Providence Medical Group employee status. The 25 days include the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. In addition, residents are allotted 40 hours per year paid time away from clinic for continuing education and 20 hours per year away from clinic study time for licensing related examinations. Residents must inform the Training Director, their primary supervisor, clinic manager, clinic team and arrange for EPIC in basket coverage 4 weeks prior to any planned time away for vacation, continuing education, and examination study time. Residents may consult their training manager for exceptions to this timeline. Residents are also required to set up Outlook notifications for any time away that adheres to department policies

For PTA, residents must send the Training Director an outlook invite indicating time away for all days absent and indicating in the subject whether it is PTA, CE, etc. as well as who is covering for them.

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

## 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 work day can be reimbursed with prior approval from the Training Director or Regional Director of Behavioral Health Integration .

## Extended Absence

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

**Step 1:** Contact Sedgwick, leave administrator, at 855-537-4470 or online by clicking the Sedgwick link on the Providence Intranet site.

**Step 2:**Notify the Training Director. All subsequent absences under an intermittent leave must be reported to both Sedgwick and the Training Director.

**Step 3:**Provide required information and forms to Sedgwick.

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

Extended absences do not reduce the overall number of hours required for completing the residency. A resident may need to extend the length of training in order to complete the required hours of training.

Residency Extension Requests

In the event a Psychology Resident encounters an extenuating circumstance (e.g., medical condition, clinic closures, natural disaster, pandemic, etc.) and wishes to extend their residency beyond the 12-month contract, the Resident must notify the Training Director as soon as possible. In consultation with the training committee, the Resident’s placement clinic, clinical supervisor, and relevant Providence Medical Group leadership, the Training Director may extend the residency period for up to an additional 30 days. In rare cases (e.g., extended approved medical or other leave of absence, prolonged closures due to events such as natural disasters or pandemics, etc.) the residency may be extended beyond 30 days as necessary to complete all residency requirements, but would not be a standard practice. Per Oregon Law, regardless of reason for extension, the Oregon Board of Psychology limits duration for completing a Psychology Residency to no more than a 24-month period.

## Requirements for Successful Resident Performance

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

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

• **Competency Requirement:** residents must score a 4 or higher on their final evaluation using the competency evaluation form in all areas of competency to successfully complete the residency program.

## Certificate of Completion

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

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

## Quality Improvement of the Program

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

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

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

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

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

Written competency evaluations also occur at a minimum of 6 months and 12 months into the program using the Competency Evaluation Form (appendix E). Competencies that are rated as below a 3 will be addressed in the initial training plan, subsequent training plan revisions, or written remediation plans.

The training committee consisting of the Regional Director of Behavioral Health Integration , Training Director, the Behavioral Health Clinical Manager, our Internship Clinical Consortium Training Director, and the resident individual supervisors will review the 6 month, 12 month and any interim evaluations. Residents who are making progress toward their individual training goals and the program completion criteria will meet criteria for continuation in the program. Lack of progress that could result in not meeting program completion criteria will be addressed with the remediation procedures described below. The committee makes final decisions regarding termination from the program if the remediation plan does not result in sufficient progress toward meeting program completion criteria.

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

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

* **Informal resolution** of the problem is encouraged. This is consistent with the APA Ethical Principles standard 1.04 regarding the resolution of ethical violations, which states that psychologists attempt to resolve the issue informally by bringing it to the attention of the psychologist. Similarly, the first step in addressing concerns regarding resident attainment of competency or problematic behavior is to bring it to the attention of the resident. This conversation should include a clear and direct statement regarding the concern, identify the nature of a successful resolution, and a timeline for successful resolution. The resident or supervisor may request that the Training Director assist in mediating the discussion of the problem.
* **Work Plan**: This is a more structured remediation. The work plan is developed by the supervisor and resident. A work plan will identify the behavior or professional attainment that is not meeting expectations, the expected resolution and a timeline for that resolution. In most cases involving the resident in the plan will maximize the opportunity for the resident to resolve the issue. The work plan is recorded in supervision documentation and monitored by the supervisor. The work plan is not considered to be formal discipline, is not entered into the residents file as discipline and is not reportable.
* **Documented Verbal and Written Warning:** This is a formal remediation action that is written and included in the resident’s file. This action typically occurs when an informal resolution or work plan does not result in timely attainment of previously addressed competency or behavior. It may also be implemented if the resident scores a 1 in an area of the competency evaluation or engages in a behavior of serious concern such as professional misconduct, patient endangerment or criminal behavior. The supervisor will complete the Corrective Action form from Providence human resources which describes the competency or behavior problem, expected resolution and expected timeline for that resolution. The supervisor will also record on the form the potential consequences if the expected resolution does not occur up to and including possible dismissal from the program.
* **Discharge:** If the Documented Verbal or Written Warning does not result in the expected resolution of the problem or if warranted by the severity of the performance problem the resident may be discharged from the program.
* **Suspension:** Suspension may be the result of but not limited to unprofessional or unethical behavior, failure to comply with State law, or when removal of the resident from clinical service is in the best interest of the resident, patients, staff and/or the training program. The resident’s supervisor will document the suspension stating the reason for the suspension and its expected duration. A suspension may be paid or unpaid.

## Dispute Resolution Process

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

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

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

### Informal Review

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

### Formal Review

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

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

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

Step 2 – Regional Director of Behavioral Health Integration

* 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 Regional Director of Behavioral Health Integration 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 Regional Director of Behavioral Health Integration will conduct a review of the facts surrounding the issue. This may include interviews and additional research.
* The Regional Director of Behavioral Health Integration 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 Regional Director of Behavioral Integration for consideration.
* After reviewing the related documentation, the Regional Director of Behavioral Health Integration will render a written decision within ten calendar days.

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

### Additional Instructions:

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

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

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

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

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

## Maintenance of Records

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

* Application materials - all documents submitted by the resident during the application process.
* 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 are encouraged to maintain their own file and also have access to any materials in their training file via written request to the Training Director.

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

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

## Nondiscrimination Policies

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

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

# Appendices

## Appendix A: Didactic Curriculum

Competency Focus:

* PWC I Foundational research and training in behavioral integration (***BHI***)
* PWC II Healthcare ethics (***Ethics***)
* PWC III Individual and Cultural Diversity (***Diversity, Equity, and Inclusion-DEI***)
* PWC IV Professional Values and Attitudes (***Professionalism***)
* PWC VI Psychometrics of primary care screening tools (***Assess***)
* PWC VII Interventions applicable to BHP role (***Intervention***)
* PWC VIII Supervision (***Supervision***)
* PWC IX Consultation models applicable to BHP role (***Consult***)

Other content areas

* Program orientation, evaluation, planning (***Orient***)
* Licensure preparation (***License***)
* Program development (***Program Development***)
* Management and Leadership (***Management***)

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

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

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| **Title, Description** | **Instructor** | **References** |
| ***BHI*** |  |  |
| Robinson and Reiter: Empirical Support for the PCBH Model Summary | Training Director/Guest Presenter  Residents | Robinson, P.J., & Reiter, J.T. (2016). Empirical Support for the PCBH Model pgs 19-20 in *Behavioral Consultation and Primary Care: A Guide to Integrating Services 2nd Ed*. New York: Springer Science Business Media LLC. |
| Impact of early adversity on Health | Training Director/Guest Presenter | Taylor, S.E. (2010). The impact of early adversity on health. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Integrated Health Care and Counseling Psychology: An Introduction to the Major Contributions |  | Nilsson, J. E., Berkel, L. A., & Chong, W. W. (2019). Integrated health care and counseling psychology: An introduction to the major contribution. *The Counseling Psychologist*, *47*(7), 999-1011. |

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

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| **Title, Description** | **Instructor** | **References** |
| ***DEI*** |  |  |
| Benefits of Diverse Teams | Training Director/Guest Presenter | Lorenzo, R., Voigt, N., Schetelig, K., Zawadzki, A., Welpe, M., & Brosi, P. (2017). The mix that matters: Innovation through diversity. *Boston Consulting Group Report.* [*https://www.bcg.com/publications/2017/people-organization-leadership-talent-innovation-through-diversity-mix-that-matters.aspx*](https://www.bcg.com/publications/2017/people-organization-leadership-talent-innovation-through-diversity-mix-that-matters.aspx)  Lorenzo, R., Voigt, N. Tsusaka, M., Krentz, M., & Abouzahr, K (2018) How diverse leadership teams boost innovation. *Boston Consulting Group Report*. <https://www.bcg.com/publications/2018/how-diverse-leadership-teams-boost-innovation.aspx> |
| Diverse Team Literature | Training Director/Guest Presenter | Hills, L. (2014). Managing the culturally diverse medical practice team: Twenty-five strategies. *Medical Practice Management,* March/April 2014. |
| Development of Diverse Teams | Training Director/Guest Presenter | Dobbin, F. & Kalev, A. (2016). Why diversity programs fail: And what works better. *Harvard Business Review*, 94(7-8), 52-60.  Rock, D & Grant, H. (2016). Why diverse teams are smarter. *Harvard Business Review, Nov 2016.* |
| Development of Diverse Teams | Training Director/Guest Presenter | Wiggins-Romesburg, C.A., Githens, R.P., (2018). The psychology of diversity resistance and integration. *Human Resource Development Review*, 17(2), 179-198. DOI: 10.1177/1534484318765843 |
| APA Multicultural Guidelines | Training Director/Guest Presenter | Clauss-Ehlers, C. S., Chiriboga, D. A., Hunter, S. J., Roysircar, G., & Tummala-Narra, P. (2019). APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality. *American Psychologist*, *74*(2), 232. |
| Intersectionality and Social Determinants of Health | Training Director and Guest Presenters (Over Multiple weeks) | Vu, M., Li, J., Haardörfer, R., Windle, M., & Berg, C. J. (2019). Mental health and substance use among women and men at the intersections of identities and experiences of discrimination: insights from the intersectionality framework. *BMC public health*, *19*(1), 108.  Vargas, S. M., Huey Jr, S. J., & Miranda, J. (2020). A critical review of current evidence on multiple types of discrimination and mental health. *American Journal of Orthopsychiatry*.  Milburn, N. G., Beatty, L., & Lopez, S. A. (2019). Understanding, unpacking, and eliminating health disparities: A prescription for health equity promotion through behavioral and psychological research—An introduction. Cultural Diversity and Ethnic Minority Psychology, 25(1), 1–5.  Volpe, V. V., Dawson, D. N., Rahal, D., Wiley, K. C., & Vesslee, S. (2019). Bringing psychological science to bear on racial health disparities: The promise of centering Black health through a critical race framework. Translational Issues in Psychological Science, 5(4), 302–314.  Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, *389*(10077), 1453-1463.  Wyatt, R. (2015). Racial Bias in Health Care and Health Challenges and Opportunities.  Williams, D. R., & Wyatt, R. (2015). Racial bias in health care and health: challenges and opportunities. *Jama*, *314*(6), 555-556. |

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| **Title, Description** | **Instructor** | **References** |
| ***PROFESSIONALISM*** |  |  |
| Mentorship Program | Assigned Mentor | **n/a** |
| Individual Clinical Supervision | Assigned Clinical Supervisor | **n/a** |
| Group Supervision | Training Director | **n/a** |
| Providence Ethics Center Ethics Core IA – | Kockler  Dirkson | **Core IA:** Provides the ethical infrastructure and Providence approach to understanding ethics in health care, and introduces participants to the Providence model for ethical decision-making. It also includes a discussion of case studies on topics such as clinical conflicts, patient decision-making and ***professionalism.*** |
| Providence Medical Group New Caregiver Orientation | PMG Human Resources Trainers | **n/a** |

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

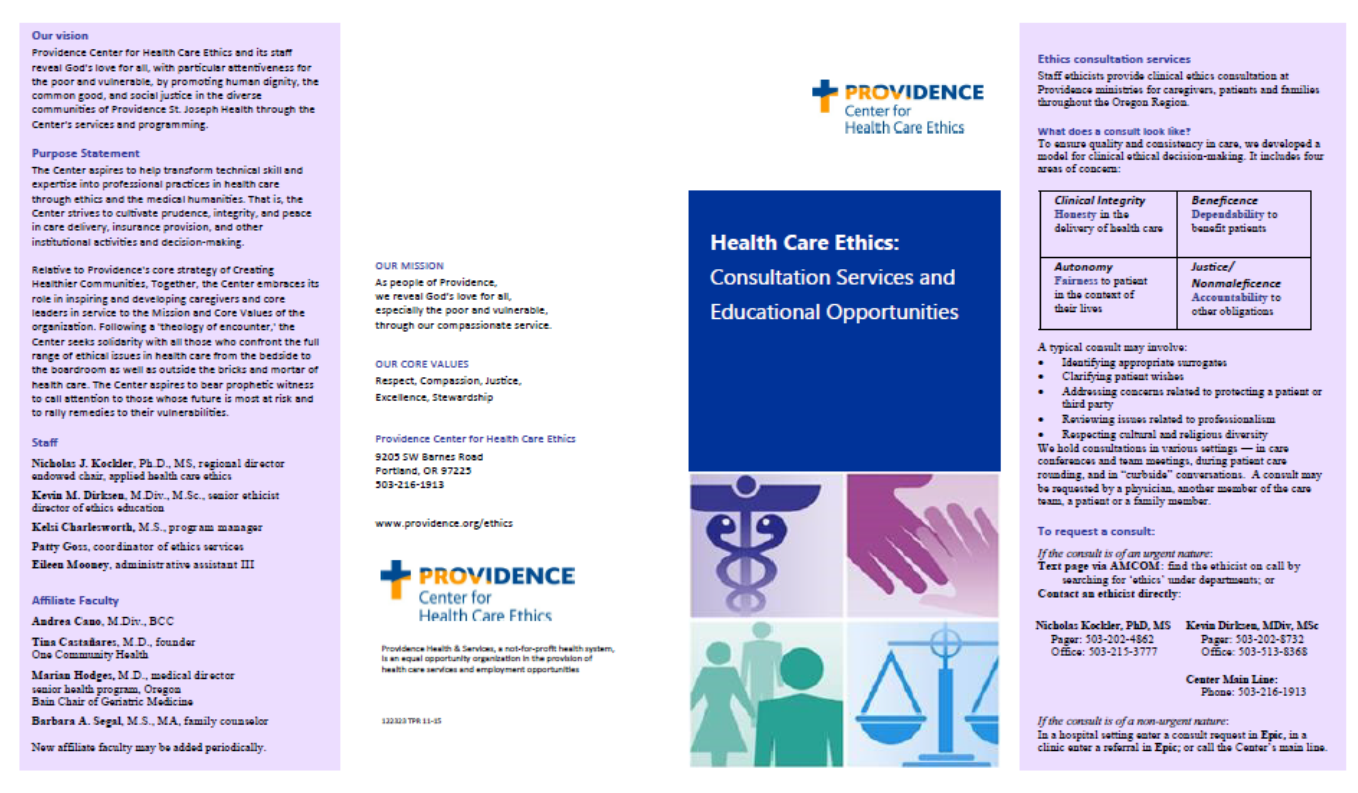
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| **Title, Description** | **Instructor** | **References** |
| ***INTERVENTION*** |  |  |
| Behavioral Interventions for Prevention and Management of Chronic Disease Research | Training Director/Guest Presenter | Oldenburg, B., Absetz, P., & Chan, K.Y. (2017). Behavioral interventions for prevention and management of chronic disease. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Psychosocial-Behavioral Interventions and Chronic Disease Research | Training Director/Guest Presenter | Schneiderman, N., Antoni, M.H., Penedo, F.J., & Ironson, G.H. (2017). Psychosocial-behavioral interventions and chronic disease. In A. Steptoe (Ed.) *Handbook of Behavioral Medicine: Methods and Applications.* New York: Springer Science & Business Media LLC. |
| Management of Medically Unexplained Symptoms | Training Director/Guest Presenter | Hubley, S., Uebelacker, L.A., Nash, J., & Eaton, C.B. (2017). Open trial of integrated primary care consultation for medically unexplained symptoms. *Journal of Behavioral Health Services & Research* 44(4), 590-601. DOI: 10.1007/s11414-016-9528-5 |

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| **Title, Description** | **Instructor** | **References** |
| ***SUPERVISION*** |  |  |
| Supervision – Ethical Considerations, DEI Considerations, and Supervision Models | Guest Presenters | Varies |
| Supervision of Supervision | Training Director and Individual Clinical Supervisor | n/a |
| Supervision Case Consultations | Group Supervision |  |

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

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

## Appendix B: Ethics Center Brochure





## Appendix C: Degree Verification Form

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| 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 2018/19 |

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| Doctoral Program and School: |  |
| Applicant Name (printed): |  |
| Applicant Signature: |  |
| Date: |  |

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| 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 10, 2018 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: |  |

Please email or fax completed form by September 7, 2020 to Elisa Rudd PsyD at:

Fax: 503.893.6680 or elisa.rudd@providence.org

## Appendix D: Self-Assessment and Training Plan

**Psychology Postdoctoral Residency Program**

**Competencies Self-Assessment and Individual Training Plan**

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

Resident Self-Assessment

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

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| **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. |

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| **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 * Implements appropriate methodology to address research questions | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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

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

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

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

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

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| **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. * Identified in feedback from Clinic team and Behavioral Health colleagues as displaying highest level of professional and ethical conduct in all professional roles. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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

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| **Goal 3. Individual and Cultural diversity:**  Diversity, Equity, and Inclusion 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 other people during supervision and Residency Program didactics. * Displays sensitivity to intersection of self and other cultural identification in all professional roles. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **3B. Knowledge of empirical and theoretical diversity, equity, and inclusion literature** | | | | |
| **Description:** Demonstrates knowledge of literature related to addressing diversity, equity, and inclusion in all professional roles. | | | | |
| **Behavioral Anchors:**   * Makes reference to empirical diversity, equity, and inclusion literature during supervision and Residency Program didactics. * Presents empirical diversity, equity, and inclusion literature during Residency Program didactics and to clinic staff. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |
| **3C. Integration of diversity, equity, and inclusion awareness and knowledge** | | | | |
| **Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Recognizes own privilege status and incorporates this into working effectively with individuals whose group membership, demographic characteristics, or worldviews are different from their own. | | | | |
| **Behavioral Anchors:**   * Identifies intersection of diversity, equity, and inclusion knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision. * Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. * 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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **3D. Works effectively with range of individuals and groups encountered during residency** | | | | |
| **Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. | | | | |
| **Behavioral Anchors:**   * Readily develops good rapport with wide range of patients who return for continuing care. * Sought out by clinic staff from all disciplines for consultation and support. * Uses effective professional communication skills to resolve all difficult interpersonal interactions. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 4. Professionalism:** Awareness, sensitivity, and skills in working professionally with patients and colleagues while showing ability to care for self and others. |

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

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

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

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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 5. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **5A. Selection of Assessment Tools** | | | | |
| **Description:** Utilizes assessment tools tailored to the pace and scope of primary care | | | | |
| **Behavioral Anchors:**   * Consistently utilizes screeners that require minimal patient, provider, and staff time burden. * Selects assessment tools targeted to patients’ presenting problem. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 6. Primary Care Oriented Intervention Skills**: provides interventions methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **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 problem. * Selects interventions appropriate to patient demographic and cultural considerations | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **6B. Empirical Basis of Interventions** | | | | |
| **Description:** Demonstrates knowledge of the empirical basis and psychometric properties of interventions commonly utilized in primary care. | | | | |
| **Behavioral Anchors:**   * References strengths and limitations of interventions based on their empirical and psychometric properties. * Serves as expert for selection, interpretation, and implementation of primary care-oriented interventions based on empirical and psychometric data. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 7. Primary Care Oriented Consultation Skills**: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. |

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| **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 providers and clinic staff on both general and patient specific issues, using clear, direct language * Effectively utilized downtime by collaborating in PC team activities and consultation case finding. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **7B. Addressing Referral Question** | | | | |
| **Description:** Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question | | | | |
| **Behavioral Anchors:**   * Demonstrates ability to gather information necessary to answer referral question * Clarifies and refines referral question based on analysis/assessment of question | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **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 * Immediately consults Provider when indicated, for urgent patient needs | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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) | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 8. Primary Care Oriented Program Development**: applies program development techniques to issues in primary care to improve the health of their patient population. |

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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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). | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 9. Supervision:** Develops knowledge and skills to effectively provide supervision. |

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| **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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **9D. Awareness of Diversity, Equity, and Inclusive Issues in Supervision** | | | | |
| **Description:** Demonstrates understanding of other individuals, groups, and intersecting dimensions of diversity. | | | | |
| **Behavioral Anchors:**   * Integrates diversity, equity, and inclusive aspects into conceptualization of supervision process. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 10. Management, Development and Administration:** Develops knowledge and skills to effectively develop an integrated care service in a clinic. |

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| **10A. Management and Administration** | | | | |
| **Description: Demonstrates awareness of relevant management structures, roles, policies, and procedures** | | | | |
| **Behavioral Anchors:**   * Contributes to the development of administrative policies and programs at meetings | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **10B. Evaluation of Management and Leadership** | | | | |
| **Description:** Develops plans for how best to manage and lead a program. | | | | |
| **Behavioral Anchors:**   * Effectively develops, administers, and reports on the findings of a program evaluation or project. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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Individual Resident Training Plan

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| **Training Plan for Competency Areas Rated as 3 or less** |

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| **Competency** | **Didactics/Research** | **Activities** | **Supervision** |
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| **Training Plan for Resident Identified Areas of Added Focus** |

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| **Competency** | **Didactics** | **Clinic Activities** | **Supervision** |
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## Appendix E: Competency Evaluation Form

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

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

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| **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. |

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| **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 * Implements appropriate methodology to address research questions | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 2. Ethical and Legal Standards:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |

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

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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **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. * Identified in feedback from Clinic team and Behavioral Health colleagues as displaying highest level of professional and ethical conduct in all professional roles. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **2D. Knowledge and Application of Common Healthcare Ethics Issues** | | | | |
| **Description:** Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Provider role. | | | | |
| **Behavioral Anchors:**   * Completes Providence Ethics Center Core trainings. * Applies BH Provider case material to Providence Ethics Model during Residency didactics. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **Goal 3. Individual and Cultural diversity:**  Diversity, Equity, and Inclusion 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 other people during supervision and Residency Program didactics. * Displays sensitivity to intersection of self and other cultural identification in all professional roles. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **3B. Knowledge of empirical and theoretical diversity, equity, and inclusion literature** | | | | |
| **Description:** Demonstrates knowledge of literature related to addressing diversity, equity, and inclusion in all professional roles. | | | | |
| **Behavioral Anchors:**   * Makes reference to empirical diversity, equity, and inclusion literature during supervision and Residency Program didactics. * Presents empirical diversity, equity, and inclusion literature during Residency Program didactics and to clinic staff. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |
| **3C. Integration of diversity, equity, and inclusion awareness and knowledge** | | | | |
| **Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Recognizes own privilege status and incorporates this into working effectively with individuals whose group membership, demographic characteristics, or worldviews are different from their own. | | | | |
| **Behavioral Anchors:**   * Identifies intersection of diversity, equity, and inclusion knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision. * Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. * 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 | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **3D. Works effectively with range of individuals and groups encountered during residency** | | | | |
| **Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. | | | | |
| **Behavioral Anchors:**   * Readily develops good rapport with wide range of patients who return for continuing care. * Sought out by clinic staff from all disciplines for consultation and support. * Uses effective professional communication skills to resolve all difficult interpersonal interactions. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **Goal 4. Professionalism:** Awareness, sensitivity, and skills in working professionally with patients and colleagues while showing ability to care for self and others. |

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

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

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

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

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| **Goal 5. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **5A. Selection of Assessment Tools** | | | | |
| **Description:** Utilizes assessment tools tailored to the pace and scope of primary care | | | | |
| **Behavioral Anchors:**   * Consistently utilizes screeners that require minimal patient, provider, and staff time burden. * Selects assessment tools targeted to patients’ presenting problem. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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

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| **Goal 6. Primary Care Oriented Intervention Skills**: provides interventions methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **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 problem. * Selects interventions appropriate to patient demographic and cultural considerations | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **6B. Empirical Basis of Interventions** | | | | |
| **Description:** Demonstrates knowledge of the empirical basis and psychometric properties of interventions commonly utilized in primary care. | | | | |
| **Behavioral Anchors:**   * References strengths and limitations of interventions based on their empirical and psychometric properties. * Serves as expert for selection, interpretation, and implementation of primary care-oriented interventions based on empirical and psychometric data. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **Goal 7. Primary Care Oriented Consultation Skills**: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. |

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| **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 providers and clinic staff on both general and patient specific issues, using clear, direct language * Effectively utilized downtime by collaborating in PC team activities and consultation case finding. | | | | |
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| **Comments:** |  | | | |

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| **7B. Addressing Referral Question** | | | | |
| **Description:** Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question | | | | |
| **Behavioral Anchors:**   * Demonstrates ability to gather information necessary to answer referral question * Clarifies and refines referral question based on analysis/assessment of question | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **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 * Immediately consults Provider when indicated, for urgent patient needs | | | | |
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| **Comments:** |  | | | |

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| **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) | | | | |
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| **Comments:** |  | | | |

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| **Goal 8. Primary Care Oriented Program Development**: applies program development techniques to issues in primary care to improve the health of their patient population. |

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

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| **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). | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 9. Supervision:** Develops knowledge and skills to effectively provide supervision. |

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

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

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| **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. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **9D. Awareness of Diversity, Equity, and Inclusive Issues in Supervision** | | | | |
| **Description:** Demonstrates understanding of other individuals, groups, and intersecting dimensions of diversity. | | | | |
| **Behavioral Anchors:**   * Integrates diversity, equity, and inclusive aspects into conceptualization of supervision process. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
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| **Goal 10. Management, Development and Administration:** Develops knowledge and skills to effectively develop an integrated care service in a clinic. |

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| **10A. Management and Administration** | | | | |
| **Description: Demonstrates awareness of relevant management structures, roles, policies, and procedures** | | | | |
| **Behavioral Anchors:**   * Contributes to the development of administrative policies and programs at meetings | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

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| **10B. Evaluation of Management and Leadership** | | | | |
| **Description:** Develops plans for how best to manage and lead a program. | | | | |
| **Behavioral Anchors:**   * Effectively develops, administers, and reports on the findings of a program evaluation or project. | | | | |
| **Q1:** 1 2 3 4 5 | | **Q2:** 1 2 3 4 5 | **Q3:** 1 2 3 4 5 | **Q4:** 1 2 3 4 5 |
| **Comments:** |  | | | |

## Appendix F: Resident Evaluation of Program Form

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| Residency Year: | Date: |

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

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

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

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

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

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

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

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| **Did you feel respected by the professional staff at your clinic (MD’s, NP’s, PA’s)?** | |
| **Midyear:** 1 2 3 4 5 | **End of Year:** 1 2 3 4 5 |
| Comments: | |

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

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

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| **Development of Competencies** |

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

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

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| **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. |

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| **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 * Implements appropriate methodology to address research questions | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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. * Identified in feedback from Clinic team and Behavioral Health colleagues as displaying highest level of professional and ethical conduct in all professional roles. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **2D. Knowledge and Application of Common Healthcare Ethics Issues** | |
| **Description:** Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Provider role. | |
| **Behavioral Anchors:**   * Completes Providence Ethics Center Core trainings. * Applies BH Provider case material to Providence Ethics Model during Residency didactics. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **Goal 3. Individual and Cultural diversity:**  Diversity, Equity, and Inclusion 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 other people 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 | |
| **Comments:** |  |

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| **3B. Knowledge of empirical and theoretical diversity, equity, and inclusion literature** | |
| **Description:** Demonstrates knowledge of literature related to addressing diversity, equity, and inclusion in all professional roles. | |
| **Behavioral Anchors:**   * Makes reference to empirical diversity, equity, and inclusion literature during supervision and Residency Program didactics. * Presents empirical diversity, equity, and inclusion literature during Residency Program didactics and to clinic staff. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |
| **3C. Integration of diversity, equity, and inclusion awareness and knowledge** | |
| **Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Recognizes own privilege status and incorporates this into working effectively with individuals whose group membership, demographic characteristics, or worldviews are different from their own. | |
| **Behavioral Anchors:**   * Identifies intersection of diversity, equity, and inclusion knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision. * Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. * 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 | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **3D. Works effectively with range of individuals and groups encountered during residency** | |
| **Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. | |
| **Behavioral Anchors:**   * Readily develops good rapport with wide range of patients who return for continuing care. * Sought out by clinic staff from all disciplines for consultation and support. * Uses effective professional communication skills to resolve all difficult interpersonal interactions. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **Goal 4. Professionalism:** Awareness, sensitivity, and skills in working professionally with patients and colleagues while showing ability to care for self and others. |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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 | |
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| **Goal 5. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **5A. Selection of Assessment Tools** | |
| **Description:** Utilizes assessment tools tailored to the pace and scope of primary care | |
| **Behavioral Anchors:**   * Consistently utilizes screeners that require minimal patient, provider, and staff time burden. * Selects assessment tools targeted to patients’ presenting problem. | |
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| **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. | |
| **Rating:** 1 2 3 4 5 | |
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| **Goal 6. Primary Care Oriented Intervention Skills**: provides interventions methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **6A. Selection of Interventions** | |
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| **Description:** Provides consultation tailored to the pace and scope of primary care | |
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| **Rating:** 1 2 3 4 5 | |
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| **Rating:** 1 2 3 4 5 | |
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| **Goal 8. Primary Care Oriented Program Development**: applies program development techniques to issues in primary care to improve the health of their patient population. |

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| **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 | |
| **Comments:** |  |

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| **Description:** Demonstrates competence in evaluating outcomes; presents results findings to stakeholders and applies outcomes to improve program(s). | |
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| **Rating:** 1 2 3 4 5 | |
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| **Goal 9. Supervision:** Develops knowledge and skills to effectively provide supervision. |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **9D. Awareness of Diversity, Equity, and Inclusive Issues in Supervision** | |
| **Description:** Demonstrates 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 | |
| **Comments:** |  |

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| **Goal 10. Management, Development and Administration:** Develops knowledge and skills to effectively develop an integrated care service in a clinic. |

|  |  |
| --- | --- |
| **10A. Management and Administration** | |
| **Description: Demonstrates awareness of relevant management structures, roles, policies, and procedures** | |
| **Behavioral Anchors:**   * Contributes to the development of administrative policies and programs at meetings | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
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| **10B. Evaluation of Management and Leadership** | |
| **Description:** Develops plans for how best to manage and lead a program. | |
| **Behavioral Anchors:**   * Effectively develops, administers, and reports on the findings of a program evaluation or project. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

**Additional Information or Comments:**

## Appendix G: Post-Residency Survey

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

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

**Past Participant Information**

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

1. **Initial Post-Residency Employment Setting:**
   1. Academic Teaching
   2. Community Mental Health Center
   3. Consortium
   4. Correctional Facility
   5. Health Maintenance Organization
   6. Hospital/Medical Center
   7. Independent Practice
   8. Psychiatric Facility
   9. School District or System
   10. University Counseling Center
   11. Other
2. **Initial Job Title and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Current Employment Setting:** 
   1. Academic Teaching
   2. Community Mental Health Center
   3. Consortium
   4. Correctional Facility
   5. Health Maintenance Organization
   6. Hospital/Medical Center
   7. Independent Practice
   8. Psychiatric Facility
   9. School District or System
   10. University Counseling Center
   11. Other
4. **Current Job Title and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Are you currently licensed: Yes\_\_\_\_\_ No\_\_\_\_\_**
6. **If yes, Licensed in what State(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Are you board certified: Yes\_\_\_\_\_ No\_\_\_\_\_**
8. **If yes, who is providing board certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

|  |
| --- |
| **Goal 1. 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 * Implements appropriate methodology to address research questions | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

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

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| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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. * Identified in feedback from Clinic team and Behavioral Health colleagues as displaying highest level of professional and ethical conduct in all professional roles. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **2D. Knowledge and Application of Common Healthcare Ethics Issues** | |
| **Description:** Demonstrates knowledge of common healthcare ethics issues and applies knowledge to Behavioral Health Provider role. | |
| **Behavioral Anchors:**   * Completes Providence Ethics Center Core trainings. * Applies BH Provider case material to Providence Ethics Model during Residency didactics. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| --- | --- |
| **Goal 3. Individual and Cultural diversity:**  Diversity, Equity, and Inclusion 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 other people 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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **3B. Knowledge of empirical and theoretical diversity, equity, and inclusion literature** | |
| **Description:** Demonstrates knowledge of literature related to addressing diversity, equity, and inclusion in all professional roles. | |
| **Behavioral Anchors:**   * Makes reference to empirical diversity, equity, and inclusion literature during supervision and Residency Program didactics. * Presents empirical diversity, equity, and inclusion literature during Residency Program didactics and to clinic staff. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |
| **3C. Integration of diversity, equity, and inclusion awareness and knowledge** | |
| **Description:** Integrates awareness and knowledge of individual and cultural differences in conduct of professional roles. Recognizes own privilege status and incorporates this into working effectively with individuals whose group membership, demographic characteristics, or worldviews are different from their own. | |
| **Behavioral Anchors:**   * Identifies intersection of diversity, equity, and inclusion knowledge base and awareness of individual and cultural differences in Residency Didactics and supervision. * Asks about cultural identities, health beliefs, and illness history that impact health behaviors and integrates diversity factors into treatment planning. * 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 | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| --- | --- |
| **3D. Works effectively with range of individuals and groups encountered during residency** | |
| **Description:** Independently applies knowledge and demonstrates effectiveness in working with the wide range of individuals and groups encountered during residency. | |
| **Behavioral Anchors:**   * Readily develops good rapport with wide range of patients who return for continuing care. * Sought out by clinic staff from all disciplines for consultation and support. * Uses effective professional communication skills to resolve all difficult interpersonal interactions. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **Goal 4. Professionalism:** Awareness, sensitivity, and skills in working professionally with patients and colleagues while showing ability to care for self and others. |

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| **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 | |
| **Comments:** |  |

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| --- | --- |
| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **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 | |
| **Comments:** |  |

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| **Goal 5. Primary Care Oriented Assessment Skills**: Uses assessment methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **5A. Selection of Assessment Tools** | |
| **Description:** Utilizes assessment tools tailored to the pace and scope of primary care | |
| **Behavioral Anchors:**   * Consistently utilizes screeners that require minimal patient, provider, and staff time burden. * Selects assessment tools targeted to patients’ presenting problem. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **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. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **Goal 6. Primary Care Oriented Intervention Skills**: provides interventions methods well suited for Primary Care setting based on best available empirical literature and science of measurement and psychometrics. |

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| **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 problem. * Selects interventions appropriate to patient demographic and cultural considerations | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

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| **6B. Empirical Basis of Interventions** | |
| **Description:** Demonstrates knowledge of the empirical basis and psychometric properties of interventions commonly utilized in primary care. | |
| **Behavioral Anchors:**   * References strengths and limitations of interventions based on their empirical and psychometric properties. * 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 | |
| **Comments:** |  |

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| **Goal 7. Primary Care Oriented Consultation Skills**: provides consultations that enhance the ability to the primary care team to improve the health of their patient population. |

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| **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 providers and clinic staff on both general and patient specific issues, using clear, direct language * Effectively utilized downtime by collaborating in PC team activities and consultation case finding. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **7B. Addressing Referral Question** | |
| **Description:** Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question | |
| **Behavioral Anchors:**   * 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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 * Immediately consults Provider when indicated, for urgent patient needs | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

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| **Goal 8. Primary Care Oriented Program Development**: applies program development techniques to issues in primary care to improve the health of their patient population. |

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| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

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| **Goal 9. Supervision:** Develops knowledge and skills to effectively provide supervision. |

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| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **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 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **9D. Awareness of Diversity, Equity, and Inclusive Issues in Supervision** | |
| **Description:** Demonstrates 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 | |
| **Comments:** |  |

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| --- |
| **Goal 10. Management, Development and Administration:** Develops knowledge and skills to effectively develop an integrated care service in a clinic. |

|  |  |
| --- | --- |
| **10A. Management and Administration** | |
| **Description: Demonstrates awareness of relevant management structures, roles, policies, and procedures** | |
| **Behavioral Anchors:**   * Contributes to the development of administrative policies and programs at meetings | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

|  |  |
| --- | --- |
| **10B. Evaluation of Management and Leadership** | |
| **Description:** Develops plans for how best to manage and lead a program. | |
| **Behavioral Anchors:**   * Effectively develops, administers, and reports on the findings of a program evaluation or project. | |
| **Rating:** 1 2 3 4 5 | |
| **Comments:** |  |

**Additional Information or Comments:**

## Appendix H: Dispute Resolution Form

**Dispute Resolution Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date form completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Informal Review:** Date you first discussed your concern with your supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formal Review**

Description of event or circumstance leading to the problem including dates, names of people involved, witnesses, location, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your suggestions for possible solution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2) Second Level Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Level Supervisor Name Date

3) Third Level Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Level Supervisor or Designee Date

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

Send final resolution to Human Resources – HRSP

## Appendix I: Equal Employment Opportunity/Diversity Policy

**Providence Medical Group**

**Department:**                      Human Resources

**Approved by:**Director, HR

**Date Last Reviewed:**7/1/2018

**Date Last Revised:**7/1/2018

**Date Adopted:**12/1/2014

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

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

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

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

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

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

**POLICY NAME:**Equal Employment Opportunity -*KB0051600 & KB0054451 [Continued]*

We are a community where all people, regardless of differences, are welcome, secure, and valued. We value respect, appreciation, collaboration, diversity, and a shared commitment to serving our communities. We expect that all caregivers, volunteers, vendors and affiliated individuals of our community will act in ways which reflect a commitment to and accountability for, racial and social justice and equality in the workplace. As such, we will maintain a workplace free of discrimination and harassment based on race, color, gender, disability, genetic information, veteran status or military status, religion, age, creed, national origin, gender identity or expression, sexual orientation, marital status, or registered domestic partner status or any other applicable legally protected status. We also expect that all employees, volunteers, vendors and affiliated individuals of our community will maintain a positive workplace free from any unacceptable conduct which creates an intimidating, hostile, or offensive work environment.

PMG will conform to the spirit as well as the letter of all applicable laws and regulations. In the event that a caregiver or applicant has reason to believe that this policy has been violated, they should report this to their core leader, any other leader, the Integrity Hotline, or Human Resources.

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

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

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