



Providence Medical Group
Psychology Internship in
Primary Care Behavioral Health

APA Accredited, Doctoral Internship in Health Service Psychology

2026 – 2027 Handbook

Providence Health and Services

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Portland, OR 97213

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Program Overview

The Providence Medical Group Psychology Internship in Primary Care Behavioral Health operates within the Providence Medical Group system, a division of Providence Health and Services (PHS). PHS 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 more than 150 years ago.

The doctoral internship program was initiated in 2011 and became APA accredited in 2015 as the Providence Medical Group/George Fox University Internship Consortium. The internship has developed to its current state through the close partnership and collaboration between both PMG and George Fox University (GFU).

Although GFU historically hosted and supported didactic related components of the internship, over time, Providence Medical Group - an original consortium partner – now manages the training program in full. During the 2022-2023 training year, PMG sought independent APA accreditation. Both programs worked intentionally to ensure that the accreditation process supported and prioritized intern training for the incoming cohort. The consortium maintained full APA accreditation throughout the process. In September 2023, APA approved PMG's request to establish its own independent internship program. **We are officially an independent APA-Accredited program under the title of Providence Medical Group Psychology Internship in Primary Care.**

In addition to providing training for a cohort of interns each year, the internship contributes to workforce development for integrated healthcare settings. Nationally, there is a shortage of trained psychologists functioning as Behavioral Health Providers in primary care. This internship directly strives to help develop psychologists who are competent in primary care behavioral health (PCBH) through education and training specific to PCBH. The internship provides training for assessing and treating a wide range of behavioral health conditions, including chronic disease, stress related illness, medically unexplained symptoms, preventative care needs, social and sub-diagnostic concerns, as well as mental health and substance misuse. Interns receive training at various medical clinics operated by Providence Medical Group, located in Portland, Oregon, and the metro area.

The aim of the internship is to equip interns to be generalist clinicians with competence in integrated behavioral health settings, including aspects unique to health care of diverse populations. Didactics are designed to develop each of the nine competency areas established by APA and apply competencies in PCBH contexts. Training and application of clinical skills take place onsite within PMG locations unless specifically noted otherwise.

Providence Medical Group (PMG)

As part of the larger Providence Health System (PHS), Providence Medical Group – Oregon (PMG) adheres to the PHS mission which states: *As expression of God's healing love, witnessed through the healing ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.* The core values of PHS are Compassion, Dignity, Justice, Excellence, and Integrity also apply to PMG. The aims of the psychology internship 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's emphasis on training interns to serve a diverse range of patients regardless of their life circumstance.

There are more than 70 primary care clinics and 550 providers within the PMG system. The Providence clinics have implemented the Patient Centered Medical Home Model of primary care, which includes the integration of behavioral health services provided by licensed psychologists. As an early adopter of behavioral health integration, PMG began the process of embedding psychologists in primary care over 15 years ago, at this time licensed psychologists are embedded in nearly every primary care clinic throughout the Portland Metro region.

The doctoral internship program is administered through the Department of Psychology within Providence Medical Group. The Department of Psychology is headed by the Senior Psychologist Medical Director for the Department of Psychology. The Senior Psychology Medical Director directs behavioral health integration services throughout the Oregon region, including primary care integration in PMG clinics throughout Oregon. The Senior Psychology Medical Director is supported by a team of Psychologist Medical Directors, Behavioral Health Managers and the Psychology Training Director. A Training Committee meets at least quarterly and includes the Senior and Psychologist Medical Directors, Training Director, and one or more Clinical Supervisors. The Senior Psychology Medical Director is responsible for overseeing the training continuum and supporting the Training Director in the overall administration, provision of supervision/training, selection, placement, and curriculum for psychology doctoral trainees. The Training Director supports the internship in the day-to-day management of the training program, including didactics, clinic schedules, letter writing, supplemental evaluations, and other training considerations. The Training Committee advises training programming and reviews learner progress throughout the year. Clinical Supervisors manage all patient care provided by interns, and all in-clinic roles and responsibilities, with the Training Director consulting as needed.

Location

Portland sits on the stolen land of the Chinook, Cowlitz, Clackamas, Kalapuya, Molalla, Multnomah, Tualatin, Wasco, and many others. PMG acknowledges the original and continued protectors and caretakers of this land, despite persecution for doing so. Portland is Oregon's largest city, with a population nearing 650,000. Providence Medical Group is housed in the Providence Office Park in Northeast Portland. Portland is a progressive city with a variety of museums, coffee shops, Saturday Market, the Waterfront, and the Portland Trailblazers. See <http://www.portlandonline.com/> for more regional specific information. Mount Hood is about one hour east of Portland, offering winter sports and summer outdoor activities. The Oregon coast is a 75- minute drive west of Portland. Oregon features 96,981 square miles (about twice the area of Georgia) of diverse terrain such as the Columbia River Gorge, the Cascade Mountain Range and high-desert country.

Facilities

Providence Medical Group clinics are in Portland and the surrounding metro area. Clinics use an integrated care model where people can meet with providers from multiple disciplines at the same location. Providers share exam rooms and office space, with a limited number of private offices available for Behavioral Health Providers and interns. Staffing patterns will be determined at the time of service, each internship placement has at least one full-time psychologist co-located with the trainee in their respective clinic.

Interns are placed in PMG primary care clinics in the greater Portland metropolitan area. Administrative

support, caregiver staffing, and operational structure of the clinics are all similar. PMG patient care facilities utilize the EPIC electronic health record system. Each clinic is staffed with multidisciplinary caregiver teams including health care providers and support staff. Working within multidisciplinary teams provides the intern with opportunities for in-depth PCBH learning, including interdisciplinary consultation, staff education, workflow/pathway development, and program evaluations.

Clinic patient populations are representative of the general demographics of the communities where they are located and offer a wide demographic and diagnostic range. Consistent with the Providence Health System mission, PMG clinics place an emphasis on caring for the poor and vulnerable in their communities. PMG clinics serve patients with Medicare, Medicaid, and commercial insurance as well as patients without healthcare insurance coverage. The diverse patient populations served by the PMG clinics offers a rich service experience for interns. The services provided by interns afford them the opportunity to develop specialized assessment, intervention, and consultation skills in integrated care settings. Interns are considered valued members of the multidisciplinary care team.

Training Model and Program Philosophy

Providence Medical Group Psychology Training Program aligns their approach to training with American Psychological Association's newly revised Standards of Accreditation (SOA) for training in health service psychology. Like the doctoral curriculum, the internship is designed to promote the competency training model described in the SOA. Those who successfully complete the internship will know and exemplify high standards of legal, ethical, and professional conduct. They will be able to provide a wide variety of clinical services such as clinical assessment and intervention with individuals across the lifespan and from diverse ethnic, cultural, religious, and social backgrounds.

The Integrated Primary Care Internship was initially accredited by the APA in 2015. The internship is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) directory and follow all APPIC guidelines.

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

Office of Program Consultation and Accreditation

American Psychological Association
750 1st Street, NE, Washington, DC 20002 Phone: 202.336.5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Diversity, Equity, and Inclusion (DEI)

As psychologists who are committed to ethical principles which bar us from supporting or engaging in maleficence or injustice, the PMG Psychology Department is committed to standing in solidarity against the institutional and societal structures of inequity that result in oppression and racism. Our codes of

conduct require us to respect the dignity and worth of all people and, as employees of PHS, - an organization whose core values of Compassion, Dignity and Justice - complement these ethical principles and codes. As such, our department is committed to providing an inclusive home for all trainees and licensed Providers regardless of race, religion, age, gender identity, sexual orientation, ethnicity, or religion. This is also enforced in our PHS HR policies and procedures, which are reviewed in detail during the two-week internship onboarding process. In addition to our promise to adhere to these professional ethics and values, as caregivers of PHS, we have committed equally to the organization's mission of "...serving all, especially those who are poor and vulnerable."

It is in this spirit that we act on those ideals, yielding our privilege in service to the cause of anti-racism, anti-oppression, and social justice. The Psychology Department of PMG stands firmly against the structures and biases that repeatedly allow for oppression, exclusion, and inequity. The PMG Behavioral Health Team holds itself and healthcare systems accountable for change. The enduring action taken beyond our words includes enacting and influencing policy, system DEI engagement, provider recruitment, attending local cultural activities, and integrating DEI topics into all layers of the internship training paradigm. PMG continues to expand and deepen the actions and initiatives related to DEI within the system. The non-exhaustive list below highlights the initiatives and actions PMG is engaged in:

System Level DEI: PHS and PMG prioritize DEI initiatives under the leadership of the Regional Chief Diversity, Equity, and Inclusion Officer for the Oregon region. Providence views DEI as an essential business imperative and necessity across all ministries and lines of business. DEI focused work includes regional Inclusive Workforce initiatives, Caregiver Resource Groups, and ongoing DEI education across the workforce. A few examples of Providence's continued commitment to diversity, equity, inclusion and *belonging* are included below.

Impact Workforce Commitment: PHS is one of only 17 US healthcare systems to sign the Impact Workforce Commitment, which aims to build healthy and equitable local economies through hiring and workforce development programs and policies.

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

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

Ongoing DEI Education: PMG provides ongoing DEI education including implicit bias training for caregivers and core leaders. Providence is dedicated to equipping leaders to recognize and disrupt biased decision making and behavior patterns to confront biases, promote inclusion, and

seek full potential through experiential, peer-based learning, through the Inclusive Leadership Workshop.

Learn more about Providence Health System DEI initiatives [HERE](#).

Psychology Department DEI:

Recruitment: The Psychology department works to ensure recruitment of trainees and licensed providers from sources that ensure diverse talent. In reviewing applications, the Training Committee and leadership team perform a holistic review that considers the whole person. To ensure recruitment from underrepresented minority groups, there is a focus on academic excellence and preparation, as well as qualities related to leadership and contributions to the community. Diversity is sought through background, experience, and potential for positive contributions to the psychology department.

Department Trainings: The PMG Psychology Department offers training and continuing education opportunities to all Behavioral Health Providers (BHPs) in the region that focus on DEI topics. Training facilitators are experts in their fields of study, offering evidence-based practice implementation from their diverse and unique points of view. Please speak to Jamie Dressler to gain access to prior recorded trainings and supplemental training opportunities.

Intern Didactics: Intern didactics integrate diversity considerations into each topic. Presenters are asked to include identity centering and specific learning objectives to DEI across the lifespan.

Intern Reflective Local Practices: All interns will participate in quarterly reflective local practices and diversity dialogues. Trainees choose four places/activities to attend which are connected to the local Oregon community. In groups of at least two, learners will engage and reflect on what was learned and observed about the local culture during the outing.

Training Overview

Interns are embedded as active members of the multidisciplinary medical team in one of Providence Medical Group primary care clinics within the Portland-Metropolitan area. Interns spend at least 32 hours per week in the primary care setting. This time includes direct service provision for patients from a wide demographic and diagnostic range, opportunities for case consultation, observation of psychologists and primary care physicians, and professional mentoring by supervising psychologists. A licensed psychologist supervisor provides at least two hours of individual supervision each week. Each clinic also has a large staff of medical and behavioral health providers that include physicians, physician associates, advanced practice providers, clinical pharmacists, medical assistants, licensed social workers, coordinated care counselors and nurses. These and other caregivers are also available to help interns with issues that may arise.

As part of the internship training program, each intern will develop and demonstrate internship level

competency in clinical supervision by providing peer supervision to a practicum student in training at Providence Medical Group (PMG). Every effort will be made to place the practicum student in the same clinic as the intern, although this is not always possible due to logistical issues, academic program needs, and available system resources. After an initial two-month ramp-up, interns meet with practicum students for peer supervision at least twice monthly.

Primary supervision of practicum learners remains the responsibility of the practicum student's licensed psychologist supervisor. Peer supervisors will not have authority to direct patient care such as determining assessment or treatment plan. Neither will peer supervisors have evaluative authority with practicum learners, although interns will complete an evaluation of their practicum peer as means for their practice and experience only. Rather, peer supervisors are asked to build relationship with practicum learners, encourage their deliberate practice, identify and troubleshoot challenges, and provide a courageous space where practicum learners can consider their professional identities and trajectories. Specific roles and responsibilities will be provided in a *Supervision Contract Addendum* [Peer Supervision Contract] which will be discussed and agreements set before or during the first peer supervision meeting. The peer supervision experience, supervision of supervision, and supervision curriculum are designed to provide interns the information, support, self-reflection, and practice platform to develop competency in this domain.

Weekly didactics are hosted at a centralized Providence location or virtually using the Microsoft Teams software. Topics covered center around evidence-based practices, ethical considerations, professional development, and integrated behavioral health service delivery to develop core professional competencies. Additionally, trainees will participate in didactic training in research, program evaluation, and professional identity development. See the Training Schedule for specifics (found on Teams). In addition to didactic training, interns participate in quarterly Reflective Learning Practices and Ethics Seminars.

Trainees have ongoing opportunities to participate in Providence Grand Rounds and other supplemental trainings through an extensive library of training resources throughout the course of the training year. Examples include:

- [Providence Medical Grand Rounds](#)
- [Virtual Pediatric Grand Rounds](#)

Orientation to Internship

Orientation occurs during the first two weeks of internship and includes orientation to the Providence Health System, the Psychology Department, and the Training Program. Content of orientation includes a review of the Internship Handbook, organizational policies and procedures, professional competencies and Primary Care Behavioral Health (PCBH) foundational knowledge. The program will also provide an overview of the internship year and evaluation criteria. During orientation Interns will meet Providence Psychology Leadership, the Psychology Training Director, and their Primary and Backup Supervisors.

Interns have clinic exposure, shadowing their supervisors as well as other psychologists and non-psychologist providers, and an opportunity to debrief the experience. Interns will complete an “Onboarding Handbook Checklist” as these are reviewed, signing and submitting the document after completion (See [Appendix A](#)). After Onboarding, interns gradually start providing professional services to patients. Interns ramp up patient care visits across time, consistent with their confidence, developmental level and in consultation with their clinical supervisor.

Goals and Competencies

The Providence Medical Group Clinical Psychology Training Program is guided by the Standards of Accreditation (Full document found here [LINK](#)). These standards articulate the expectations for competency-based training in nine areas essential to the development of psychologists in training. These nine areas guide our competency-based approach to training. Interns participate in the following combination of activities designed to work synergistically to develop generalist profession-wide competency as clinical health service psychologists functioning in integrated healthcare settings.

Interns are Behavioral Health Providers embedded in Providence Medical Group clinics for the service delivery component of their training for 32 hours per week. This experience gives them the opportunity to build generalist 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 broad ranges of patient populations 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 primary care and other medical settings.

Program didactics and clinical training experiences provide interns with:

- Working knowledge of the foundational and current empirical evidence base that provides the rationale for behavioral integration services and informs strategies for their effective implementation.
- Specialized training in healthcare ethics and cultural competency through the internationally recognized Providence Center for Health Care Ethics.
- Knowledge of the evidence base regarding the promotion and development of culturally diverse, multidisciplinary teams.

- Knowledge of culturally congruent clinical care for populations and individuals presenting with a variety of diversity markers. Awareness of social justice and DEI considerations as contextual considerations for all clinical care.
- Knowledge of the empirical basis and psychometric properties of assessment tools commonly utilized in primary care and other medical settings.
- Knowledge of consultation models that inform effective behavioral health consultation in integrated care settings.

All interns receive individual and group supervision that:

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

Programmatic competencies: The goals and competencies specific to the PMG Psychology Training Program are found in [Appendix B](#).

Required Competency Projects

In addition to the standard nine areas of competency (which are the major focus of the internship) interns also engage in the following opportunities to round out generalist psychology training:

Comprehensive Assessment: Completion of at least one adult neurodevelopmental (complex ADHD) assessment during the year. Neurodevelopmental assessment requests are common in PCBH. This will offer interns the opportunity to assess, test, diagnose, and provide feedback to patients who would be referred to community providers without this service. Normed questionnaires, clinical interviews, and cognitive testing will be used. Interns will learn how to ask thorough and targeted interview questions, use clinical judgement in differential-diagnosis, administer and interpret cognitive testing results, and make appropriate recommendations to inform treatment planning.

Final chart notes include results, recommendations, reason for referral, reporting of questionnaires, tests, and clinical interview. See the Integrated Psychological Assessment Rubric in [Appendix C](#).

- The comprehensive assessments are required to be completed no later than July 1st.
- Interns must complete a 4 or higher on the associated competency rubric.

Program Evaluation and Improvement (PEI) Project: Completion of a formal program evaluation, the focus of which will be decided on in collaboration with at least the intern and their primary supervisor. Interns will identify, develop, and implement a Program Evaluation and Improvement project. Unless otherwise approved, the project must be implemented in their home clinic. Specific topics for the project are based on interns' areas of interest/expertise, as well as program and clinic needs. The project can be a collaboration between the intern, supervisor, and medical/clinic leadership although the intern must be the primary contributor to core project components. The intern will adopt a structured, evidence-based model of program development to inform their literature review, needs assessment, implementation, data collection, data analysis, and outcome.

- PEI Projects must be completed no later than July 1st. Presentations will be scheduled by the Training Director.
- The findings of the project are presented to the Psychology Department Leadership.
- Interns must complete a 4 or higher rating on the associated competency rubric.

See the Program Evaluation and Improvement Project requirements and rating Rubric in [Appendix D](#).

Patient Case Presentations: At least four times (once per quarter) during group supervision, interns alternate presenting a clinical case for cohort discussion and feedback. Interns are required to include the following: overview of reason or referral, biopsychosocial conceptualization, meaningful identity markers, cultural and contextual considerations, evidence-based considerations for the care provided to this point, therapeutic considerations and specific questions or points of discussion for the group to consider. The formal presentation is evaluated using the PMG case presentation rubric ([Appendix E](#)).

- Formal case presentations should be completed no later than July 1st.
- Interns must complete a 4 or higher on the associated competency rubric.

Supervision Video Review: Twice a year during supervision of supervision, interns record live supervision with the practicum student for whom they are providing peer supervision. Videos are reviewed and discussed in supervision of supervision. The intention of the video review is to facilitate self-reflection about the supervisory alliance, identify practicum clinical strengths, and strategize how to address areas of growth for themselves and with their trainees.

- Interns record and review at least three trainee videos.
- There is no competency rubric associated with supervision videos.
- This is a Pass/Fail activity, grading based on participation.

Reflective Local Practices: All interns participate in quarterly reflective local practices and diversity dialogues. Trainees choose four places/activities to attend which are connected to the local Oregon community. In groups of at least two, learners engage and reflect on what was observed and learned about

local culture during the outings. Time is blocked out once quarterly to support participation.

- Each intern writes a brief reflection to share and discuss during the quarterly diversity dialogues in group supervision.
- Although there is not a competency rubric, please reference [Appendix F](#) for complete details about the practices.
- Due dates are on the Internship Syllabus (See Internship Teams Page).
- This is a Pass/Fail activity, grading based on participation.

Estimated Weekly Schedule

Interns are scheduled five days per week, Monday through Friday, during normal business hours which are 8am to 5pm or 8:30am to 5:30pm. Interns may not flex schedules unless approved by the training director and a letter of accommodation is submitted to HR and approved, and not within the first six months of the internship program. After the first six months, all potential schedule changes must be discussed with direct supervisor, clinic leadership and training director before their implementation.

The program's overall duration is 52 weeks with an average of 40 total program hours per week and designed to be completed in 12 months or one full calendar. Program extensions beyond 12 months will be considered on a case-by-case basis and only in cases of unavoidable medical or emergency situations requiring the intern be absent for a portion of the training year beyond what can be managed by allotted paid time away (PTA).

In a typical week, interns spend Monday through Friday at their assigned PMG primary care clinics. A substantial part of at least one day per week will be training specific didactics, experiential, and supervision activities. Many training activities are provided at a central Providence location, identified by the Internship training director during orientation. Interns are required to attend Thursday morning didactics and supervision which are facilitated by Providence Psychology Department training faculty, primary clinical supervisors, and local behavioral health psychologists.

An approximation of an intern's weekly training activities is shown below.

Monday, Tuesday, Wednesday, Friday:

- Service delivery as a Behavioral Health Provider.
- Two hours of individual supervision provided by Licensed Psychologist supervisor.
- Layered supervision with identified Practicum student.

Thursday:

- Clinical Group Supervision (1hr)
 - Supervision specific to direct services, provision of patient care, transference/countertransference, personhood, resources, other
- Special Topics Supervision (1hr)
 - Supervision specific to core competencies that fall outside provision of patient care concerns such as Supervision of Supervision, Program Evaluation, Professional Development, Ethics/Legal, Diversity/Equity, Professional Values, others
- Didactic Training (2hrs)

- Introductory and advanced review of literature and science specific to PCBH assessment, interventions, consultation, diversity and ethics, communication, research, professionalism and supervision

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Home Clinic	Home Clinic	Home Clinic	Didactics Journal Club Special Topics Group Supervision	Home Clinic
PM	Home Clinic	Home Clinic	Home Clinic	Clinical Group Supervision Reflective Local Practice	Home Clinic

Interns are expected to attend monthly “Geopod Meetings” scheduled with Behavioral Health Providers from neighboring Providence clinics to discuss clinical cases, refine workflows, exchange community resources, etc. Interns attend these meetings with their Licensed Supervisors. Additionally, interns attend a monthly “Regional BHP Meeting” with Behavioral Health Providers facilitated by one of the Psychologist Medical Directors. A variety of topics are reviewed and discussed from a system-based perspective and support the intern in growing their worldview of PCBH implementation from a healthcare system lens.

Working Hours

Working hours, established by the Training Leadership, are normal business hours, Monday through Friday. Occasionally, interns may choose to lead a group or participate in activities which start later in the day. And there may be need for interns to be in clinics beyond business hours to complete documentation such as when psychological assessment reports require a rapid response for timely feedback. Such occasions would be rare if they occur and the primary supervisor should be aware when the intern stays late to complete work. Any ongoing schedule changes must be reviewed and approved by the primary supervisor and the training director.

Per the U.S. Department of Labor Fair Labor Standards Act, Interns must take a one-hour lunch break for every eight hours worked. Interns will not complete more than 40 hours of clinical service per week.

Hours Monitoring

A minimum of 2000 hours of program participation is required for successful completion of the internship. At least 500 hours (25%) of the 2000 hours must be providing direct clinical work. To this date, prior intern cohorts have had no difficulty attaining the program and direct service hours required.

For tracking and monitoring of progress through the year interns maintain a monthly Hours Tracking Form which outlines time spent in direct intervention and assessment, supervision, didactics, and clinical support activities (e.g., note writing, documentation, consultation, etc.). The Hours Tracking Form is

stored electronically in the intern's training program file so supervisors and training leadership can monitor the intern's progress. See [Appendix G](#) for details.

Supervision

Attending supervision is a required component of the internship training program. The program provides at least four hours of scheduled time between an intern and one or more psychologists are licensed to practice psychology in the State of Oregon and are in a supervisory role vetted by Providence Medical Group Psychology Department. At least two of the four hours will be one-on-one between the intern and their primary or a delegated supervisor. Two additional hours will be provided in group format involving at least one licensed psychologist and two other participants, making at least three participants at each group supervision session. Additional supervision may be provided and will be scheduled based on clinical needs throughout the training year.

The intern's weekly schedule will identify the day and time of individual and group supervision. Occasional virtual supervision, telesupervision, is utilized, as necessary by the supervising psychologist and this is communicated to the intern or intern cohort at least one week prior to the scheduled meeting. The intern's primary supervisor is clinically and professionally responsible for services provided by interns. Attendance at all supervision meetings is required unless otherwise scheduled in advance. In the event of vacation, illness, emergency, pandemic, inclement weather, or other situation approved by the Oregon Board of Psychology guidelines, supervision may be conducted via Microsoft Teams (which is consistent with Providence Privacy guidelines) or may be rescheduled within 14 days of the missed supervision session. In the rare event video technology is not available or in case of emergency, supervision may be provided by phone. See [Appendix K: Telesupervision Policy](#), for more information about use of remote supervision in the training program.

Prior to beginning the program, interns are matched with an individual supervisor who works with them for the duration of the internship year. Individual supervision is provided by a psychologist who works in the same Providence Medical Group clinic, when possible. In rare instances where there may not be a psychologist located at the intern's placement clinic; individual supervision is provided by a licensed psychologist working as a Behavioral Health Provider in a clinic like that of the intern's home clinic. In the absence of an on-site supervisor, a plan is developed with the primary supervisor, Senior Psychology Medical Director, internship training director, and clinic management to support internship training with an off-site supervisor.

Training directors and primary supervisors meet monthly and also as needed to discuss competencies and clinical considerations regarding the intern cohort. Supervisors and training faculty are included on didactics and supervision chat threads so everyone is aware of recent topics, discussions, upcoming due dates, and can participate in group dynamics. Additionally, supervisors attend a monthly All Supervisors Consultation meeting during which intern progress is discussed and developmental concerns are considered.

Review of Work

As the intern is assigned their first several patient appointments, the supervisor shadows the intern for direct assessment and review of patient interactions. During the early stages of the internship placement, there is greater emphasis on review of all cases and documentation. As the supervisee progresses, the intern discusses all active cases and prepares, in advance, the cases they wish to focus on during supervision. The supervisor also selects cases to explore in supervision. After the initial training period, intermittent observation occurs throughout the year for formative and summative feedback and ongoing review of intern progress and patient care. Furthermore, the intern is offered multiple opportunities to shadow the supervisor and other multidisciplinary professionals throughout the training year.

Per Oregon law, the individual supervisors assume professional and legal responsibility for the work of the interns including monitoring patient care, ensuring the quality of practice, overseeing all aspects of patient services, and mentoring the intern. As part of their supervisory responsibilities, each supervisor engages in live observation of the intern's direct patient care **at least** quarterly during the training year. This direct observation adds to and informs the individual supervisors' evaluation of their intern trainee. Interns and supervisors work together to identify days and times for live observation.

Notes and Written Communication

Consistent with PMG policy, all patient communication must be completed and documented exclusively through the EMR. The trainee documents in EPIC using note progress note templates as instructed by their primary supervisor. All patient interactions should be documented in the medical record. All documentation should be routed to the intern's primary supervisor for review, attestation, and co-signature.

The trainee strives to **complete all documentation within 24 hours**. Urgent notes or notes with any form of **risk will be completed on the same day** and are sent to the licensed psychologist via cc'd chart (red flag) in addition to the 'co-sign note' requirement. It is the trainee's responsibility to provide notes that require signature to the supervisor in a timely manner. The supervisor strives to complete all chart reviews and provide feedback within one week of receiving intern notes. When a primary supervisor is out of office, a plan must be created by the intern and supervisor to address urgent notes while the supervisor is away. Notes that are returned to the intern with feedback indicating necessary changes **must be revised by the intern and resubmitted to the supervisor by the end of the following week**. Finalized notes will be attested to by the licensed psychologist. Interns are expected to use all standard Providence pathways and documentation for risk assessments and safety planning. All documents and formal communication under the trainee's name are reviewed and attested by the supervisor.

Group Supervision and Supervision of Supervision meetings will be documented by the facilitator. Facilitators will always be an advanced practice provider with knowledge and skill specific to the supervision topic, including the training director, primary supervisors, backup supervisors, faculty and depending on the scheduled facilitator rotation. Supervision notes will be stored in MS Teams and viewable by primary training program faculty and the Training Committee. Interns may request access to one or more supervision note through their primary supervisor or through the Training Director.

Supervision and Professional Development

Supervision focuses on the professional development of interns in the context of the Profession Wide Competencies. It involves open communication, two-way feedback, and a focus on exploration of clinical issues as outlined in the competency evaluation tools. This includes reflection of how personal factors such as emotional reactions, values, beliefs, biases, and conflicts relate to the intern's professional growth.

Since the intern works under the license of the supervisor, it is an expectation that the intern shares complete information regarding patients, records, and consultations, and abide by the supervisor's final decisions. The welfare of the patient is tantamount. The supervisor encourages the intern to express disagreement and differences of opinion with the supervisor and to discuss any conflicts that might arise in the supervisory relationship.

Responsibilities of Supervisor

Overall, the supervisor upholds and adheres to the APA Ethical Principles of Psychologists, Code of Conduct, and the Guidelines for Clinical Supervision in Health Service Psychology (which are provided to the intern during the first supervision meeting with the primary supervisor). Within these guidelines, the supervisor oversees and monitors all aspects of supervisee patient care. Related to supervision, the supervisor fosters a supportive supervisory alliance and establishes an appropriate emotional tone. Supervisors assist in the development of goals and tasks to be achieved in supervision specific to assessed competencies.

The supervisor presents challenges to, and problem-solves with, the intern. The supervisor identifies their theoretical orientation(s) used in supervision and takes responsibility for integrating theory into the supervision process. This includes assessing the intern's theoretical understanding, training, and orientation(s). The intern's strengths (specific to assessed competencies) are identified and will be built upon. The supervisor introduces and models the use of personal factors including belief structures, worldviews, values, and culture. The supervisor ensures a high level of professionalism in all interactions and distinguishes (and maintains) the line between supervision and therapy. When strains or ruptures occur in the supervisory relationship, the supervisor is responsible for identifying and addressing them. The supervisor is also responsible for responding non-defensively to the intern's feedback.

All supervisors have a doctoral degree in psychology and are licensed in the state of Oregon. Supervisors are on-site at each assigned clinic and are clinically and professionally responsible for services provided by interns.

PMG Psychology Department Staff

The Providence Department of Psychology is led by the Senior Medical Director for the Department of Psychology. The Psychologist Medical Directors support psychologists embedded in primary care throughout the Oregon Region.

Each PMG clinic has its own clinic leadership and administrative staff. It is essential that interns gain knowledge and awareness of medical and clinic leadership, building strong collaborative alliances with the team to support effective patient care. There is additional administrative support through the PMG Department of Psychology. On-site supervisors at Providence Medical Group have ongoing contact with the intern, as well as weekly supervision.

Internship Completion Criteria

To successfully complete the doctoral internship, interns are expected to fulfill the following requirements and demonstrate competence in each of the areas described in this manual.

- A minimum of 2,000 hours of program participation, including 500 hours of direct clinical work.
- At least 32 hours weekly in a Providence Medical Group clinic.
- At least six hours per week spent in didactic and supervisory activities.
- Dissemination of findings from their program development research projects.
- Both the Training Director, Providence Medical Group supervisors and the Providence Clinical Training Manager track interns' competence using self-evaluations and evaluations. These evaluations occur at mid-year and at the end of the internship (with the exception of the self-evaluation, which is completed at the beginning and end of the year).
 - Competencies that fall below a 3 will require a remediation plan. Successful completion of the internship requires a competency score of 4 or better, for each competency, by the end of the year.
- If an intern is below a 4 in certain competencies by the end of the year, despite having remediation plans in place, they will fail the internship.
- An intern can petition the Training Committee to allow an extension of the internship and a second remediation plan to prove that they can perform the lacking competency at a satisfactory level 4 or to make up for any missing hours. However, allowing this is at the Training Committee's discretion.

At the end of the year, interns review and complete the "Intern End-of-Year Checklist" prior to the end date. The End Of Year Checklist can be found in [Appendix H](#). Each intern receives a certificate and letter of completion upon successfully finishing the internship.

Evaluations

Interns are given frequent feedback from supervisors based on their professional work. Additionally, they receive written and timely (mid and end of year) feedback via their competency-based evaluation completed by their supervisor (see [Appendix I](#)). The Internship Training Director follows the procedures below for the beginning, mid, and end of year evaluations:

1. At the start of the year, interns complete a self-evaluation to record a perceived baseline competency rating and to identify training goals for the year. The self-evaluation form asks interns to reflect on the same competency-specific items as the intern supervisors will evaluate, which provides an opportunity for a comparison to their supervisor's evaluation.
2. PMG intern supervisors complete a competency-based evaluation of intern performance twice; at the middle and end of the year.
3. The Internship Training Director and Assessment Supervisor complete and/or inform specific domains of the competency-based evaluation form as well, which is integrated into the full mid and end of year evaluations.
4. The Training Director and Supervisors review the evaluation at mid-year and end of year with the intern and the intern is given the opportunity for a written response, if desired.
5. All evaluations, and student responses, become part of the intern's file.
6. If any competencies, in the mid-year evaluation, are below a **3**, a remediation plan is collaboratively created and implemented. This provides the intern ample time to incorporate corrective feedback into their service delivery. If the intern cannot improve their score on all competencies to a 4, or better, by the end of the internship year the intern will fail the internship.
7. The Remediation Plan template can be found within [Appendix J](#).

Self-Study

Interns are required to complete a Self-evaluation at the beginning and middle of the year, and a Training Program evaluation at the middle and end of the year. Data from evaluations are redacted as best as possible and reviewed for intern progress, supervisor alliance, satisfaction with didactic workshops, and the overall training experience.

To maintain ongoing formative proximal and distal feedback, the Training Committee reviews programming in context of all evaluation data and feedback as it becomes available. Future programming is generated or adapted in response to intern identified growth areas. In the spirit of ongoing reflection and improvement, evaluation format, forms or processes may be incorporated during the training year to help optimize the intern training experience. Any adjustments are communicated directly and clearly to all interns. Interns are given the opportunity for communication and input into these adjustments if they arise. Interns can expect to receive a post-internship survey, sent one or five years after completing their internship, to improve the program for future intern cohorts.

Policies and Procedures

The Training Committee follows the policies and procedures for doctoral internships, established by the

APA's Commission on Accreditation (CoA). The Training Committee consists of: the Regional Director of Psychology, the Training Director, at least one Behavioral Health Medical Director, at least one Supervisor, and at least one local Behavioral Health Provider who is invested in training best-practices. In addition, the program provides Supervisors an opportunity for supervisory consultation at a meeting scheduled monthly and facilitated by the Training Director with all acting supervisors for all trainees.

The Training Director manages daily operations and routine decisions pertaining to the internship, including didactic seminars, scheduling, and personnel matters. The Training Committee oversees programmatic issues, including policies, goals of training, review of interns' progress, ongoing self-study, interviews and ranking of potential future interns, and program improvement.

Application for Internship

The internship abides by all APPIC guidelines and requirements, and applications should be submitted through the AAPI Online process. Details are available at the APPIC website (www.appic.org). No supplemental applications materials are required beyond the AAPI Online requirements. Applications for the next (2027-28) internship cohort are due on **November 16, 2026**, by midnight Pacific time. In a mindful attempt to be equitable and safe, all interviews are conducted virtually.

All applications are screened by members of the Training Committee, Providence's Behavioral Health Providers, and the current intern cohort as they are knowledgeable of the necessary skills to be successful in the position. Committee members, supervisors, and the current intern cohort conduct interviews and provide recommendations to the Training Director for APPIC match rankings. The Training Director makes the final ranking decisions and submits them to the National Matching Service.

Once interns are matched to the site, a letter of agreement is sent within 48 hours. This letter includes information about start and end dates, internship salary, contact information for the Training Director and other relevant information about the internship.

Statement of Non-Discrimination

The program adheres to the Providence Health and Services – Oregon Equal Employment Opportunity Policy ([Appendix L](#)). Every effort is made to ensure diversity in selected trainees. Providence Medical Group specifically encourages diverse candidates to apply for the training program. Selections are non-discriminatory based on age, gender, gender identity, race, ethnicity, culture, national origin, sexual orientation, disability, and socioeconomic status.

The program excludes collecting any information not relevant to intern success during the process of application, interview, and selection for offering of positions. Demographic data not relevant to intern 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.

Requirements for Selection

An applicant must have completed at least three years of study in an APA-accredited clinical psychology doctoral program in the United States, with the student having successfully completed their academic coursework, comprehensive exams, supervised practicum experiences and must be in good academic standing.

Candidates with prior training in integrated primary care and interprofessional medical settings are highly preferred, as interns will be expected to provide services in medical clinics on integrated Primary Care Behavioral Health teams. Within the APPI, applicants must also be verified as *ready to apply for internship* by the Director of Training at their home graduate program.

Start and End Dates

The internship begins on August 3, 2026, and ends on July 30, 2027.

Salary, Benefits, and Administrative Support

Interns are employees of Providence Medical Group and are eligible for benefits as outlined in the employment letter. Interns have access to HR for support specifically related to salary or benefit related concerns. A one-hour orientation to HR will be provided during the first week of orientation to review benefits, salary, and answer questions.

Salary and Benefits

Interns receive an annual salary of \$43,888.00. Medical, dental, vision and other insurance are available for variable costs based on desired coverage levels.

The internship provides psychological testing materials, as required to complete neurodevelopmental assessments and program development projects. Interns are well supported by Providence administrative staff as needed throughout the internship year. Other supplies and benefits are available as appropriate, including library resources and Choose Well discounts/benefits.

Leave/Vacation Protocols

Interns are encouraged to proactively plan and use their Provider Time Away (PTA). Vacation time cannot be accrued and used continuously at the end of the year. Interns must be present for their final internship training day. Time off during the final week of internship training will be discouraged but not prohibited outside the final day which is **July 30, 2027**.

Interns are eligible for 23 days of Provider Time Away (PTA) which allows for both sick and vacation leave.

Holidays observed by Providence are New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. *These holidays are included in the 23 days of time off.* Interns are also granted 40 hours of professional leave to attend events such as outside education, dissertation activities, post-doctoral interviews, and to attend graduation. These and other absences may also be accommodated through PTA.

Interns must inform the internship training director, their primary supervisor, clinic leadership, and clinic team **four weeks prior** to any planned time away for vacation, continuing education, and examination study time. Interns may consult their clinical supervisor for exceptions to this timeline. **Interns are also required to set up Microsoft (Teams/Outlook) notifications for any time away that adheres to department policies.**

Maintaining consistency in patient care is essential, therefore vacations and professional leave should be scheduled with minimal or no need to reschedule patient appointments. Please be proactive when planning time away, assuring support from your Primary Supervisor, Training Director, and clinic leadership before planned absences, using the process described below.

When requesting time off (PTA, or EDU) interns must block their Microsoft Teams/Outlook calendar and their EMR/EPIC schedule; doing so involves two distinct processes.

- 1) In Microsoft Teams/Outlook, use the "All Day" feature to create an invitation for each/all days absent and indicating in the subject whether absence is Provider Time Away (PTA) or Professional leave (EDU). Also note the covering provider, which is traditionally the licensed supervisor but may be different if they are away the same day. Invite the primary supervisor _____, the clinic manager _____, and the Training Director Teresa DaVigo and anyone else who may be impacted by your leave _____. Acceptance of the invitation is an indication your time off request has been approved.
- 2) Request and confirm that the EPIC EMR schedule is appropriately blocked.

When completing timecards in the UKG Pro app, interns are expected to track their PTA, sick days, and professional leave/continuing education days. Providence does not 'pay out' for unused PTA remaining at the completion of the training year.

Sick Callouts: Interns communicate with the primary supervisor, clinic leadership, and training director in a timely manner if a sick callout is required. For clinic support and patient care purposes, it is essential for interns to communicate illness as early as possible (which includes weekends). Each clinic has specific protocols and workflows for calling out sick, and interns are expected to follow these pathways in concert with the training program processes. When necessary, trainees may also contact Employee Health (Call them at 949-534-4450) consistent with illness, clinic policies and/or COVID guidelines. Primary supervisors will indicate whether Employee Health must be called.

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

Extended Absence

An intern may be excused from service for parental 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 if intermittent absences are needed, interns must 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 and Primary Supervisor. All subsequent absences under intermittent leave must be reported to Sedgwick, the Training Director, and their primary supervisor.

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

Sedgwick will set up the appropriate claim and assign a specialist to the intern's case. Required forms will be sent to the intern 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 Absence and Internship Completion: Please Note, Extended absences **do not** reduce the overall number of hours or months required for completing the internship. If extended leave is necessary, an intern may need to extend the length of their training year to successfully complete the required training hours. **If this occurs, the salary and stipend end after the first 12 months of training.**

Maintenance of Records

An electronic personnel file is created for every intern, maintained by the Training Director and accessible by people directly involved in the training program including the intern. The file begins when the intern becomes matched with internship. The file is maintained and updated throughout the internship year and is permanently kept as a record of training after the completion of internship. The purpose of the intern file is to document progress through the training year. Personnel files contain information submitted by the intern, primary and associate supervisors, training faculty and the Training Director. The files are property of the Providence Medical Group Integrated Care Internship. Some information is restricted from view for privacy purposes. Access to information in personnel files is governed by Providence policy.

Policy of Students with Disabilities

If an intern has a specific physical, psychiatric, and/or learning disability and requires accommodation, please contact the Training Director as early as possible so learning and training needs may be appropriately met. Current documentation about the disability is needed and is maintained in the internship file.

Accommodation will be made consistent with Providence Medical Group Reasonable Accommodation Policy. The Training Director will receive the trainee documentation of disability through Sedgwick, a third party administrator that reviews documentation related to accommodation requests and finalizes eligibility for the requested accommodations. See [Appendix M](#) to review the Providence Oregon Reasonable Accommodations Policy.

Clinical Suitability Concerns

Providence recognizes the rights of interns to be treated with courtesy and respect. To maintain the quality and effectiveness of interns' learning experiences, all interactions among doctoral students, interns, internship faculty and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see APA Ethical Principles of the Psychologists and Code of Conduct). The internship program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise regarding them. The remaining sections and listed guidelines in this manual are intended to assist interns if disagreements in conduct or concerns around professional behavior should arise.

Grievance Process

If concerns about a supervisor, Training Director, or staff emerge, the following steps will be taken:

Step 1: Informal Resolution

Informal resolution is encouraged and according to the guidelines established in the APA Ethical Principles, this form of resolution allows for direct communication between the intern(s) and supervisor about the problem and seeks resolutions. As stated within the remediation process, the Providence Internship community ethos is guided by an expectation for fairness and justice and it is expected that supervisors, staff, and interns express, and respond to concerns with respect and integrity.

Step 2: Informal Mediation

If an informal resolution is insufficient to address the concerns expressed by the intern(s), the following will take place:

- The Training Director (or appropriate designee) will mediate a subsequent meeting.
 - If the concern involves the Training Director, the communication can initially be addressed to the Senior Psychologist Medical Director.
- The mediation meetings will be scheduled within two weeks of the request and will include both

parties and the designated mediator.

- Discussion and problem resolution will be documented and may include interventions for both intern and supervisor, Training Director and/or staff.
- A one-month check-in will occur for at least three months after the informal mediation.

Step 3: Formal Grievance

If the informal mediation process is insufficient to address concerns expressed by the intern, a formal grievance will be addressed by the Internship Training Committee as follows:

- All parties involved in the grievance will receive a letter from the Training Director (or Psychologist Medical Director if grievance involves the Training Director) notifying them of the referral to the Training Committee with a description for the specific reasons of the referral and establishing a meeting date.
- During the meeting, the intern will be encouraged to provide additional information to fully understand their concern(s).
- Following this meeting, the Training Director (or designee) will work with the intern to develop a response plan to address the founded concern(s) of the grievance. The Training Director (or designee) will share the proposed plan with the Training Committee who may make additional recommendations (e.g., change of supervisor, etc.)
- Following the consultation with the Training Committee, the Training Director (or designee) will meet with the intern to confirm the plan, and all parties will receive a copy of the plan.
- A specific timeframe and a follow-up meeting within one month will be scheduled to assess the impact of the response plan and to determine next steps, e.g., resolution of grievance, ongoing maintenance of plan with one-month follow-up or the need to develop a revised plan which will follow the above process.
- The results of the meeting will be documented and entered in the training program's file.
- The Training Director (or designee) will remain sensitive to the power differential that may affect the intern's willingness to address their concerns. Weekly meetings with the Training Director (or designee) will allow additional informal check-ins to ensure the intern is experiencing support, with no evidence of retaliation, during this process.

If at any time an intern feels unsafe with their supervisor and/or believes that unethical or inappropriate behavior is occurring on behalf of their supervisor, the intern is advised to come immediately to the Training Director and a formal Caregiver Relations advocate, and HR case will be initiated. If the intern's concern is related to any actions of the training leadership, Interns are encouraged to seek support from another member of the Training Committee or Psychology Department Leadership and submit a Caregiver Relations request immediately. The intern will be provided with an alternative supervision plan as appropriate throughout the investigative period. Upon conclusion of any investigation related to a supervisor, the Training Committee will

partner with the intern to develop an appropriate training plan moving forward.

Intern Competency Concerns and Remediation Process

In 2006, the Board of Educational Affairs (BEA) of the APA collaborated with the Council of Chairs of Training Councils (CCTC) to clarify the requisite foundational and functional competencies for students in professional psychology programs. The CCTC committee states, “Foundational competencies refer to the *knowledge, skills, attitudes and values* that serve as the foundation for the functions a psychologist is expected to carry out” (CCTC, 2007, p. 5). The document explains that foundational competencies are the prerequisite to acquiring functional competencies. Foundational competencies include reflective practice of self-assessment, scientific knowledge, relationship skills, and awareness of ethical-legal standards, individual-cultural diversity, and interdisciplinary systems.

If concerns about an intern’s foundational or functional competencies emerge, the following steps will be taken:

Step 1: Informal Resolution

According to the guidelines established in the APA Ethical Principles, informal resolution allows for direct communication between the supervisor(s) and intern to resolve any competency concerns. As stated above, the Providence Internship community ethos is guided by an expectation for fairness and justice and it is expected that supervisors, staff, and interns express, and respond to concerns with respect and integrity.

Step 2: Informal Mediation

If an informal resolution is insufficient to address the competency concerns expressed by the supervisor, the following will take place:

- The supervisor will request the Training Director mediate a subsequent meeting.
- The mediation meeting will be scheduled within one week of the request and will include both the supervisor and intern.
- Discussion and problem resolution will be documented including a collaborative performance improvement plan with clearly defined goals reflecting the expressed concerns. This improvement plan will be developed and signed by each member of the group. A follow-up meeting will be scheduled one month after the informal mediation meeting. At the follow-up meeting, progress toward goals will be discussed, reviewed, and documented. During this meeting the intern, supervisor, and Training Director will determine if:
 1. The goals of the performance improvement plan have been met and therefore resolved with documentation that the student is meeting expectations.
 2. The plan needs to continue as it is, in which case a subsequent meeting will be scheduled in one month.
 3. The goals of the plan have not been met and intervention needs to be increased to the next

level, which is Formal Remediation.

Step 3: Formal Remediation

If the informal mediation process is insufficient to rectify competency concerns, a formal remediation plan will be established. At this point:

- The Training Director will schedule a meeting with both the supervisor and intern to discuss the specific areas of ongoing concerns and collaboratively revise the performance improvement plan accordingly.
- A period for expected remediation will be established, ensuring the intern has adequate time to make corrective changes; consequences of not rectifying these areas will be stated.
- The Director of Clinical Training of the intern's graduate program will be contacted, and a copy of the remediation plan will be provided. If any suspected difficulties with the intern is substantiated, the Training Director or a delegate from the Training Committee will seek input from the academic program about how to address such difficulties.
- A follow-up meeting will be scheduled one month from the formal remediation meeting with the Training Director, supervisor, and intern to discuss progress made within the plan. Like the process above, the remediation will either be completed, continue for another month as is, or be revised to reflect new concerns.
- Documentation, in writing, is made to all relevant parties regarding any final actions taken by the program, along with its rationale.

Please see the Remediation Plan template available in the appendices ([Appendix J](#)).

If at any time during the intern competency and remediation process an intern would like to invite a mentor and/or training advocate from their Academic Training Program to participate in the remediation process in a supportive and constructive manner, they are welcome to do. Interns are asked to consult and collaborate with the Training Committee related to incorporation of a training mentor from the interns' home doctoral program.

Appeal Process for Intern Competency Concerns

Decisions by the Training Director and/or Committee may be appealed. In the event of an appeal the following process must be followed:

Step 1: If the intern disagrees with the decision of the Training Director and/or Committee, the intern can submit a written appeal to Chief Executive of Behavioral Health for Providence Medical Group within 10 days of receipt of the Training Director/Committee's decision.

Step 2: The Chief Executive of Behavioral Health for Providence Medical Group will consult as appropriate and

determine a final decision on the appeal. The decision may support the appeal and refer to the Training Director/Committee or deny the appeal with written explanation. A written copy of the appeal decision will be sent to all parties, including the DCT of the intern's graduate program.

Complaints About Other Interns

Consistent with the APA Ethical Standards and Code of Conduct, it is recommended that informal resolution be the first step in resolving a conflict or concern with another intern. When concerns arise, the complainant should contact the intern in question and frankly discuss the concerns. If resolution is not reached, one may engage in the following formal complaint resolution process.

Complaints may be made against fellow interns for the following reasons:

1. Alleged violation to APA Ethical Principles and Code of Conduct, state, or federal laws.
2. Alleged violation of internship policies.
3. Concerns about an intern's clinical suitability for the practice of clinical psychology.
4. Concerns about an intern's physical, intellectual, or emotional abilities to perform the essential
5. functions of a clinical psychologist.

Because of the nature of a formal complaint, and the subsequent investigation, complete confidentiality of the complainant may not be possible. It is desirable for the complainant to submit the complaint(s) in writing and be interviewed by the Training Committee. Written documentation of the complaint and outcome is kept in the intern's permanent file. Typically, complaints against an intern will be handled in the following manner:

1. Complaints about an intern should be written and sent to the Internship Training Director.
2. The Training Director communicates the complaint to the Training Committee within five working days of receipt of the complaint.
3. The Training Director notifies the intern that a complaint(s) against them has been made within five working days of receipt of the complaint.
4. The Training Committee gathers necessary information from faculty, concerned students, site supervisors, or patients.
5. The Training Committee provides the intern with written documentation of the specific complaint(s) and concerns of the Committee within 20 working days of receipt of the complaint from the Training Director.

The Training Committee interviews the complaint with the intern, to obtain additional information and their response to the allegations, within 10 working days of written notification. The intern may bring another intern, a faculty member, or supervisor to the interview to serve as a support person. The student may offer to the Training Committee names of person(s) who may provide information on behalf of the student. This is not a litigious process, and attorneys should not be involved at this level.

The Training Committee recommends a decision within 10 working days of the student interview. Recommendations include, but are not limited to:

1. Dismiss complaint.
2. Letter of reprimand.
3. Remedial actions. The intern must submit documentation of satisfaction of remedial recommendations

- by a specified date.
4. Dismissal from the internship.

The Training Committee decides on the committee course of action and the Training Director notifies the student in writing within three working days.

Appeal Process for Complaints about Other Interns

Decisions by the Training Director and/or Training Committee may be appealed. In the event of an appeal the following process must be followed:

Step 1: If the intern disagrees with the decision of the Training Director and/or Training Committee, the intern can submit a written appeal to Chief Executive of Behavioral Health for Providence Medical Group within 10 days of receipt of the Training Director/Committee's decision.

Step 2: The Chief Executive of Behavioral Health will consult as appropriate and determine a final decision on the appeal. The decision may support the appeal and refer to the Training Director/Committee or deny the appeal with written explanation. A written copy of the appeal decision will be sent to all parties, including the DCT of the intern's graduate program.

Appeal Process Considerations

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

Providence HR Policies

The following HR policies are included here for easy reference. For any updates and full policy review, please visit the Providence [Caregiver Service Portal](#) on the Providence intranet page. Policies as outlined on the Caregiver Service Portal page will be considered the full, enforceable policy for Providence Health Services. The PMG Internship Training Program has no tolerance for caregivers whose services are impaired due to active or reactive use of substances, or who are under the influence of substance(s) while in clinic or participating in training program activities. There is also no tolerance for harassment, discrimination or retaliation within the workplace or training program. The Providence Medical Group Internship endorses, and interns and supervisors must comply with Section 3.02 and 3.03 of the *Ethical Standards of Psychologists and Code of Conduct*, which state:

Sexual Harassment (3.02)

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical

advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

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

Other Harassment (1.12)

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

The Substance Free Workplace Policy, and Harassment Discrimination Retaliation Policy, and other policies can be found in **Appendices K through O**. A comprehensive repository of Providence's policies related to Harassment, Drug Free Environment, and other student rights and expectations can be found on the HR Caregiver Services Portal for Providence Health System: [My Policies - Caregiver Service Portal](#)

Academic Integrity

According to the APA Ethics Guidelines, "Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally." This guideline applies to all work submitted in the internship training program (electronic, written or oral). Submission of oral presentations or written work that include plagiarized material (text, data, AI) is a serious infraction. Interns who plagiarize will be subject to disciplinary action, which may include being dismissed from the internship.

Mission, Values, and Community Aspirations

Our Mission

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

Our Values

Compassion

Jesus taught and healed with compassion for all. –Matthew 4:24

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional, and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

Dignity

All people have been created in the image of God. –Genesis 1:27

We value, encourage, and celebrate gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

Justice

Act with justice, love with kindness and walk humbly with your God. –Micah 6:8

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

Excellence

Whatever you do, work at it with all your heart. –Colossians 3:23

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate, safe, and reliable practices for the care of all.

Integrity

Let us love not merely with words or speech but with actions in truth. –1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

Our Vision

Health for a Better World.

Our Promise

“Know me, care for me, ease my way.”

Training Year Aspirations

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

Interns are invited to be part of this learning community with the hope that the Psychology Department and Training Paradigm contribute to their growth, and positively shape their career as a licensed psychologist, ultimately positively impacting, and expanding the field of psychology.

Internship is a time of transition, providing opportunity for trainees to further develop skills learned during earlier years of graduate training while also preparing for entry into professional psychology as a career. It is hoped that the internship provides many opportunities for personal and professional development.

Interns are valued colleagues. Please feel free to ask questions, share comments and voice concerns to the Training Director, supervisors, and staff.

We hope you enjoy your internship year!

Appendices



Appendix A: Internship Handbook Checklist

2026-2027 Providence Integrated Care Internship Handbook Checklist

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• Orientation to Internship	
• Goals and Competencies	
• Professional Areas of Focus	
• Estimated Weekly Schedule	
• Working Hours	
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• Responsibilities of Supervisor	
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• Intern Competency Concerns and Remediation Process	
• Appeal Process for Intern Competency Concerns	
• Complaints About Other Interns	
• Appeal Process Considerations	
• Providence HR Policies	
• Harassment Policies	
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• Academic Integrity	
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• Our Values	
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APPENDICES	
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C: Integrated Psychological Assessment Rubric	
D: Program Evaluation and Improvement Rubric	
E: Case Presentation Rubric	
F: Reflective Local Practices	
G: Hours Tracking Form	
H: End of Year Checklist	
I: Supervisor Evaluation of Intern Form	
J: Remediation Plan Template	
K: PMG TeleSupervision Policy	
L: Equal Employment Opportunity Policy	
M: Providence Oregon Reasonable Accommodation Policy	
N: Substance Free Workforce Policy	
O: Providence Harassment Discrimination Retaliation Policy	

Appendix B: Profession Wide Competencies

Profession-Wide Competency (PWC) #1: Research
Training Objective: Produce new professionals who can independently access research and apply scientific methods to practice.
Competencies Expected: 1. Independently accesses and applies scientific knowledge & skills appropriately and habitually to the solution of problems, 2. Readily presents own work for the scrutiny of others, 3. Demonstrates advanced level of knowledge of and respect for scientific knowledge of the basis for behaviors, 4. Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization, 5. Effectively applies EBP concepts in practice, 6. Critically compares and contrasts EBP approaches with other theories and interventions in the context of case conceptualization and treatment planning.
PWC #2: Ethical and Legal Standards
Training Objective: Produce new professionals who can independently identify ethical and legal concerns and effectively respond to them.
Competencies Expected: 1. Independently recognizes and manages special circumstances and potential ethical issues, 2. Uses good judgment about unexpected issues, such as crises, confrontation, etc., 3. Demonstrates awareness of potential conflicts in complex ethical and legal issues when conducting supervision, 4. Spontaneously and reliably identifies complex ethical and legal issues when conducting supervision and analyzes and proactively addresses them, 5. When unsure of how to proceed when confronted with an ethical dilemma, will reliably seek consultation with supervisor or another appropriate expert, 6. The intern is familiar with the relevant laws and statutes pertaining to the practice of psychology in the setting and region they are working in.
PWC #3: Individual and Cultural Diversity (ICD)
Training Objective: Produce new professionals who can independently monitor and apply knowledge of self and others as an ICD-being and consider the intersecting and complex dimensions of diversity.
Competencies Expected: 1. Independently articulates, understands, and monitors own cultural identity in relation to

work with others, 2. Regularly uses knowledge of self to monitor and improve effectiveness as a professional, 3. Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues content, 4. Regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional, 5. Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others, 6. Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care), 7. Uses culturally relevant best practices.
PWC #4: Professional Values, Attitudes, and Behaviors
Training Objective: Produce new professionals who behave in responsible and professionally effective ways that represent the field of psychology with honor.
Competencies Expected: 1. The Intern follows the policies of their clinic/agency, 2. The Intern is consistently on time to appointments and meetings and communicates well about absences and time-off, 3. The Intern finishes their paperwork in a timely fashion, 4. The Intern's written work is at a professional level of quality, 5. The Intern is prepared for all meetings and appointments, 6. The Intern demonstrates the appropriate professional presentation (clothing, posture, language, hygiene, politeness) for the setting in which they are working, 7. Habitually adapts one's professional behavior in a culturally sensitive manner, as 8. appropriate to the needs of the client, that improves client outcomes and avoids harm, 9. Regularly uses knowledge of others to monitor and improve effectiveness as a professional.
PWC #5: Communication and Interpersonal Skills
Training Objective: Produce new professionals who can effectively function within a clinical setting.
Competencies Expected: 1. Communicates effectively with individuals from other professions, 2. Independently articulates, understands, and monitors multiple cultural identities in interactions with others, 3. Seeks consultation with regard to addressing individual and cultural diversity as needed, 4. Writes a high-quality case summary incorporating elements of evidence-based practice and presents it for peer review and discussion, 5. Seeks consultation, when necessary,

6. The intern can create effective working relationships with all the staff at their site(s).
PWC #6: Assessment
Training Objective: Produce new professionals who can effectively perform comprehensive assessments and screenings and clearly report the results.
Competencies Expected: 1. Accurately assesses presenting issues taking in to account the larger life context, including diversity issues, 2. Effectively selects appropriate assessment/screening tools that fit the presenting issue, 3. Effectively and accurately performs various screening and assessment procedures, 4. Uses assessment data to conceptualize cases independently and accurately, 5. Writes a professional-caliber report that correctly and clearly integrates the assessment data into a diagnosis with patient-specific recommendations.
PWC #7: Intervention
Training Objective: Produce new professionals who can independently plan and provide effective interventions.
Competencies Expected: 1. Presents rationale for intervention strategy that includes empirical support and can defend their reasoning well, 2. Independently selects an intervention or range of interventions appropriate for the presenting issue(s), 3. Develops rapport and relationships with wide variety of clients, 4. Effectively delivers interventions, 5. Independently and effectively implements a typical range of intervention strategies appropriate to practice setting, 6. Terminates treatment successfully, 7. Independently assesses treatment effectiveness & efficiency, 8. Critically evaluates own performance in the treatment role.
PWC #8: Supervision
Training Objective: Produce new professionals who can independently provide supervision to others.

Competencies Expected:

1. Articulates a philosophy or model of supervision and critically reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives,
2. Creates an effective supervision contract,
3. Demonstrates knowledge of limits of competency to supervise (assesses meta-competency),
4. Constructs plans to deal with areas of limited competency,
5. Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients,
6. Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client(s), supervisee, supervisor)
7. Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it,
8. Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process.
9. Identifies impact of aspects of self in therapy and supervision
10. Provides competent supervision to less advanced trainees, peers, or other service providers in typical cases appropriate to the service setting.

PWC #9: Consultation and Interprofessional/Interdisciplinary Skills

Training Objective: Produce new professionals who have knowledge of interdisciplinary teams and can collaborate with other professionals and who can critically evaluate a program's functioning.

Competencies Expected:

1. Demonstrates ability to articulate the role that others provide in service to clients,
2. Appreciates and integrates perspectives from multiple professions,
3. Displays ability to work successfully on an interdisciplinary team,
4. Systematically collaborates successfully with other relevant partners,
5. Demonstrates skill in interdisciplinary clinical settings, working with other professionals to incorporate psychological information into overall team planning and implementation,
6. Provides supervisors with insightful and useful reflections on what is working well and what can be improved at their different consortium sites at the mid-year evaluation. In the second half of the year, these reflections are presented via the program evaluation project (see handbook),
7. Collaborates effectively with other providers, or systems of care, to coordinate continuity of care for the patients.

How Outcomes are Measured: All competencies are rated using supervisor ratings on a 5-point Likert scale 1= Cannot Demonstrate, 2= Needs extensive supervision to demonstrate, 3= Can demonstrate in most situations, requires some supervision in more complex situations, 4= Can demonstrate, even in complex situations, without supervision, 5 = Can demonstrate with advanced skill (similar to licensed clinician). Self-reports by interns will be collected at the beginning and end of training as a discussion tool for supervision purposes. Supervisor ratings will be collected in the middle (February/March) and end (July) of the internship training.

Minimum Thresholds for Achievement for Expected Competencies: Within each objective, the intern is expected to achieve mastery of all competencies and must achieve a score of at least 3 by the end of the year. If any competencies are at a 2 or less at the mid-year evaluation, the intern, their onsite supervisor and the Training Director will create a remediation plan to improve these skills. **If any competencies are below 3 at the end of the year, then the intern will fail the internship.**

Appendix C: Integrated Psychological Assessment Rubric

Assessment Rubric

Name:
Evaluator
Date:

Informed Consent/Ethical Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not completed or not clearly identified in documentation.	Basic informed consent completed, missing key components or ethical considerations.	Demonstrates ability to provide appropriate informed consent and ethical considerations. Able to complete with minor inconsistencies or need for support.	Clearly articulates informed consent and ethical considerations as part of assessment process.	Clear mastery with ability to articulate informed consent with nuances around consent/assent, ethical and legal awareness, and appropriate process.
Comments:				

Clinical Interview				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Significant gaps in relevant hx, information gathered, sxs, presentation and fxing.	Relevant history and information gathered, missing functional and contextual considerations, may not directly speak to reason for referral.	Appropriate documentation of presenting concern. May be missing minor considerations for sxs, impact in fxing, and essential hx.	Appropriate documentation of presenting concerns, sxs, impact in fxing, as well as clinical and developmental hx based on reason for referral.	Clear mastery with targeted hx outlining sxs, impairment in fxing, developmental considerations, cultural/contextual considerations appropriately targeting reason or referral with known concerns.
Comments:				

Review of History				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Chart history/review not completed.	Cursory review of medical record, salient hx not clearly outlined.	Appropriate review of medical record with clear outline of biopsychosocial considerations from known hx. May need some coaching for incorporation of nuanced details.	Thorough medical review completed w/ appropriate, concise summary of salient details relevant to reason or referral.	Clear understanding and awareness of relevant details from medical record. Able to weave medical hx into understanding of pt's self-reported current presentation.
Comments:				

Risk Assessment				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not completed/document ed as part of assessment.	Brief inclusion of historical or recent risk and safety considerations.	Appropriate identification and documentation of current risk and safety considerations.	Appropriately identifies current and hx of risk and safety considerations.	Appropriately identifies current and hx of risk and safety considerations, NSSI, and relevant risk and protective factors.
Comments:				

Behavioral Observations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not included or not objective.	Attempt at some objective documentation of patient presentation.	Provides thorough objective statement regarding patient presentation, meaningful considerations observed during testing and pt's orientation.	Provides thorough objective statement regarding patient presentation, meaningful considerations observed during testing and pt's orientation. Consideration of how presentation may impact testing results.	Robust documentation of pt presentation, nuanced considerations of approach to test taking, statements of effort and meaningful consideration that may impact testing outcome.
Comments:				

Assessment/Testing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Testing not administered/scored accurately.	Tests administered accurately with some help/support in scoring.	Evidence based administration of testing and scoring.	Tests appropriately administered and scored.	Testing processes clearly target the identified reason for referral. Scoring takes into consideration contextual/cohort considerations.
Comments:				

Interpretation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Inaccurate interpretation and/or minimal use of dx background/hx to interpret.	Minimal use of hx, dx interviewing, or background information to interpret assessments.	Frequently uses hx, background, and pt information as well as reason for referral to contextualize and interpret administered assessments.	Consistently uses hx, background, referral concerns, and relevant background/information to conceptualize and interpret tests administered.	Clear mastery of interpreting test in context of pt presentation, background, lived experience, and relevant information. Incorporation of outside research to support testing results for minority identity markers.
Comments:				

Clinical Impressions				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not related to either history or objective testing data.	Impressions lean heavily on testing data.	Clinical impressions integrate both testing data and clinical hx.	Clinical impressions integrate testing data, bxl observations and clinical hx. Attempt to weave information together in a narrative that highlights salient details of pt presentation.	Demonstrated mastery in report narrative that draws to natural impressions integrating clinical hx, bxl obs, testing and contextual considerations into a strong summary that can independently result in a reader's understanding of dxs and recommendations.
Comments:				

Diagnostic Impressions				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Diagnostic impressions not included or do not align with documentation.	Diagnostic impressions including but not fully supported.	Good diagnostic impressions drawing from both self-report/hx and objective testing data.	Strong diagnostic impressions, report includes information related to diagnostic differentials tied to information from clinical interviewing and objective testing.	Strong diagnostic impressions, nuanced interpretation, report includes information related to diagnostic differentials and diagnostic rationale. Diagnoses are well supported by both clinical interview and objective testing. Take into consideration cultural/contextual components of presentation.
Comments:				

Recommendations/Plan/Feedback				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not relevant to reason for referral and/or testing results. Feedback directly to patient is minimal and only includes results.	Loosely tied to reason or referral and/or outcome of testing. Feedback directly to patient includes results and simple provision of resources with no discussion of specific resources.	Recommendations clearly tied to results and diagnosis, will help to guide patient care. Feedback helps set up patient for success with description of next steps.	Recommendations clearly target biopsychosocial considerations resulting from testing, including diagnostic impressions. Feedback is focused on most pertinent and helpful recommendations for the patient, with clear descriptions of next steps, along with answering questions.	Recommendations clearly target biopsychosocial considerations resulting from testing, including diagnostic impressions. Guide not only pt but larger care team in best approaching and supporting pt's care needs moving forward. Feedback is thorough, with description of most pertinent steps for the patient and which specific recommendations would be most helpful for patient.
Comments:				

Diversity Equity Inclusion				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No awareness of DEI/cultural considerations in testing.	Identifies relevant identity markers as part of standard background and hx gathering.	Identification of relevant identity markers. Consideration of cultural/contextual considerations in hx gathering/clinical background and pt presentation.	Identification of relevant identity markers. Consideration of cultural/contextual considerations in hx gather/clinical background and pt presentation, clinical interpretation, dx conceptualization and recommendations.	Clear identification of relevant identity markers. Nuanced consideration of cultural/contextual considerations in hx gathering, clinical backgrounds, assessment selection and interpretation. Actively seeks out and includes updated literature to support evidence-based interpretation of measures in context of pt's known identity markers.
Comments:				

Professionalism/Writing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Unorganized, writing is not professional and does not clearly convey relevant information. Overall approach is inconsistent and information given to patient is vague.	Writing struggles to convey relevant information and is not helpful for other providers. Information given to patient is boilerplate, lacking information beyond basic instructions.	Report is organized and concise. Generally, conveys patient information in a way that is meaningful to both pt and intended audience. Information given to patient is specific to their situation.	Report is well organized. Clear, concise writing. Appropriately and accurately describes the pt and conveys meaningful hx relevant to the referral question and recommendations, with specific emphasis on the assessment section and deliberate writing for specific audience.	Report is well organized. Concisely describe results and diagnostic reasoning. Feedback and information are relevant to referring provider and the patient. Information given to the patient is done with specific and nuanced instructions that are relevant to the pt's biopsychosocial context.
Comments:				
Additional Comments / Feedback:				

Some reference markers adapted from:
 Wiener, J. & Costaris, L. (2012). Teaching Psychological Report Writing: Content and Process. *Canadian Journal of School Psychology*. 27(2).
<https://doi.org/10.1177/0829573511418484>

Appendix D: Program Evaluation and Improvement Rubric

Program Evaluation and Improvement (PEI) Rubric

Rationale:

Research is an important competency that guides clinical work and advances our profession. The Program Evaluation and Improvement (PEI) Project is a scholarly activity intended to engage interns in the process of evaluating a healthcare program/process and proposing and/or implementing improvements within the program/process. Learners are expected to review literature and apply evidence-based practice(s) to inform their PEI Project.

Process:

The focus of each PEI Project should be decided on in collaboration with at least the intern and their primary supervisor. Specific activities for the PEI will be based on program needs, clinic needs, and/or intern areas of interest and expertise. Interns are encouraged to discuss specific opportunities that may arise at their clinical placements.

The intern will adopt a structured, evidence-based model of program development to inform their literature review, needs assessment, implementation, data collection, data analysis, and outcome.

Interns will present the results of their data to members of the Psychology Department, members of their clinic, and/or the audience most likely to benefit from their clinical work.

Requirements:

- Written SBAR (5–7-pages) outlining project using appropriate APA formatting
 - Situation – Background – Assessment – Results / Recommendation(s)
- Statement of problem or area of focus
- Completion of Providence IRB requirements
- Use of an evidence-based program evaluation framework
- Review of literature
- Development of hypothesis or area of exploration
- Data Collection
- Results and Recommendation(s) based on outcome/results
- Discussion/Implementation
- Consideration of social-justice and DEI related to area of focus/research/project
- Reference page
- Formal presentation (two options) resulting in a minimum rating of 4 on the PEI Rubric
 - Poster Presentation at Academic Achievement Day (usually late April)
 - Graduate Medical Education hosts for all medical and specialty residents and interns
 - Verbal Presentation to Department Medical Directors (usually early July)
 - Training Faculty, Supervisors, and Peers are always invited
 - Program leadership including clinic staff and colleague may be invited

Program Evaluation and Improvement (PEI) Rubric

Intern:

Supervisor:

Date:

Statement of problem or area of focus.				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Statement of problem/area of focus is not clearly identified or articulated. Missing objective rationale for work.	Identifies an area of focus, however rationale or objective for work is not clearly highlighted.	Demonstrates ability. Able to clearly identify rationale or area of focus with minor inconsistencies or need for support.	Clearly identifies rationale and area for focus.	Demonstrates mastery in identification of focal area for review with identified rationale for work and formulation of research question.
Comments:				

Use of an evidence-based program evaluation framework				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No evident consideration or incorporation of an evidence-based program eval framework.	Aspects of a structured program evaluation framework incorporated. However, missing key components or aspects of the framework.	Demonstrates ability to provide appropriate implement and utilize and evidence-based program evaluation framework with minor inconsistencies or need for support.	Clearly and appropriately implements evidence-based program evaluation framework.	Clear mastery with incorporation and nuanced utilization of an evidence-based program-evaluation framework.
Comments:				

Review of literature				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No evident reference to or incorporation of peer-reviewed literature.	The literature or background provided is primarily opinion based with some reference to relevant literature.	Literature or background provided is generally clear and appropriate. Peer-reviewed sources used.	Clear, thorough review of literature. Relevant and most recent, up-to date, peer-reviewed sources cited.	Clear mastery subject and content literature. Concise, thorough review that expertly frames the focus of current work.
Comments:				

Development of hypothesis or area of exploration				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No hypothesis or clear direction.	Minimal hypothesis, inconsistent with area of focus.	Appropriate hypothesis, directly tied to statement of concern or area of focus.	Appropriate hypothesis, directly tied to statement of concern or area of focus. Alignment with Evidence-based models of program evaluation.	Clear, strong hypotheses that are directly tied to area of focus and consistent with evidence-based models of program evaluation.
Comments:				

Data Collection and Results				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not included or not objective.	Very minimal, rudimentary data considered.	Appropriate collection and analysis of data completed. Needed minimal guidance or support for completion.	Appropriate collection and analysis of data completed; appropriate statistics utilized.	Thorough, appropriate data collection consistent with stated objectives. Robust and thorough analysis of data.
Comments:				

Discussion/Implementation Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No discussion or implementation.	Minimal discussion. Does not effectively tie current work into literature.	Answers the research question. Needs some support or assistance in identifying limitations and making future recommendations	Answers research question. Embeds the results and information of this work into current literature. Highlights limitations. Makes some recommendations or areas of future focus.	Clear mastery with answering of research question, embedding the results and information of this work into current literature. Highlights significance of current work and any limitations. Areas for future focus or recommendations.
Comments:				

Consideration of Social-Justice and DEI related to area of focus/research/project.				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No awareness or reference to DEI / Social-Justice considerations related to this work.	Peripheral reference to DEI or Social-Justice related concerns. Not a focal awareness in project.	Appropriate consideration of social-justice and/or DEI related considerations. May need some coaching or support in implementation and inclusion.	Clear DEI and Social-Justice considerations as a component of work. makes meaningful strides to address SJ/DEI considerations wherever possible.	Clear mastery of and thorough incorporation of DEI and Social Justice related considerations. Intentional work to address DEI/SJ considerations and thoughtful recommendations for improvements moving forward.
Comments:				

Professionalism/Writing				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Unorganized, writing is not professional and does not clearly convey relevant information.	Writing struggles to convey relevant information.	Writing is organized. Generally, information is presented in a way that is meaningful and easy to read.	Writing is well organized, clear and concise. Appropriately and accurately describes the work done.	Writing is well organized, linear, and logical. Concisely describes work done. Flow and writing logically draw reader and intended audience to through report to understandable conclusions and recommendations.
Comments:				

References				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not included or not appropriate peer-reviewed content.	May have some references, not appropriate or APA formatted.	Appropriate list of references. APA formatting appropriate, may need some minor support.	Appropriate list of references. The majority are up-to-date and most recent. APA Formatted.	The full list of resources, all included, is the most relevant and recent. Complete APA formatting.
Comments:				

Professionalism/Presentation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Unprepared/Unprofessional presentation.	Unprepared, relevant information related to topic and content not covered.	Covers information well. Well prepared. Able to answer most questions. May need some coaching or guidance.	Strong presentation, answers questions from audience as they arise. Notable familiarity and comfort with content level.	Clear mastery of content effectively engages audience in dialogue, professional level presentation.
Comments:				

Reflective Practice				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not yet competent - Did not engage in reflective practice. Was unable to devise a systematic approach or integrate feedback effectively. Project was not completed.	Outlined elements of a systematic approach to data collection. Was open to guidance on when new/improved competencies required. With support, was able to effectively put feedback into practice.	Outlined systematic approach. Emerging ability to assess own competence. Able to seek consultation and use feedback to improve effectiveness and meet the general demands of this project.	Took a nuanced systematic approach to this project. Recognized when new/improved competencies were required and independently and skillfully sought and integrated feedback, shifting focus as needed to meet demands of the project. Modeled professional values of accountability and integrity.	Professional-level approach to project design. Able to evaluate progress of own activities, consulting as needed. Used self-reflection and feedback to monitor and adjust professional performance to meet demands of project as situation required. Values of accountability and integrity consolidated as part of professional identity.
Comments:				

Additional Comments/Feedback:

Appendix E: Case Presentation Rubric

Case Presentation Rubric



Intern:

Supervisor:

Date:

Quarter:

Reason for Referral / Patient Goals				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Not clearly outlined or identified and/or clearly inconsistent with clinic setting.	May be identified however inconsistent with clinic setting.	Reason for referral and patient goals identified, generally consistent with scope/model of care.	Reason for referral and patient goals identified; clearly consistent with scope/model of care.	Targeted referral question consistent with PCBH work and patient-centered consideration of pt's goals and consideration of clinic model of care.
Comments:				

Relevant History and Background				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Minimal or insufficient history provided.	General overview of history, however, lacking sufficient details for clinical conceptualization.	Most major relevant areas of patient history and background provided. May need some mild prompting.	Covers all relevant aspects of history and background. History gathered is relevant to reason for referral and treatment goals.	Robust patient history provided, clearly conceptualizing patient and tying relevant information to reason or referrals and patient's self-identified treatment goals.
Comments:				

Biopsychosocial Framework				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No consideration; missing significant aspects.	Vague reference to biopsychosocial factors; missing salient details.	Appropriate consideration of social-justice and/or DEI related considerations. May need some coaching or support in implementation and inclusion.	Clear and comprehensive biopsychosocial conceptualization.	Clear and robust biopsychosocial consideration and conceptualization of patient. Awareness and articulation of bidirectional aspects of relevant factors.
Comments:				

Cultural/Contextual Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No awareness or reference to identity markers, contextual, cultural, considerations.	Peripheral/superficial reference. Not well incorporated into conceptualization.	Clear identification of salient identity markers, cultural and contextual considerations.	Clear identification of salient identity markers, cultural and contextual considerations. Culturally congruent adaptation of EBP and approach to care.	Clear identification of salient identity markers, cultural and contextual considerations. Recognition of intersectionality, personal identity markers and power/privilege dynamics that may be relevant to care. Culturally congruent adaptation of EBP and approach to care that meaningfully considers all the above.
Comments:				

Diagnostic Considerations				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No diagnostic consideration/thought process.	Minimal attention to diagnostic impressions.	Clear, thoughtful approach diagnostic impressions consistent with symptoms reported and impact on functioning.	Clear diagnostic process and diagnostic differentiation that takes into consideration relevant factors, symptom constellations, and impact in functioning.	Clear diagnostic process and diagnostic differentiation that takes into consideration relevant factors, symptom constellations, and impact in functioning. Additionally, evidence-based considerations of salient identity markers, cultural and contextual considerations, and social-justice considerations around diagnostic processes.
Comments:				

EBP Selection and Implementation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No awareness or reference to EBP	Peripheral reference to EBP; EBP inconsistent with or not appropriate for scope/model of care.	Appropriate identification of EBP for patient and model of care.	Patient-centered approach to implementation of EBP, directly tied to reason for referral/patient goals.	Awareness of social justice/health equity considerations to intervention. Culturally congruent approach to care considering appropriate contextual/cultural or similar adaptations of EBP. Patient-centered approach to implementation of EBP.
Comments:				

Monitoring Outcome of Chosen EBP				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No monitoring of outcome.	Minimal consideration of outcome or response to treatment.	Monitoring of patient response to intervention.	Monitoring patient response to intervention, making adaptations as appropriate to support outcome.	Clear awareness of patient's response to intervention. Using both subjective and objective considerations to monitor outcome. Making adaptations as appropriate to support outcome.
Comments:				

Addresses Ethical/Legal Consideration				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
No ethical/legal considerations included.	Some consideration of ethical/legal considerations.	Identifies both ethical and legal considerations.	Identifies ethical/legal considerations, identifies appropriate consultation and clinically appropriate response.	Thorough consideration of ethical/legal considerations, interaction considerations with organizational value and expectations. Consults appropriately and identifies best practices for management.
Comments:				

Professionalism in Presentation				
1 Not yet competent	2 Beginning Development	3 Emerging Competence	4 Consistent w/ Entry Level Practice	5 Proficient
Lacking professionalism and/or unprepared.	Poor preparation. Concern with professional language and/or psychological integrity.	Prepared, professional	Professional, well prepared. Demonstrated critical thinking and incorporation of evidence.	Highly professional, clearly prepared. Demonstrated high level of psychological integrity and compassionate approach to patient care.
Comments:				

Trainee identified questions or points of discussion for consideration:

Group Process/Facilitation:

Feedback/Summary:

Appendix F: Reflective Local Practices

Informed Consent for Reflective Local Practices (RLP)

The goal of the RLP DEI Dialogue outing is to allow engagement with the places and spaces of the greater Portland, or larger Oregon, area. This is an opportunity to take a cultural plunge into various aspects salient to Oregon communities.

Below is a list of local places and activities. You are required to participate in groups of **at least two**. The activities' purpose is to engage with **at least four** of the options on the list of activities provided. It is not an exhaustive list, therefore interns may present alternative practices to the internship training director for approval. Then, take time to **reflect** on what is learned or observed about the local culture during the outing. Interns are provided with time (blocked in the work schedule) to do this activity. However, interns are allowed to do an activity in their own time and use that as their outing.

Each intern is required to write a brief reflection (at least two pages, double spaced) about their experience(s). Interns must take pictures to document their outing and include them with the documented reflection. These written reflections are to be uploaded by the intern into their Teams Intern Folder and also e-mailed to the Internship Training Director (Jesse Chase, Psy.D). These pictures are also great opportunities to document experiences and activities in Oregon!

Brief Reflection Criteria:

Interns can reflect on anything learned or observed during the outing. Interns may also use the following prompts to help guide the response:

- Why and how did you choose what you did for the local excursion?
- What Oregon history, rituals, or customs did you observe or learn about?
- Describe how this experience contributes to awareness of cultural similarities and/or cultural differences between yourself and those around you
- Describe how this experience might offer you a heightened appreciation for your own cultural background and/or for cultural backgrounds different than your own.

Interns must complete RLP experiences by the identified dates in the Internship Syllabus (See Internship Teams Page). All due dates are on Wednesdays and are blocked on intern calendars.

A Non-Exhaustive List of Oregon Local Practices

Annual Latino Cultural Festival	Kindness Farm	Portland Street Art Alliance
Audubon Society of Portland	Lan Su Chinese Garden Events	Portland Winter Light Festival
Bauman's Harvest Festival	Lee Farms Fall Harvest Festival	Portland Zoo Lights and Zoo Nights
Cannon Beach Sandcastle Contest	The MAiZE at the Pumpkin Patch on Sauvie Island	Portland Zoo Day Trip
Centro Educativo y Cultural de Educate Ya	Mt. Angel Oktoberfest	The Q Center
Cooper Mountain Nature Park	Mount Hood Railroad: Fall, Christmas, Spring tours	Rose City Comic Con
Crystal Springs Rhododendron Garden	Native Arts and Cultures Foundation Center for Native Arts and Cultures	SMYRC: New Avenues for Youth
Darcelle XV	Nordic Northwest	Somali Cultural Museum of Oregon
Dogtoberfest	Oregon Heritage Farms Fall Season	Spirit of Halloweentown
Dragon Boat Races	Oregon Historical Society	Three Capes Scenic Route
End of the Oregon Trail Visitor & Interpretive Center	Oregon Museum of Science and Industry	Tigard Festival of Balloons
German Haus Oktoberfest	Oregon Renaissance Faire	Trail Blazer Fan's Fest
The Grotto	Portland Art Museum	Tryon Creek State Natural Area
Hellenic-American Cultural Center & Museum	Portland Chinatown Museum	Tualatin River National Wildlife Rescue
Hoyt Arboretum Programs and Services	Portland Film Festival	Vista House at Crown Point State Scenic Corridor
H.P. Lovecraft Film Festival and CthulhuCon	Portland Gay Men's Chorus	Waterfront Blues Festival (July)
The Immigrant and Refugee Community Organization	Portland Greek Festival (October)	World Forestry Center
International Rose Test Garden Volunteer Services	Portland Japanese Garden	
Japanese American Museum of Oregon	Portland Pickles Baseball Events	
Juneteenth Oregon Annual Community Festival	Portland Pride Waterfront Festival & Pride Parade	
	Portland Rose Festival and the Grand Floral Parade	

Appendix G: Hours Tracking Form

Final / Total Hours should be entered by the inter each month **online**.
This spreadsheet may be used for weekly tracking.

Hours to report	Direct patient hours	Assessment hours	Note writing, clinical support, meetings hours	Supervision hours	Didactic hours	Total:
August Week 1	0	0	0	0	40	40
August Week 2	0	0	16	0	24	40
August Week 3	2	0	30	4	4	40
August Week 4	4	0	29	4	3	40
August totals	6	0	75	8	71	160
<- SHOULD TOTAL +/- 160						
September Week 1	6	0	27	4	3	40
September Week 2	4	0	30	2	2	40
September Week 3	5	2	27	2	2	40
September Week 4	7	4	22	4	3	40
September Week 5	6	1	8	4	0	20
September totals	28	7	114	20	10	180
October Week 1	5.5	3	13.5	5	8	40
October Week 2	5	3	16	8	8	40
October Week 3	12	1	13	6	8	40
October Week 4	13	1	13	5	8	40
October totals	35.5	8	60.5	24	32	160
November Week 1	13	1	13	5	8	40
November Week 2	11.5	0	21.5	5	8	40
November Week 3	14	0	14	4	8	40
November Week 4	8.5	1.5	17	5	8	40
November Week 5	5	1	10	2	2	20
November totals	46	3.5	75.5	21	34	180
December Week 1	4	0	23	5	8	40
December Week 2	9	1	17	5	8	40
December Week 3	12.5	2	12.5	5	8	40
December Week 4	5	0	22	5	8	40

Month	Direct Hours	Total Worked Hours	PTO Hours	Grand Totals
August	6	160	0	160
September	36	172	8	180
October	43.5	180	0	180
November	49.5	152	8	160
December	33.5	136	24	160
January	42.5	144	16	160
February	64.75	152	8	160
March	50.5	172	8	180
April	124	172	8	180
May	134	164	16	180
June	80	156	16	172
July	18	136	24	160
HOLIDAYS	0	0	48	48
Totals	682.25	1896	184	2080

Hours Monitoring Form

To successfully complete the internship, A minimum of 2000 hours of program participation is required. This includes 800 hours of direct clinical work.

In order to ensure successful completion of this hours requirement, Trainees are requested to submit a monthly Teams Hours Tracking Form outlining time spent in direct patient care, didactics, supervision, assessment, and clinical support activities (e.g. note writing, documentation, consultation, etc).

* Required

* This form will record your name, please fill your name.

1. First and last name *

2. Date of Submission *

3. Total clinical hours completed in the past month? *

4. Total direct patient care hours? *

5. How many hours were spent in didactics? *

6. How many hours were spent in supervision? *

7. Total hours assessment? *

8. How many hours were spent in clinical support activities (e.g. note writing, documentation, consultation, etc)? *

9. I confirm these documented hours are accurate and true. *

☐ Yes

☐ No

Appendix H: End of Year Checklist

2026-2027 Providence Integrated Care Internship

End of Year Checklist

Below are checklists of items/information which must be completed and submitted before finishing internship. The first checklist is for the intern, the second checklist is for primary/secondary supervisors, and the third checklist is for the internship training director. Interns are asked to complete their portion and confirm submission of other documents from licensed providers. After you've received confirmation of all documents, please sign and send them to the training director, Teresa.DaVigo@providence.org and administrative manager, Jamie.Dressler@Providence.org.

INTERN	
COMPREHENSIVE ASSESSMENT	
De-identified PDF of 1 completed assessment.	
PROGRAM EVALUATION/DEVELOPMENT PROJECT	
Program Evaluation Project (Document)	
Program Evaluation Presentation (PowerPoint)	
Reflective Local Practice	
Reflection 1	
Reflection 2	
Reflection 3	
Reflection 4	
CASE PRESENTATIONS	
Case 1	
Case 2	
Case 3	
Case 4 (If Applicable)	
HOURS LOG	
Summary of Direct and Indirect Hours	
EVALUATIONS (HERE)	
Self-Evaluation of Intern at Start of Year	
Intern Evaluation of Supervisor	
Intern Evaluates Training Site	
Intern Evaluates Didactics	
CONTACT INFORMATION	
Provide a permanent email address where the program can survey you in upcoming years (APA Requirement)	

SUPERVISORS	
• Mid-Year Evaluation with Intern	
• End-Of-Year Evaluation with Intern	
• Intern Evaluation of Supervisee Discussion	
• Assessment Rubric (Completed by Assessment Supervisor)	
TRAINING DIRECTOR or FACULTY	
• Program Evaluation Rubric(s)	
• Patient Case Presentation Rubric 1	
• Patient Case Presentation Rubric 2	
• Patient Case Presentation Rubric 3	
• Patient Case Presentation Rubric 4 (If Applicable)	
• Letter of Recommendation for Residency	
• Internship Acceptance Letter	

Name:

Date:

Signature:

Appendix I: Supervisor Evaluation of Intern Form

Evaluations must be completed online using the Microsoft Office Forms linked on the Training Program Landing Page. Below is a replicated form which may be used offline for discussion and review of progress throughout the year.

Providence Medical Group Integrated Care Internship Supervisor Evaluation of Intern

Intern Name: _____

Supervisor Name: _____

Internship Site/Clinic Name: _____

Date of Evaluation: _____ Check One: ☐ Mid-Year ☐ End-of-Year

Supervisor Review Method: (check all that apply)

- ☐ Direct Observation
- ☐ Video or Audio Recording
- ☐ Case Presentation
- ☐ Review of Documentation / Written Work
- ☐ Discussion of Clinical Interactions
- ☐ Feedback from Others

Competency Rating Scale

Competency Rating Scale	
1 = No Experience:	Intern has no experience in this area. Requires focused training under direct supervision to meet competency expectation of entry-level psychology intern.
2 = Evidence of developing skill:	Intern has minimal experience or is beginning to develop skills in this area. Requires training and supervision to meet competency expectations of mid-level psychology intern.
3 = Internship Midpoint:	Functions successfully with minimal or routine supervision. Able to generalize skills and knowledge in a variety of situations. Able to self-assess when additional training and supervision is needed.
4 = Entry Level Practice:	Able to independently function without supervision in this area. Knowledge, behavior and attitudes are well-developed and consistent with entry-level practice.
5 = Exceptional Skill:	Intern performance is equal to or exceeds expectations for a licensed colleague. Able to supervise others in this area.

1. **Research/Science:** Generates research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. Understands and applies scientific research to clinical practice.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Seeks, evaluates, and applies research to clinical practice	☐	☐	☐	☐	☐	☐
Understands techniques of data analysis and research methods	☐	☐	☐	☐	☐	☐
Effectively disseminates information in scholarly activities (e.g. case conference, presentation, publication)	☐	☐	☐	☐	☐	☐
Compiles and analyzes data including outcome measurement	☐	☐	☐	☐	☐	☐
Makes systematic effort to initiate program development project	☐	☐	☐	☐	☐	☐
Demonstrates behaviors which indicate consistent progress towards completion of project	☐	☐	☐	☐	☐	☐
Identifies type of evaluation needed and a program evaluation plan	☐	☐	☐	☐	☐	☐
Clear and concise written report that summarizes findings, conclusions, and recommendations	☐	☐	☐	☐	☐	☐
Respects scientifically derived knowledge related to biological bases of bx, cognitive-affective bases of bx, and development across the lifespan.	☐	☐	☐	☐	☐	☐
Understands and applies EBP concepts in case conceptualization, treatment planning, and interventions	☐	☐	☐	☐	☐	☐
Is proactive about learning and applying scientific literature, knowledge and skills	☐	☐	☐	☐	☐	☐

Section Comments:

2. **Reflective Practice, Self-Assessment, and Self-Care:** Practice conducted with personal and professional self-awareness and reflection. This includes awareness of competencies and implementation of appropriate self-care.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Recognizes impact of self on others	☐	☐	☐	☐	☐	☐
Describes how others experience them and identifies roles one might play within a group	☐	☐	☐	☐	☐	☐
Recognizes and addresses own professional	☐	☐	☐	☐	☐	☐

areas of growth						
Self-assessment is similar to congruence with assessment by peers + supervisors	☐	☐	☐	☐	☐	☐
Demonstrates insight into impact of stressors on professional functioning	☐	☐	☐	☐	☐	☐
Seeks supervisory input to minimize impact on clinical care and discusses self-care	☐	☐	☐	☐	☐	☐
Takes action recommended by supervisor for self-care to ensure effective training	☐	☐	☐	☐	☐	☐

Section Comments:

3. Communication and Interpersonal Skills: Demonstrates ability to communicate effectively, interact appropriately, and develop meaningful and helpful relationships.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Demonstrates effective interpersonal skills and ability to manage difficult communication with patients, colleagues, and others encountered in the workplace.	☐	☐	☐	☐	☐	☐
Maintains effective relationships with a wide range of individuals including colleagues, organizations, supervisors, and supervisees	☐	☐	☐	☐	☐	☐
Demonstrates respectful and collegial interactions with those who have different professional models or perspectives	☐	☐	☐	☐	☐	☐
Demonstrates active problem-solving and acknowledges own role in conflicts	☐	☐	☐	☐	☐	☐
Makes appropriate disclosures regarding problematic interpersonal situations	☐	☐	☐	☐	☐	☐
Openly engages in communications that are informative and well-integrated	☐	☐	☐	☐	☐	☐
Demonstrates a thorough grasp of professional language, verbally and in writing	☐	☐	☐	☐	☐	☐

Section Comments:

4. Professionalism: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology, integrity, and responsibility.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Behaves in ways that reflect the values and attitudes of psychology including cultural humility, professional identity, accountability, lifelong learning						
Uses time and resources effectively to manage varied training commitments	☐	☐	☐	☐	☐	☐

Projects a value for integrity and concern for the welfare of others	☐	☐	☐	☐	☐	☐
Actively seeks out, and is open and responsive to, feedback and supervision	☐	☐	☐	☐	☐	☐
Responds professional in increasingly complex situations with a greater degree of independence as the year progresses	☐	☐	☐	☐	☐	☐
Engages in self-reflection regarding personal and professional functioning.	☐	☐	☐	☐	☐	☐
Displays respect, especially with others from divergent perspectives and/or background	☐	☐	☐	☐	☐	☐
Demonstrates awareness of impact behavior has on patient, team, etc.	☐	☐	☐	☐	☐	☐
Aware of key ethical issues, standards, and methods for addressing potential conflicts	☐	☐	☐	☐	☐	☐
Completes work reflecting appropriate professional standards and acceptance of responsibility for work product	☐	☐	☐	☐	☐	☐
Completes tasks within expected timelines and attends to details	☐	☐	☐	☐	☐	☐
Engages in activities to maintain and improve performance, well-being, and professional effectiveness.	☐	☐	☐	☐	☐	☐

Section Comments:

5. Ethical and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and systems

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Articulates knowledge of the APA Ethical Principles of Psychologists and Code of Conduct and regularly applies knowledge of ethical principles in clinical practice	☐	☐	☐	☐	☐	☐
Understands relevant laws, regulations, rules and policies governing health service psychology.	☐	☐	☐	☐	☐	☐
Clearly identifies when ethical dilemmas arise and apply ethical decision making processes to resolve dilemmas	☐	☐	☐	☐	☐	☐
Recognizes and discusses limits of own ethical and legal knowledge	☐	☐	☐	☐	☐	☐
Actively and consistently consults with supervisor to act upon ethical and legal aspects of practice	☐	☐	☐	☐	☐	☐
Articulates knowledge of own moral principles and ethical values in discussions with supervisors and peers	☐	☐	☐	☐	☐	☐
Spontaneously discusses intersection of personal and professional ethical and moral dilemmas	☐	☐	☐	☐	☐	☐

Clearly documents ethical, legal, and risk concerns, assessment, and plan in patient notes	☐	☐	☐	☐	☐	☐
Conducts self in an ethical manner in all professional activities	☐	☐	☐	☐	☐	☐

Section Comments:

6. **Individual and Cultural Diversity:** Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Demonstrates knowledge of current theoretical and empirical base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	☐	☐	☐	☐	☐	☐
Reflects an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	☐	☐	☐	☐	☐	☐
Critically evaluates feedback and initiates supervision regularly about diversity considerations	☐	☐	☐	☐	☐	☐
Ability to apply a framework for working effectively with areas of individual and cultural diversity	☐	☐	☐	☐	☐	☐
Uses knowledge of own and others' cultural identity in the conduct of professional roles	☐	☐	☐	☐	☐	☐
Able to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own	☐	☐	☐	☐	☐	☐
Identifies and consults with supervisor about conflicts which arise related to differing worldviews	☐	☐	☐	☐	☐	☐
Can articulate how the effects of oppression and privilege impact self and others	☐	☐	☐	☐	☐	☐
Identifies how personal bias and stereotypes may be impacting professional relationships with patients, peers, team members, etc.	☐	☐	☐	☐	☐	☐

Section Comments:

7. **Interdisciplinary Consultation:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiples disciplines

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Demonstrate knowledge and respect for the roles and perspectives of other professions	☐	☐	☐	☐	☐	☐
Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior	☐	☐	☐	☐	☐	☐
Communicates effectively with individuals from other professions	☐	☐	☐	☐	☐	☐
Makes thoughtful contributions to team meetings and group activities	☐	☐	☐	☐	☐	☐
Gains clarity regarding diffuse referrals from providers	☐	☐	☐	☐	☐	☐
Chooses appropriate means of assessment and treatment planning based on referral question	☐	☐	☐	☐	☐	☐
Effectively communicates feedback to answer/respond to the referral question	☐	☐	☐	☐	☐	☐

Section Comments:

8. **Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and organizations.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Identifies appropriate assessment measures/screeners for patient care	☐	☐	☐	☐	☐	☐
Accurately and consistently administers and scores various screening/assessment tools	☐	☐	☐	☐	☐	☐
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	☐	☐	☐	☐	☐	☐
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics, appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	☐	☐	☐	☐	☐	☐

Collects accurate and relevant data from multiple sources and methods including structured interview and objective data	☐	☐	☐	☐	☐	☐
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations						
Articulates relevant developmental features and clinical symptoms as applied to presenting concern	☐	☐	☐	☐	☐	☐
Demonstrates working knowledge of DSM classifications, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	☐	☐	☐	☐	☐	☐
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.						
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	☐	☐	☐	☐	☐	☐
Clearly articulates (verbal and written) how diagnosis is based on data gathered to inform clinical decision-making, and does so in a manner that is sensitive to a range of audiences	☐	☐	☐	☐	☐	☐

Section Comments:

9. **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and systems

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Establishes and maintains effective relationships with the recipients of psychological services.	☐	☐	☐	☐	☐	☐
Develop evidence-based intervention plans specific to the service delivery goals.	☐	☐	☐	☐	☐	☐
Demonstrate the ability to apply the relevant research literature to clinical decision making.	☐	☐	☐	☐	☐	☐
Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	☐	☐	☐	☐	☐	☐
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	☐	☐	☐	☐	☐	☐
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	☐	☐	☐	☐	☐	☐
Assesses and documents treatment progress	☐	☐	☐	☐	☐	☐

and outcomes, altering the treatment plan accordingly						
Collaboratively sets realistic goals with patients	☐	☐	☐	☐	☐	☐
Openly consults with supervisor about countertransference and interpersonal dynamics	☐	☐	☐	☐	☐	☐
Effectively identifies and assesses for patient risk concerns (SI, HI, DV, etc)	☐	☐	☐	☐	☐	☐
Establishes an appropriate short-term safety plan with patient.	☐	☐	☐	☐	☐	☐
Clearly documents risk assessment and safety plan in chart notes	☐	☐	☐	☐	☐	☐

Section Comments:

10. Supervision: Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Clear knowledge of roles and responsibilities of the supervisor and supervisee in the supervision process	☐	☐	☐	☐	☐	☐
Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals (e.g. role-playing and peer supervision)						
Applies the supervisory skill of observing and evaluating in direct or simulated practice	☐	☐	☐	☐	☐	☐
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	☐	☐	☐	☐	☐	☐
Identifies and tracks goals and progress as they achieve training goals	☐	☐	☐	☐	☐	☐
Demonstrates knowledge of personal differences, and able to discuss personal concerns that impact the supervisory relationship	☐	☐	☐	☐	☐	☐
Willing to discuss the roles of oppression and privilege within the supervisory relationship	☐	☐	☐	☐	☐	☐
Reflects on the supervision process and explores areas of strength and growth	☐	☐	☐	☐	☐	☐
Integrates supervisor feedback into performance and seeks supervision to improve performance	☐	☐	☐	☐	☐	☐
Demonstrates openness to feedback and willingness to explore defensiveness or inflexibility in supervision	☐	☐	☐	☐	☐	☐
Uses supervision to examine how cultural background informs approach or limits competence with diverse patient identities	☐	☐	☐	☐	☐	☐

Brings in case material, asks questions with proposed options, discusses and understands recommendations	☐	☐	☐	☐	☐	☐
Balances need for supervision with ability to act independently	☐	☐	☐	☐	☐	☐

Section Comments:

12. **PCBH:** Integrated clinical psychology skills in context of primary care.

Item	1 No Experience	2 Developing Skill	3 Internship Midpoint	4 Entry Level Practice	5 Exceptional Skill	N/A
Clarifies referral problem with patient and PCP, limiting assessment focus to one concern	☐	☐	☐	☐	☐	☐
Conducts contextual interview and functional analysis of target problem	☐	☐	☐	☐	☐	☐
Demonstrates basic knowledge of medications	☐	☐	☐	☐	☐	☐
Stays on time when conducting appointments	☐	☐	☐	☐	☐	☐
Assesses and refers patients to appropriate level of care services (IOP, Case Management, Psychiatry)	☐	☐	☐	☐	☐	☐
Focuses on and responds to referral question	☐	☐	☐	☐	☐	☐
Provides presentations to clinic team	☐	☐	☐	☐	☐	☐
Understands team roles and operates comfortably within clinic culture	☐	☐	☐	☐	☐	☐
Readily provides unscheduled services as needed	☐	☐	☐	☐	☐	☐
Comprehensively chart scrubs for scheduled visits	☐	☐	☐	☐	☐	☐
Provides recommendations to referring provider to support BH tx goals	☐	☐	☐	☐	☐	☐

Section Comments:

Summary of Strengths

Areas of Growth

Reviewed with Intern ☐ Yes ☐ No

Evaluation Date & Signatures

Supervisor Signature: _____

Date: _____

Intern Signature: _____

Date: _____

Appendix J: Remediation Plan Template

PMG: Intern Remediation Plan

Date of Remediation Plan Meeting:

Name of Intern:

Primary Supervisor:

Type of Remediation:

_____ Developmental Plan _____ Probation

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Check all competency domains in which the trainee's performance does not meet the benchmark:

*items are program-specific and not included in the APA's required competencies for professional practice

- _____ Research / Science
- _____ Reflective Practice, Self-Assessment, Self-Care*
- _____ Communication and Interpersonal skills
- _____ Professional values, attitudes, and behaviors
- _____ Ethical and Legal standards
- _____ Individual and Cultural Diversity
- _____ Consultation and interprofessional/ Interdisciplinary Systems
- _____ Assessment
- _____ Intervention
- _____ Supervision
- _____ PCBH context*

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

Date(s) the problem(s) was brought to the intern's attention and by whom:

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

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

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

I agree/disagree with the above decisions (circle one).

My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Additional Supervisor/Team Comments (Feel free to use additional pages):

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

Student Name - Date

Primary Supervisor Name - Date

Internship Director Name - Date

Note: This form is based on the APA Competencies Initiatives in Professional Psychology: <http://www.apa.org/ed/graduate/competency.aspx>

Remediation Plan Progress Update

In Attendance:

Date:

Competency Domains/Essential Components

Update status for each component focus of remediation, or use N/A. For each, identify what has changed and overall status.

Domain	Changes since start of plan:	Overall Status: Added effort needed / On Track / Completed
Research / Science		
Reflective Practice, Self-Assessment, Self-Care		
Communication and Interpersonal skills		
Professional values, attitudes, and behaviors		
Ethical and Legal standards		
Individual and Cultural Diversity		
Consultation and interprofessional/ Interdisciplinary Systems		
Assessment		
Intervention		
Supervision		
PCBH context		

Expectations for Acceptable Performance:

Next Steps (e.g. remediation concluded, remediation continued, and plan modified, next step in Due Process Procedures).

Next Evaluation Date (if needed)

I, _____, have reviewed the above summative evaluation of my remediation plan with my supervisor, any additional supervisors/faculty, and the Training Director. My signature below indicates that I fully understand the above.

I agree / disagree (circle one) with the above decisions.

My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

Student Name - Date

Primary Supervisor Name - Date

Training Director Name – Date

Note: This form is based on the APA Competencies Initiatives in Professional Psychology: <http://www.apa.org/ed/graduate/competency.aspx>

Appendix K: PMG Telesupervision Policy

Providence Medical Group Telesupervision Policy

Outlined below are the guidelines and expectations for telesupervision, as specified by APA regulations (e.g., SoA, 2017; Standard II.B.3; IR C-13 D.). Each point comprehensively details Providence's formal policy on incorporating this approach to supervision method, which includes both application and limitations:

- Telesupervision is used when in-person contact is unavailable due to specific circumstances (e.g., COVID-19 pandemic) to ensure adequate training experiences for clinical services. Telesupervision is also allowed on a case-by-case basis if approved by the internship training director. It is only permitted when the intern has sufficient in-person supervision experience and has demonstrated competence. This is only viable when in-person supervision is not feasible at the clinic.
- Telesupervision offers opportunities to support, evaluate, and enhance the intern's clinical services, helping them build competencies required to become a skilled Clinical Psychologist.
- Telesupervision is used when in-person contact is limited or unavailable, employing HIPAA-compliant platforms like Zoom, supported by Providence's IT department for troubleshooting.
- Supervisors and interns begin their supervisory relationship with in-person meetings, during which they review and sign the supervision contract to submit to the internship training director. These initial discussions allow supervisors to explain their approach to supervision, familiarize themselves with the intern, and establish initial training objectives to support the intern's development.
- When a licensed psychologist supervisor is off-site, they retain full professional accountability for the intern's clinical cases. The supervision contract serves as a formal agreement between the intern and supervisor, ensuring that the off-site Providence supervisor remains professionally responsible for the clinical services provided.
- The internship training manual details Providence's policy for managing consultations and crises involving intern trainees. Supervisors and students agree to adhere to the APA's Professional/Ethical/Legal standards, as well as the OR regulations relevant to Psychology, ensuring compliance with HIPAA standards.
- The trainee and supervisor are expected to adhere to established best practices when using technology for delivering clinical services.

Appendix L: Equal Employment Opportunity Policy

Providence Oregon Clinical Programs ("facility")

Department: Human Resources

Approved by: Chief Human Resources Officer

Date Last Reviewed: 10/22/2025

Date Last Revised: 7/1/2021

Date Adopted: 12/1/2014

Policy Name: Equal Employment Opportunity

Scope: All workforce members at the facility

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

Terms:

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

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

Policy:

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

We are committed to cultural diversity and equal employment for all individuals. It is our policy to recruit, hire, promote, compensate, transfer, train, retain, terminate, and make all other employment-related decisions without regard to race, color, religious creed (including religious dress and grooming practices), national origin (including certain language use restrictions), ancestry, disability (mental and physical including HIV and AIDS), medical condition (including cancer and genetic characteristics), genetic information, marital status, age, sex (which includes pregnancy, childbirth, breastfeeding and related medical conditions), gender, gender identity, gender expression, sexual orientation, and military and veteran status or any other applicable legally protected status. We will also provide reasonable accommodation to known physical or mental limitations of an otherwise qualified caregiver or applicant for employment, unless the accommodation would impose undue hardship on the operation

of our business.

We are a community where all people, regardless of differences, are welcome, secure, and valued. We value respect, appreciation, collaboration, diversity, and a shared commitment to serving our communities. We expect that all workforce members in our community will act in ways which reflect a commitment to and accountability for, racial and social justice and equality in the workplace. As such, we will maintain a workplace free of discrimination and harassment based on any applicable legally protected status. We also expect that all workforce members will maintain a positive workplace free from any unacceptable conduct which creates an intimidating, hostile, or offensive work environment.

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

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

Help: For questions about this policy, or assistance with understanding your obligations under this policy, please contact the [HR Service Center](#).

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

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

Appendix M: Providence Oregon Reasonable Accommodation Policy

Policy Name: Reasonable Accommodation

Scope: All caregivers and applicants

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

Terms:

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

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

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

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

Undue hardship: In general, with respect to provision of accommodation, undue hardship means significant difficulty or expense. Some factors to be considered when determining whether an undue hardship exists are the nature and cost of the accommodation, overall financial resources of the facility, type of operations, and the impact of an accommodation upon the facility's operation and ability to conduct business.

Policy:

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

As part of our commitment to make reasonable accommodations, the facility also wishes to participate in a good faith, interactive process with caregivers or applicants with disabilities to determine effective reasonable

accommodations, if any, that can be made in response to a request for accommodation.

Caregivers and applicants are invited to identify reasonable accommodations that can be made to assist them to perform the essential functions of the position they occupy or seek. Caregivers should contact their core leader, human resources or the third-party administrator as soon as possible to request the opportunity to participate in an interactive process. By working together in good faith, we hope to implement any reasonable accommodations that are appropriate and consistent with legal obligations.

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

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

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

[Caregiver Knowledge \(HR\) - Reasonable Accommodation Policy \(hrforcaregivers.org\)](http://hrforcaregivers.org)

Appendix N: Substance-Free Workforce Policy

Policy Name: Substance-Free Workplace

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

Purpose: In keeping with our mission and values, the facility is committed to providing a workplace free of illegal drug and/or alcohol use and to ensure consistency in the implementation of illegal drug and/or alcohol testing procedures for all applicants who receive conditional offers of employment, and all caregivers reasonably suspected of being under the influence.

Terms:

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

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

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

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

Policy:

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

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

Procedures:

1. Pre-Employment/Post Offer

- All job applicants will be informed of the Post Offer Drug Screening requirement.
 - All employment offers within the facility are conditioned upon completion of a drug screen exam and negative results from the exam. No applicant will begin working for facility prior to completion of a drug screen exam and the receipt, review, and approval of the drug screen results by human resources.
 - Applicants who test positive for prescription drugs will be informed of the test results and given an opportunity to provide, to a certified Medical Review Officer (MRO), medical evidence of the need for the prescription and compliance with the prescriptive directions. Failure to provide such evidence within a reasonable amount of time (7 business days) will be interpreted as a withdrawal of the employment application and any outstanding employment offer will be considered void.
 - Positive results as determined by an MRO will result in an immediate revocation of the employment offer. Applicants who test positive for the use of prohibited substances will be disqualified from consideration for employment with any affiliates for a period of twelve months dating from the exam date. Applicants with inconclusive test results due to dilution may also receive a revocation of the employment offer.
2. **Fitness for Duty:** The facility may require a caregiver to participate in a medical examination to determine fitness for duty. This examination will require the caregiver to provide a urine, breath and/or blood specimen for drug and/or alcohol testing. Caregivers who refuse to consent to testing will be considered to be under the influence and generally will face termination of employment, even for a first refusal. Consent to testing and search includes a caregiver's obligation to fully cooperate. Upon request, a caregiver must promptly complete any required forms and releases and promptly cooperate in the testing process. The fitness for duty examination may be initiated for any of the following reasons:
- When there is reasonable suspicion that a caregiver is using or under the influence of drugs and/or alcohol.
 - When a caregiver's conduct is a contributing factor in any accident occurring in the course of work and resulting in a reportable injury or incident.
 - As part of a caregiver's return to work.
 - When a caregiver is the subject of a drug diversion investigation and a fitness for duty examination is relevant to that investigation.
3. **Investigation and Searches.** The facility expressly reserves the right to search caregiver personal effects, work areas, lockers, desks or file cabinets without prior notice or consent if the facility reasonably suspects a violation of this policy.

4. **Confidentiality.** The results of any tests and/or information disclosed in the testing process will not be disclosed for absent legitimate business reasons or unless otherwise required by law.
- **Self-Referral - Caregiver Assistance**
 - The facility encourages and expects caregivers who suspect they may have a drug or alcohol problem to seek assistance or treatment before it affects job performance.
 - Caregivers with job performance or conduct problems may be subject to corrective action, regardless of whether the problems are caused in whole or in part by the use of alcohol or drugs.

Notice of Convictions

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

Caregiver Responsibility

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

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

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

[Caregiver Knowledge \(HR\) - Substance-Free Workplace Policy \(hrforcaregivers.org\)](https://hrforcaregivers.org)

Appendix O: Providence Harassment Discrimination Retaliation Policy

Policy Name: Harassment Discrimination Retaliation

Scope: All workforce members

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

Terms:

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

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

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

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

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

Policy: The ministry strives to provide a positive work atmosphere that reflects our core values. Workforce members are expected to demonstrate behaviors that create a supportive and inclusive work environment and share responsibility for maintaining a positive workplace. The ministry strictly prohibits unlawful harassment or discrimination and expects everyone in our workplaces to conduct themselves in a manner consistent with this philosophy. As such, core leaders, co-workers, third parties and other individuals with whom workforce members come into contact must not engage in harassing or discriminatory conduct. These standards of conduct apply in any situation where a workforce member is engaged in activities on behalf of the ministry, including off-site activities such as attendance at seminars, business travel and any business-related entertainment or social function. Allegations of unacceptable behavior will be taken seriously and investigated.

Procedures:

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

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

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

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

[Caregiver Knowledge \(HR\) - Harassment Discrimination Retaliation Policy \(hrforcaregivers.org\)](http://hrforcaregivers.org)