

**PSYCHOLOGY SERVICE POLICY MEMORANDUM
POSTDOCTORAL RESIDENTS
Policy & Procedures and Due Process
September 2019-2020**

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August 2019**

I.	Evaluation of Residents.....	3
II.	Documentation of Services.....	5
III.	Documentation of Supervision and Training.....	9
IV.	Research Time and Support.....	11
V.	Presentations.....	12
VI.	Required Seminars and Educational Experiences.....	12
VII.	Psychology Residency Leave Policy	16
VIII.	Professional Activities Outside the VA.....	19
IX.	Professional Conduct	20
X.	The VAPORHCS Psychology Department Commitment to Fostering Diversity in Staff and Training	21
XI.	Guidelines on Sexual Harassment	20
XII.	Requesting an Alternative Supervisor	22
XIII.	Due Process for Resident Grievances.....	23
XIV.	Policies and Procedures for Resident Suspension or Dismissal.....	24
XV.	Due Process for Resident Discipline, or Termination of a Contract.....	27
XVI.	Selection Policies for Recruitment to VAPORHCS Postdoctoral Training.....	26

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I. Evaluation of Residents

1. The postdoctoral resident will complete a self-assessment at the beginning and end of the training year. The initial self-assessment will be discussed with the primary supervisor as part of the formulation of the training plan; the final self-assessment serves as a measure of perceived improvement. For 2-year fellowships, residents complete a pre and post self-assessment for both year 1 and year 2. All residents are evaluated at midyear and within the last month of the training year. The primary supervisor gives formal oral and written feedback. If a remediation plan has been established, an additional evaluation will be scheduled at least two months before the completion of the training year to assess remediation progress and facilitate improvement.
2. Evaluation must include an ongoing assessment of the resident's competency and need for level of supervision: In Room, In Area (in immediate clinical vicinity and available), or Available (in facility and available). As the resident progresses towards greater independence, the supervisor will document changing levels of supervision and justification for this change.
3. The resident will review and sign the mid-year and year-end evaluations. The resident must retain a copy for his/her records. Residents will also review their primary and other substantive supervisors (12 or more face-to-face supervision sessions) at mid-year and in the last month of training (see Overview of customary paperwork/documentation required during training year, pages 8-9).
4. The rating scale for resident evaluations is as follows:

N/A Not applicable or not observed

1 Basic, beginner level - Close supervision needed

Needs basic training, modeling, or supervision in most aspects of professional activities, or basic help or extra time in supervision. Concerns about the trainee's professional, ethical, or clinical behavior arise and need to be addressed.

2 Intermediate level – Close supervision with increasing independence on routine cases

Can routinely perform with available-level supervision in typical clinical situations. Needs assistance with novel clinical and professional situations. Generally exercises good clinical, ethical, and professional judgment and seeks supervision

when concerns arise. At times needs to be prompted by supervisor to address issues but modifies behavior when indicated.

3 Advanced level – Minimal supervision necessary, seeks and utilizes consultation as needed

Can perform with available-level supervision with very rare exceptions. Seeks supervision on most difficult or complex cases. Reviews clinical work, professional behavior, and ethical issues in a proactive manner with colleagues/ supervisors at a collegial level.

4 Exceptional skill – No supervision needed

Significant competence and expertise with the ability to offer consultation and leadership in this area to other professionals. Utilizes supervision effectively as a consultative process modeling the performance of an advanced professional. Provides supervision to others. Assumes an autonomous clinical identity reflecting the highest standards of practice.

At this stage of training, Fellows typically function at the “**Intermediate**” characteristic level in areas that are entirely new to them. However, it is expected that an average postdoc will receive ratings of “**Advanced**” on many items with appropriate supervision, training opportunities, and experience. By the end of the training year, it is expected that the Fellow achieve levels that are “**Advanced**” or “**Exceptional**” characteristic (in more familiar areas or areas of outstanding accomplishment. If a trainee is not able to demonstrate skill development or responsiveness to supervision, then a remediation plan will be put into place to facilitate development.

The development of a remediation plan suggests that the observed performance is below our stated **Minimum Levels of Achievement (MLAs)** which are as follows:

a) A mean score of 2.75 on each aim/competency area at the mid-year evaluation.

A mean score below 2.75 on any aim/competency area requires a remediation contract.

b) A rating of 2 or higher on all aim/competency items throughout the training year. A rating of “1” (i.e., Basic) on any item indicates that the trainee is not meeting expectation for postdoctoral performance and requires a remediation plan regardless of overall score on the objective

c) At 10 months (for one-year fellowships) and 22 months for two-year fellowships (i.e., end of training evaluation), a mean score of 3.0 or greater on each aim/competency area.

A mean score below 3.0 at 22 months requires a remediation contract to ensure the trainee achieves an intermediate to advanced level of performance on the specified competency or competencies by the 24-month end of training marker.

5. The supervisor will determine if the performance of the assigned resident is satisfactory based on observation and individual supervision sessions.
6. A resident whose performance or professional behavior is judged unsatisfactory or meeting minimal expectation will be notified in writing. Areas of performance that are judged unsatisfactory will be specified.
7. The Psychology Service, in coordination with the Office of Academic Affiliations (OAA) reserves the right to terminate the resident's contract and/or deny provision of a certificate of Residency completion to any resident who does not remediate deficiencies in clinical skills or who does not conduct him/herself in a manner consistent with the ethical standards of the American Psychological Association or who is convicted of a felony prior to or during the training year. The right to terminate extends to any behavior that raises concern for the welfare of patients, staff, or the public at large.
8. Involuntary termination from the Fellowship, and reasons therefore, may become a matter of public record, and the Training Director may elect to notify Psychology Service members, remaining residents, professional accrediting agencies, and any other persons or agencies who may be adversely affected if uninformed of the resident's reason for termination, in the present or future.
9. A resident whose adequacy is questioned has the right to request a hearing, to be represented by counsel of his/her choice at such a hearing, the right to present evidence pertinent to the issue, and the right to examine opposing witnesses. This hearing will be conducted by the Psychology Training Committee. The Committee's report will be issued by the Training Director or an individual appointed by the Training Director. See also **Sections XIII, XIV, and XV on Due Process and Grievance.**
10. The resident may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology will seek the advice of other Psychology Service members as warranted. The decision of the Chief of Psychology is final and cannot be appealed.

II. Documentation of Services

1. All patient care services provided by psychologists and psychology residents must be appropriately documented and signed in patients' charts. The Quality & Performance Committee will audit charts periodically to determine whether documentation is present, timely and complete.
2. Medical Center policy requires documentation to be entered in the electronic medical record within 48 hours of the clinical occurrence. Some services or training settings may require documentation to be completed within a shorter time frame.

3. Where services to patients are provided through team meetings, there must be appropriate documentation of psychologist involvement at such meetings.
4. Where services are provided to groups of patients, there should be some documentation in patients' charts of their participation in the group.
5. Each progress note and assessment report must document the name of the supervising psychologist in the heading of the note/report, as well as level of supervision (room, area, available). The header must also contain a one-sentence summary of the number of minutes of the encounter and the primary diagnosis under treatment. Please ask your primary supervisor for their preferred language for use in meeting this requirement.
6. Residents will sign all documentation in the electronic medical record using their electronic signature.
7. All notes signed by residents must be co-signed by the supervising licensed psychologist.
8. Supervisors are identified as providers in a clinical encounter. This includes assessments, individual sessions, or group therapy/education sessions. On the encounter screen in the electronic medical record, the supervising licensed psychologist is always designated as the primary provider, and the resident is always designated as the secondary provider.
9. If the primary supervisor is out, please list your available-level supervisor (the psychologist who is covering supervision duties for your primary supervisor) as the primary provider for the clinical encounter. This applies even if your primary supervisor will eventually read and sign the note when they return. Your primary supervisor can be listed as a secondary provider on the encounter.

From August 2010 MH Division directive about CPRS documentation:

Follow-up (SOAP) note—Key elements

Key Introductory Elements:	<ul style="list-style-type: none"> • Type of visit (e.g. Follow-up, routine, urgent, med management, psychotherapy) • Face-to-face time • Primary diagnosis or problem being treated
Subjective:	<ul style="list-style-type: none"> • Significant Issues reported by patient • Symptoms or Complaints
Objective:	<ul style="list-style-type: none"> • Key aspects of mental status exam (pertinent positives and negatives): Speech/thought; mood/affect; psychosis; orientation/attention/memory; judgment/insight • Medication reconciliation, as indicated
Assessment:	<ul style="list-style-type: none"> • Primary and secondary diagnoses • Safety/suicide risk - if patient not doing well OR there has been change in presentation • Progress towards previously identified goals
Plan:	<ul style="list-style-type: none"> • Individualized treatment plan, include veteran’s own goals • Include Measurable objectives when applicable (see table below for examples) • Communication/integration of plan with primary care provider, as indicated: May include documentation of communication with PCP, or list as additional signer • Next appt (e.g. date/time, # of weeks/months)
Additional Elements:	<ul style="list-style-type: none"> • If safety addressed above: <ol style="list-style-type: none"> (1) Reviewed how to access urgent/emergency services (2) National Hotline • Goals formulated with veteran, who concurs

NOTE: Items in **BOLD** are **required elements** for accurate coding or treatment planning.

Measurable Goals & Objectives Table (Categories and Examples to Consider)

Example Category	Example documentation of goals and objectives that are measurable
Mental Health (primary and secondary diagnoses):	<ul style="list-style-type: none"> • Treatment focus: Thought Disorder: <ul style="list-style-type: none"> ○ Veteran’s goal: “I don’t want to go to 5C”; ○ Shared goal: control or eliminate active psychotic symptoms; ○ Behavioral outcome – take medication daily, attend Recovery Center 3 times/week • Treatment focus: Substance Abuse <ul style="list-style-type: none"> ○ Veteran’s goal – “to stay clean and sober” ○ Shared goal – to practice relapse prevention on a daily basis ○ Behavioral outcome – go to AA 2x/week, attend SATP maintenance group 1x/month, discuss recent cravings or miss-steps at each appointment
Medical Health:	<ul style="list-style-type: none"> • Treatment focus: Tobacco Use <ul style="list-style-type: none"> ○ Veteran’s goal: “I want to quit smoking” ○ Shared goal/behavioral outcome – obtain information on VA’s stop smoking program by next appt • Treatment focus: General Physical Health issues <ul style="list-style-type: none"> ○ Veteran’s goal: “I want to stay healthy” ○ Shared goal/behavioral outcome –keep medical appointments, go to the gym at least 3x/week, veteran and MH provider to keep primary care provider aware of changes in psychiatric medications
Housing:	<ul style="list-style-type: none"> • Treatment focus: No stable housing <ul style="list-style-type: none"> ○ Veteran’s goal – to secure stable housing ○ Shared goal/behavioral outcome – continue to work with VA Homeless program, keep current TLU apartment, follow TLU rules, practice relapse prevention
Employment:	<ul style="list-style-type: none"> • Treatment focus: Not currently employed <ul style="list-style-type: none"> ○ Veteran’s goal: to find permanent employment ○ Shared goal/behavioral outcome –continue to look for job postings in newspapers, internet and other places at least 2x/week
Family, social and community connectedness:	<ul style="list-style-type: none"> • Treatment focus: Isolation <ul style="list-style-type: none"> ○ Veteran’s goal: “I need to find something to do that makes me feel good about myself.” ○ Shared goal – look into volunteer options in the community and review these options at the next appointment
<p>TIPS:</p> <ul style="list-style-type: none"> -consider using veteran’s own words for goals when possible –e.g. “to not let things get me down”, “to stay sober”, etc -Include a timeframe to review the goals/behavioral outcomes with the veteran –thus measuring the veteran’s progress - Feel free to develop other categories as applicable: legal, independence (e.g. reducing frequency of visits or goals for discharge from clinic), etc 	

*** Please note –there may be aspects of the treatment plan that do not involve measurable goals and objectives. For example, as part of the medical plan you may need to order an imaging study to rule out a physical condition or recommend that the PCP do so. In this case, you would document the need for the study, that you have placed the order or contacted the PCP to do so and that you have informed and discussed with the

veteran and that he is willing to have the imaging study done. Outcomes (completion of study, discussion of results with PCP and veteran, etc.) should be documented in future notes to show follow through of your plan. ***

III. Documentation of Supervision and Training

1. Chart notes and reports for each case should include the name of the supervisory licensed psychologist for that case.
2. The supervisory licensed psychologist will co-sign all notes and reports.
3. If the resident and the supervisor are co-therapists or co-evaluators, progress notes should include both names. The cosigning supervisor is listed as the primary provider in the electronic medical record encounter form.
4. Residents track their weekly supervision (individual and group) and turn in the record of this at the end of the training year.
5. Residents earn progressive responsibility for the care of Veterans. The determination of a resident's ability to provide care to Veterans without a supervising practitioner physically present, or to act in a teaching capacity, is based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill. The primary supervisor assigns levels of responsibilities for each resident by describing in detail the clinical activities that the resident may perform and makes the description available to the resident and, as needed, other staff who interact with the resident.
6. Ultimately, the supervising practitioner determines which activities the resident will be allowed to perform within the context of assigned levels of responsibility. The overriding consideration in determining assigned levels of responsibility must be safe and effective care of the veteran.

The type of supervision provided must be congruent with:

- (a) The assigned level of responsibility,
- (b) A documented decision by the supervising practitioner that the resident is sufficiently experienced and skilled for the level of supervision provided, and

There are three general types of supervision:

- (a) Room. The supervising practitioner is physically present in the same room while the resident is engaged in direct health care activities.
- (b) Area. The supervising practitioner is in the same physical area and is immediately accessible to the resident. The supervising practitioner meets and interacts with veterans as needed. The resident and supervising practitioner discuss, plan, or review evaluation and treatment.
- (c) Available. Services are furnished by the resident under the supervising practitioner's guidance. The supervising practitioner's presence is not required

during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

7. Documentation of Supervised Supervision of Interns or Practicum Students.

Psychology residents will maintain a written record of:

- each supervised supervision session, with cases discussed (this documentation may be kept in a notebook in a locked desk, on electronic spreadsheet, or other format as preferred by the supervising psychologist and the supervising resident)
- a log of total supervised hours
- pre-and post-training self-assessment by the practicum or Intern trainee as required by the school/program,
- level of supervision, with dates of progression to greater levels of independence,
- written feedback at mid and final training points.
 - For supervision of Interns, please submit all training records to the Administrative Professional for Psychology Training for archive at the end of the training year.
 - For details on required documentation for supervised supervision of graduate psychology practicum students, please refer to the following intranet folders:
 - Practicum training policy: S:\Psychology Training Committee\Training Policies
 - To the database of practicum students enrolled: S:\Psychology Training Committee\Psychology Practicum and Pre-Master's Counseling Students
 - To helpful student file forms: S:\Psychology Training Committee\Psychology Practicum and Pre-Master's Counseling Students\Student File Forms
- For supervision of graduate practicum students, submit a copy of training records for archive to the Psychology Training program assistant, and provide originals to the Director of Practicum Training, at the end of the training year. These will be submitted to the graduate school of record for the practicum student.

8. Postdoctoral residents will keep a log of elective didactic trainings attended on weeks when formal psychology postdoc didactics are not scheduled. Second year postdocs may elect to access an elective didactic if a scheduled didactic is one they have previously attended in a prior training year. The log must be turned in to the training program assistant at the end of the training year. If a workshop, conference, or other seminar attended as an elective didactic provides three or more hours of training, it may be counted towards a maximum of two elective didactics within a month. Please include documentation of attendance and a summary of learning objectives (and an abstract if possible) for each elective didactic attended.

9. Overview of customary paperwork/documentation required during training year

- Pre-training self-evaluation
- Training Agreement with supervisor
- Attendance sign-in at didactic/group supervision
- Objectives for talk and PowerPoint slides from didactic presentation emailed to program assistant
- Rating of each Psychology Postdoctoral Seminar Series presentation
- Rating of Group Supervisor (at end of each supervisor's contribution, typically 6 weeks)
- Log of supervised hours
- Documentation of supervised supervision with intern or practicum student
- Log of elective didactic seminars
- Mid-year and end of year written and verbal feedback to each substantive individual supervisor (having 12 or more supervision sessions during the year)
- Documentation of participation in Administrative or Program Development project (email report to Training Director describing goals and accomplishments of project)
- Post-training self-evaluation
- Supervision logs of supervisees
- Supervisee evaluations of resident
- Exit Interview

10. There is no requirement for licensure during residency, though residents are encouraged to complete requirements for licensure during the course of the training year as a matter of professional development. Residents must comply with state law in obtaining provisional, interim, or temporary licenses or obtaining permits or registration from licensing boards, where applicable, including application for an approved Residency supervision contract. However, the fact that a resident obtains a license does not change the requirements for supervision.

IV. Research Time and Support

1. Postdoctoral residents may spend time each week in research activities, to be negotiated with the primary supervisor. Residents must spend a minimum of 50% of the work week in clinical activities, which may include clinical interactions for research. For clinical postdocs, research time will not exceed more than 25% of work week, with the typical average amount of hours being roughly 4 per week. The primary supervisor ultimately maintains discretion into how much time is granted for research per week for all clinical postdocs.
2. The primary considerations in granting research time are the goals of the emphasis training track. In addition, research should involve substantive intellectual input from the postdoctoral resident that could result in co-authorship on a publication.
3. Approval of the VAPORHCS Institutional Review Board and the Associate Chief of Staff for Research and Development is necessary if the resident wishes to participate in

research during the training year. The resident must complete research training to attain this approval (details at <http://www.visn20.med.va.gov/portland/research/p-i-services/hiring/appointment-requirements.htm>). Research Compliance requires a copy of the Trainee Qualification and Certification Verification Letter (TQCVL) completed by the Director of Psychology Postdoctoral Training and on file. The primary supervisor (or research supervisor) and the Training Director of the Fellowship training program should work with the postdoctoral resident to facilitate this process.

4. The resident may not receive financial compensation for copyright materials produced on VA time, which are considered public domain.
5. Residents may use the resources of VAPORHCS and Oregon Health & Science University (OHSU) libraries for approved research activities.
6. Any research conducted during training should be supervised or mentored by a qualified supervisor, either at the VAPORHCS, OHSU, or site approved by the primary supervisor and Training Director.

V. Presentations

1. Each resident will be required to present a topic for a jointly-held intern/postdoc Psychology Seminar during the second half of the training year (usually fourth Wednesday). Topics must be focused on diversity and/or ethics and may stem from an area of the resident's clinical expertise (e.g., patient population, treatment approach, or diagnostic group). Diversity topics may include individual, population, or cultural differences in patients or providers; it is often helpful to examine how diversity impacts particular clinical interventions or assessments. Psychology staff will be invited to attend, and will rate these presentations for their applicability to advanced training in diversity/ethics for continuing education of psychologists.
 - a. This is a one-time requirement during your postdoctoral training – residents in a 2-year position will only need to complete this during their first training year.
2. Residents will be contacted by the coordinator of the seminar series early in the year to schedule the seminar date and topic.
3. In addition, residents are invited (but not required) to present on their research or area of clinical expertise at other appropriate seminars, inservices, or rounds at the Medical Center. This practice may be useful in preparing for presenting a colloquium in applying for an academic job, and in gaining experience training other professionals. Residents may consult the Director of Training or rotation supervisor for information about forums in which to present. Supervisors are also encouraged to pass along opportunities for professional speaking to their trainees.

VI. Required Seminars and Educational Experiences

1. **Individual Supervision** – In total, residents will receive 4 hours of supervision weekly (at minimum), three of which will occur through individual supervision. All Supervision is provided by licensed VAPORHCS clinical psychologists. Fellows will receive two hours of individual supervision weekly from their primary supervisor, one hour per week of individual supervision weekly from their secondary supervisor. Residents must experience at least two psychologist supervisors across the training year. Oregon licensing requirements dictate that the supervising psychologist must have been licensed for 2 years. Residents will receive verbal feedback continuously throughout the training year, and formal written and verbal feedback will be provided at midyear and near the end of the training year (e.g. twice during the year). We support a training environment where residents are able to learn to successfully give feedback as well as receive it, by requiring that residents also evaluate their primary supervisor (and other major supervisors who work with the resident on a weekly basis for at least 3 months) at midyear and at the end of the year, in writing and with verbal feedback.

2. Psychology residents' **Didactic Seminars** — Wednesdays 1:00-2:20 p.m.

Residents are required to attend an elective training of their choice to augment this formal schedule. This may include outside workshops and professional meetings that qualify for Continuing Education credits for Psychology, pending supervisor approval. If a workshop, conference, or other seminar attended as an elective didactic provides three or more hours of training, it may be counted as a maximum of two elective didactics within a month. Please provide documentation of attendance and a summary of learning objectives (and an abstract if possible) for each elective didactic. The VA and OHSU provide an abundance of rich training opportunities that permit some tailoring of the training experience to specialty interests. These alternate trainings must be discussed with and approved by the primary supervisor, and serve to increase professional knowledge in a topic area related to the resident's training goals. Residents must keep a written record of all didactic trainings attended, to be turned in at the end of the year. The log must include adequate information on those didactics to convey their nature and content. A title alone would not be sufficient; descriptions may include an abstract/description of the content, learning objectives, or any other additional material necessary (e.g., bibliography, readings) to demonstrate the material covered.

Possible sources of additional seminar instruction may include but are not limited to:

- ✚ Psychiatry Grand Rounds 1st, 3rd & 4th Tuesdays 12-1 OHSU 8th floor auditorium (8B-60)
- ✚ Psychiatry Research Conference Thursdays 12-1 7D Conference

- + Neuropsychology Case Conference/Lezak: 2d Wednesday of the month, Hatfield Research Center 12D03, OHSU
- + MIRECC webinar noon-1, 1st and 3rd Wednesdays.
- + PADRECC V-tel (announced through email broadcast)
- + Northwest Pain Network
- + Geropsychiatry Journal Club
- + Neurosciences Grand Rounds 8am Wednesdays UHS 8B-60 OHSU
- + Neuropathology Grand Rounds 11am Wednesdays Old Library, OHSU
- + Brain cutting 11am Thursdays OHSU Morgue
- + VAPORHCS Neuropsychology discussion/case presentations alternate Mondays 8:30 am
- + OHSU Medical Grand Rounds Tuesdays 8-9am UHS8B60
- + All City Palliative Care Grand Rounds, 1st Friday of the month, alternating sites
- + Palliative Care Didactic Series, Tuesdays 12-1pm, attendance by approval of Palliative Care Team Director (currently Ryan Weller MSW) only.
- + MIRECC weekly V-Tel seminar series designed for the national MIRECC research postdocs
 - o The MIRECC V-Tels are typically on the 1st and 3rd Wednesday (10-12 PST) of the month and occur in Bldg. 100, 7th floor, 7D-153.
- + A video of the workshop entitled *Competency-based Clinical Supervision: State of the Art* is now available on the VISN 19 MIRECC website.

http://www.mirecc.va.gov/visn19/VISN_19_Education.asp

To facilitate broadest use of this resource closed-captioning is available (see below for specific instructions).

A complete transcript (PDF) of the workshop is also available (at the same location on the MIRECC website).

For technical support regarding either of these resources please contact Joe Huggins, MIRECC webmaster, joe.huggins@va.gov.

Windows Media Player 10 & 11

To enable captions in the Windows Media Player 10 & 11 menu, you have make sure to set the following:

1. Play > Captions and Subtitle > English
2. Tools > Option > Security > Show local caption when present.

Windows Media Player 9

To enable captions in the Windows Media Player 9 menu:

1. From the Windows Media player menu, Choose 'Play'
2. Choose the 'Captions and Subtitles' menu
3. Select 'On if Available'

3. Psychology Residents **Group Supervision**, one hour required one hour of group supervision weekly with other psychology fellows from a staff psychologist who serves on the Training Committee— Wednesdays 2:30-3:30 p.m.
4. Additional seminars or meetings may be required for certain training tracks. This will be specified in the training agreement with individual supervisors.
5. Psychology Residents **Cohort Time**—Wednesdays 3:30-4:30pm.
 - a. The intent of group process time is to foster peer support and professional problem-solving. Your training director will offer guidance around possible uses of this hour.
 - b. Attendance is required, but the group may choose to meet in a mutually agreed-upon off-campus setting as long as all are able to attend. MIRECC residents occasionally experience conflicts with other training requirements (e.g. OHSU HIP classes), and these conflicts must be accommodated by the group with the goal of inclusiveness for all residents.
 - c. Processing activities may vary, but must be professionally-focused and mutually agreed upon by all group members.
6. Absences from the seminars and supervision listed above require prior supervisor approval.
7. Residents are expected to miss no more than three (3) Wednesday afternoons during the training year and to coordinate absences with classmates to ensure adequate attendance.
8. **Supervised supervision.** We are committed to fostering growth in the provision of supervision to future psychologists. All postdoctoral residents will work with their primary supervisor, the Director of Psychology Postdoctoral Training, the Director of Psychology Training, and the Director of Practicum Training as appropriate to establish a training relationship with a graduate psychology practicum student or a current VAPORHCS Psychology intern during the training year. The training program will strive to match Interns or practicum students as supervisees who have training interests in the areas of clinical strength of the postdoctoral resident.
 - d. Optimally this relationship will be in place for a minimum of three months, but this may be negotiated on a case-by-case basis depending on other training priorities.
 - e. Postdoctoral residents will supervise an intern or practicum student at the in-room and face-to-face level, with the supervising psychologist also present at the in-room level initially. The supervising psychologist may fade to area and available levels as the postdoctoral resident gains proficiency with the supervising relationship. Practicum students must always be supervised by the postdoctoral resident at the Area level at a minimum.
 - f. All training activities will be documented as required.

2. Residents are expected to work during normal program hours (8:00 a.m. – 4:30 p.m.) unless involved in a planned and supervised activity during other hours, such as an evening group. A 40 hour work week is expected.
3. There are 10 paid Federal holidays throughout a calendar year.
4. Residents with fewer than 3 years of federal employment accrue 4 hours of Sick Leave (SL) and 4 hours of Annual Leave (AL) per pay period. All VA policies regarding leave apply to postdoctoral residents. Leave use is subject to the amount of leave time accrued and is requested electronically in VistA.
5. Planned sick leave (for scheduled medical appointments, etc.) must be requested in advance. Please discuss this with your primary supervisor. Sick leave used on an unplanned basis is requested electronically the day of return to work; however, residents missing work unexpectedly must phone in to their supervisor at the beginning of their scheduled tour and must also make sure that their timekeeper is notified.
6. Annual leave is requested as far in advance as possible and requires approval by the affected supervisor(s) prior to completing an electronic request for leave in VISTA. The Training Director must be notified of supervisor approval. Typically this is accomplished by sending an Outlook e-mail leave request to the supervisor(s) and including the Training Director with courtesy copy; the supervisor(s) will then approve or deny the request. Approval or denial of up to 5 consecutive days of annual leave is at the discretion of the immediate supervisor. Factors that may influence approval or denial of annual leave include, but are not limited to, performance, unit needs, and the amount of time the resident will be away from clinical responsibilities. Residents are paid for any unused annual leave upon termination of employment.
7. As part of the VA/OAA's mission of training, the purpose of the Postdoctoral Residency training program is to prepare future psychologists for professional employment. To this end, residents may be granted Authorized Absence (AA) for up to 5 working days (40 hours) during the training year for conferences, professional workshops, licensure examinations, interviews for advanced clinical training positions or professional employment, and travel to these activities.
 - a. As with any planned leave, residents must request supervisor approval for authorized absence in writing, as far in advance as possible; this is done through an Outlook e-mail request to the affected supervisor(s), with the Training Director cc'd. Approval must be obtained prior to making any outside commitments. **Authorized absence is a privilege, not a right:** approval or denial of authorized absence is the immediate supervisor's prerogative and may be based on factors such as, but not limited to, training-related purpose of the leave, performance, unit needs, and the amount of time away from clinical duties.

- b. After obtaining supervisor approval and notifying the Training Director, leave can be requested electronically through VISTA. The Training Director will provide specific instructions on this step. In addition, all AA requests must ultimately be approved by the Hospital Director and in some cases, AA requests may be denied at the facility level which is beyond the control of training program and/or its leadership.
 - c. Personal authorized absence in addition to 40 hours may be granted for exceptional circumstances such as presenting at a national conference, but this is at the discretion of the supervisor(s) and Training Director. If the resident has already used 40 hours of authorized absence for interviews, additional authorized absence for presenting at conferences may be declined. Additionally, these requests also must be approved by Hospital leadership.
 - d. In addition to the 5 days of authorized absence outlined above, residents are given 8 hours of authorized absence on the last Wednesday of July for a daylong class retreat. Attendance at the retreat is mandatory and these authorized hours cannot be used for private leave.
- 8. Residents requesting more than 5 consecutive days of annual leave or combination of annual leave and authorized absence must submit a written request to the Training Committee. Approval is contingent upon satisfactory performance and completion of rotation requirements.
 - 9. Residents are expected to remain through the last week of the training year to complete the Residency, graduate, and receive certification of completion. If extenuating circumstances require absence during part of the final week, then the Training Committee may, at their discretion, make remedial arrangements for the postdoc to complete training and receive certification.
 - 10. Like all other VA employees, residents are eligible for unpaid medical and maternity/paternity leave (once all other leave has been used), consistent with VA leave policies and the Family and Medical Leave Act. However, in the case of extended leave, a remediation plan will need to be developed to ensure that a resident completes training equivalent to a 2080-hour, twelve-month long Fellowship year (4160-hour for 24-month for two year fellowship), as required by APA; at the discretion of the training program, this may require that a resident continue training unpaid for a period beyond the typical year. A remediation period may not extend more than six months beyond the typical internship year, and it must not interfere with the training of new resident.
 - 11. From time to time, a resident may be offered an employment opportunity before the completion of the postdoctoral training contract. It is the policy of this site that all residents **must** complete their training contracts under the auspices of the VA's Office of Academic Affiliations if they wish to be certified as having completed their

Residency. If some activities of the new position are congruent with the Residency's training goals, under some circumstances it may be possible to amend the training contract to include some responsibilities of the new position, thereby providing a bridge. However, this will be determined on a case-by-case basis with the following factors being considered:

- a. The employment opportunity must be aligned with the Resident's training goals and current postdoctoral track (e.g., a PCMHI employment position for a resident currently within the PCMHI Fellowship track can be considered; a general MHC employment position for a resident currently within a specialized Fellowship track would be less likely to be considered),
- b. The resident must provide a written description of the functional analysis (i.e., primary duties) of the employment position and how this position aligns with their training goals and current duties to their supervisor and the Training Director prior to accepting the employment position,
- c. The current training plan must be amended in writing prior to the employment position being accepted,
- d. All impacted training supervisors must provide approval to any amendment to the Training Plan that accounts for the duties of the employment position,
- e. The time spent on duties related to the employment position must not interfere with any fundamental components of the Fellowship (e.g., administrative meetings/trainings central to the specific track, individual/group supervision times, peer/cohort time, Wednesday didactics),
- f. and resident must get final approval of the Training Director prior to accepting the employment position.

Per OAA guidelines, the new position contract may not commence before the last day of the Residency training contract. Incomplete training contracts will be recognized with a certificate of participation, but not of completion **without exception**.

VIII. Professional Activities Outside the VA

Before arranging to provide other professional services (for pay or as a volunteer), postdoctoral residents must review their plans with their primary supervisor. A written statement of the plans should include the nature of the services the resident plans to provide, the provisions for supervision, whether the services will be for pay, the title the resident will have, the time frame and weekly schedule for these activities, and a signed statement that these activities will not interfere with training. The written statement should be submitted to the Director of Training.

Applying for supervision contract approval and licensure in Oregon (<http://www.oregon.gov/OBPE/index.shtml>). Many residents are interested in completing steps towards licensure during their postdoctoral year. Some will want to complete a supervision contract with the State Board, in order to have postdoctoral supervision hours approved and counted towards licensure. For the most up-to-date Oregon requirements related to supervision contracts and federal facilities, please refer to:

http://www.oregon.gov/OBPE/Resident_Supervision_Contract.pdf

Residents are encouraged to learn about licensure requirements for Oregon as early in the year as practicable, beginning with information contained at the Oregon Board of Psychologist Examiners' website:

http://www.oregon.gov/OBPE/app_info.shtml

IX. Professional Conduct

1. Postdoctoral residents are expected to maintain professional decorum and to respond constructively to feedback on workplace etiquette. They are also expected to follow VHA workplace policies and to abide by the Ethical Principles and Code of Conduct of the American Psychological Association.
2. All residents are expected to attend quarterly staff meetings, including review of intern progress, to promote professional development and collegial relationships with VAPORHCS staff psychologists.
3. The postdoctoral class will elect two representatives to serve on the Training Committee. This is the decision-making and planning organ of the training program, and representatives are able to represent their class, learn about and participate in program development, and offer important insights into the training experience as recent graduates of doctoral training programs. Training Committee business is considered confidential and residents are expected to abide by ethical behavioral standards regarding sensitive topics discussed at these meetings.
4. Relationship to Interns. The VAPORHCS is a rich training environment, and there are many opportunities for Interns and residents to interact across their distinct programs. In general, it is anticipated that postdoctoral residents will have more advanced training than interns and they are considered to be in a hybrid position that involves some staff roles in supervision and evaluation of interns. Since residents may establish a supervisory relationship with interns as individual and/or group supervisor, they are encouraged to consider all aspects of professionalism in their interactions with the intern class, while striving to be collegial, supportive, and friendly. The exact nature of the relationship between residents and interns may vary across class years and across individuals, and is therefore not specifically prescribed in this manual. Rather, each resident is encouraged to remain mindful of the potential role as mentor and to talk together as a class about setting appropriate parameters of social interaction with the intern class. As a program, we encourage thoughtful socialization between members of the Internship and Postdoctoral training classes.
5. The advent of the internet and social networking sites has greatly broadened access to information. Residents are advised to review the internet information they

make available to the general public, keeping in mind issues of professional decorum, personal safety, and therapeutic boundaries with clients. Any online content explicitly linked to a psychology resident's professional identity can be construed to be a reflection on his or her professional behavior; therefore, residents must ensure that whenever online content or activity identifies them as a psychology resident, that content consistently reflects the APA Ethical Principles and Code of Conduct. We encourage residents to consider carefully what boundaries they would like to establish between their personal and professional identities.

X. The VAPORHCS Psychology Department Commitment to Fostering Diversity in Staff and Training

We are a diverse collection of colleagues who welcome growth in our understanding of diverse populations within and around our professional network. We strive to create a welcoming environment for all employees and trainees, to model this welcoming culture for others throughout the Portland VA, and to increase diversity in our richly varied community as we grow. We recognize that mentoring can provide important support for an individual entering employment or training here, whether as a member of an underrepresented culture or for general professional development, and we are committed to fostering mentoring relationships to promote professional adjustment and growth for our residents. If you wish to be matched with a mentor within the professional community, please discuss this with your primary supervisor and with the Training Director.

The Multicultural and Diversity Committee (MDC) is an important part of our Psychology Service at VAPORHCS. The MDC aims to promote a culture of self-exploration, awareness, and respect for diversity within in the Psychology Service, Mental Health Service, and VAPORHCS as a whole. The committee includes representation from a wide variety of psychology staff including members from the Psychology Training Committee; both research and clinical psychologists; psychology leadership including the chief of psychology, Psychology Training Director; and pre- and post-doctoral trainees. The mission of this committee includes improving systematic recruitment and retention of diverse staff, interns, and postdoctoral fellows; ongoing development of training and supervision of psychological services for diverse patients; fostering culturally inclusive, multiculturally competent, client-centered mental health care; peer consultation related to diversity and multiculturalism issues; and outreach to the Mental Health Division, other VAPORHCS providers, Veterans, and the greater Portland Community.

XI. Guidelines on Sexual Harassment

1. Sexual harassment is a form of sex discrimination prohibited under Title VII of the Civil Rights Act of 1964.
2. Sexual harassment is deliberate or repeated unwelcomed verbal comments, gestures, physical contact of a sexual nature, sexual advances, requests for sexual favors, and other conduct of a sexual nature when: 1) submission to such conduct is made either explicitly or implicitly a condition of an individual's employment; 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
3. There are three basic forms of sexual harassment: 1) *Verbal*. Unwelcome suggestive remarks, sexual insults, innuendo, jokes and humor about sex or gender-specific traits, sexual propositions and threats; 2) *Nonverbal*. Unwelcome suggestive or insulting sounds, leering/ogling, whistling, obscene gestures and obscene graphic materials; and 3) *Physical*. Unwelcome touching, pinching, brushing the body, cornering and actual or attempted rape or assault.
4. VA policy on sexual harassment applies to all employees and covers harassment between supervisors and subordinates, between employees, by employees outside the work place while conducting government business, and by nonemployees awhile conducting business in the VA workplace.
5. Each employee should play a role in preventing or eliminating sexual harassment by:
 - 1) examining his/her behavior on the job; 2) talking about the issue of sexual harassment; 3) supporting the agency's policy against sexual harassment; 4) identifying and taking individual action to stop inappropriate behavior by communicating directly and immediately with the person(s) whose behavior is offensive; and 5) bringing the matter to the attention of their supervisor, higher level manager, EEO personnel or counselor or Personnel staff if the employee feels sexually harassed.
6. The following channels may be used to file a complaint of sexual harassment: 1) Equal Employment Opportunity Discrimination Complaint System; 2) VA Grievance Procedures; and 3) Negotiated Grievance Procedures (if applicable).

XII. Requesting an Alternative Supervisor

1. The training tracks at VAPORHCS are carefully mapped with primary supervisors who have expertise in the area of focus. On rare occasion, a resident may identify

an alternative supervisor who represents a closer training match, for example offering different training or research experiences, or a preferred training orientation, while demonstrating expertise in the focus area equivalent to that of the primary supervisor. In this case, the resident may request a substitution of assignment to the alternative supervisor as primary. This request should be made initially with the original supervisor, and proceed to the Training Director. If the original supervisor and the Training Director are in agreement with the switch it can proceed informally, assuming the proposed alternate supervisor is also in agreement when approached by the Training Director. If an informal agreement cannot be struck through these means, the request will be brought before the Training Committee for discussion and decision by majority vote. Prior to the vote, the resident will be invited to attend the meeting to describe reasons for the request, and the party in disagreement with the request will also be asked to address the issue.

XIII. Due Process for Resident Grievances

1. The resident is entitled to know the policies and procedures guiding the Fellowship, to have those followed as written, to be treated fairly within them, and to appeal decisions affecting his/her completion of the Fellowship.
2. It is expected that residents will attempt first to resolve difficulties directly and informally with another member of the VAPORHCS community prior to filing a grievance complaint. However, we recognize that a formal procedure may at times constitute the best option. At any time during the training year a formal grievance may be presented. This grievance will be presented in writing to the Director of Training. If the Director or any member of the Training Committee is part of the grievance, that person will not be part of the vote on the resolution.
3. Formal grievances may contain issues that relate to the Psychology Service only (i.e., areas that are within reasonable control of the Training Committee and Psychologists at VAPORHCS).
4. The aggrieved postdoctoral resident and staff member(s) who are the subject of the grievance will be offered an opportunity to mediate the grievance with a member of the Training Committee.
5. If mediation is not possible, the Training Director or designee will attempt to gather information relevant to the grievance.
6. The Training Director will contact other Training Committee members as appropriate to decide whether it will be useful to invite guests, including the resident, to discuss the issue with the assembled committee. Fellowship class representatives may be requested to participate in some grievance proceedings.
7. The Training Committee will consider the grievance at the next Training Committee Meeting unless there is substantive reason for an earlier review.

8. The Training Committee will make a decision on the grievance within ten working days of the meeting, considering the best interests of all parties involved and the postdoctoral training program. Resident class representatives will not vote on grievance proceedings. The Training Committee will notify the parties involved in the grievance in writing, of the decision. A copy of the written decision will become a part of the individual's written training record.
9. A postdoctoral resident who is dissatisfied with the decision of the Training Committee may appeal the decision to the Chief of Psychology. The Chief of Psychology's decision is final.
10. Residents may also pursue options to redress grievances that are available to hospital employees in general (e.g., EEO), and to psychology trainees in general (e.g. OAA, APA), if appropriate.

XIV. Notification Procedures to Address Problematic Behavior or Inadequate Performance – i.e., Policies and Procedures for Resident Suspension or Dismissal

1. All residents, supervisors and Training Committee members responsible for resident training will have the opportunity to receive training regarding the implementation of this protocol, provided by the Training Director.
2. Some residents will encounter difficulty during their training. These difficulties generally fall into three specific areas: academic, disciplinary, and/or impairment.
 - a) Academic difficulties generally involve resident performance issues that are specific to the resident's development as a psychologist and may involve knowledge and performance, as well as professional attitudes and behaviors. The VAPORHCS Fellowship identifies such problems through the mid and end-of-rotation evaluation systems, as well as monthly review of resident progress at Training Committee meetings and quarterly review at Psychology Staff meetings. The results of such evaluations help inform residents about their progress in meeting the specific program standards for satisfactory completion of the program. Monthly review is intended to help identify small problems before they become large. When resident difficulties are identified in behaviorally specific terms at monthly Training Committee meetings, the resident will be given verbal feedback by either the supervisor or an appointed, non-supervising preceptor, based on the judgment of the Training Committee. Residents with performance difficulties that do not respond to verbal feedback generally should be managed through a remediation plan designed to address the identified deficiencies.
 - i. The remediation plan will be developed by the supervisor who has identified specific training needs, in collaboration with the Training Director. The Training Committee may be consulted

for feedback as needed. In situations where there is a rupture experienced in the supervisor-trainee relationship, a non-supervising preceptor may be appointed to develop the remediation plan. Please see section XII – Requesting an Alternate Supervisor – should there be an unrepairable rupture in the supervisory relationship.

- ii. Supervisors are encouraged to identify training deficiencies early in the year through ongoing weekly individual supervision, and preferably by the time of the mid-year feedback evaluation (scheduled in February).
- iii. The remediation plan will contain a behaviorally specific outline of performance deficiencies identified by the supervisor(/preceptor). The plan will reference APA Ethical Principles wherever applicable to frame the expectation for corrective action, and related competency items on the Resident Feedback Form will be specified in the remediation plan. The resident will be expected to achieve a rating of 3 or higher by the supervisor, on affected competencies, in order to successfully remediate the identified deficiencies.
- iv. The remediation plan will include a timeline for expected improvements. In order to successfully graduate from the program, specified competencies must be rated 3 or higher by 30 days before the conclusion of the residency contract and maintained for the duration of the contract.
- v. The supervisor(/preceptor), in consultation with the Training Committee, will be responsible for determining the level of training necessary to promote progress, which may include additional readings or trainings, role-play rehearsal, direct modeling, direct observation of the trainee with clients, review of recorded sessions.
- vi. Progress on remediation items will be discussed during each weekly individual supervision session during the remediation plan to provide frequent feedback in support of improvement. The supervisor will also communicate progress to the Training Director weekly, and to the Training Committee monthly.
- vii. The supervisor will provide written feedback on the competencies specified in the remediation plan. The frequency of this feedback will be weekly, every two weeks, or monthly, to be determined by the supervisor in consultation with the Fellowship Director, and based on severity. Deficiencies judged to be severe or potentially harmful to others will be addressed in writing more frequently (weekly).
- viii. When progress is assessed as passing (3 or higher on all competency items) by the supervisor, the Training Director and Training Committee will review and approve the resolution of the remediation plan.

- ix. Continuation in a program is contingent on the resident successfully addressing such deficiencies and meeting the specific academic standards for that program. Failure to meet performance standards as stipulated in "Section I, Evaluation of Residents," may result in disciplinary action in accordance with VAPORHCS Postdoctoral Fellowship policies and procedures or may result in a decision not to continue a resident's appointment.
 - b) Disciplinary problems generally involve violations of laws, VAPORHCS or APA policies, or contractual agreements. Certain professional behaviors, because of their potential for adverse effects on patients and other health care workers, may also give rise to disciplinary actions. As stated above, disciplinary actions may also be imposed for a resident's failure to meet performance or clinical standards following remediation efforts. Disciplinary actions which involve termination of a resident's participation in a training program will be taken only after the resident is provided with an opportunity for a hearing on the matter in accordance with VAPORHCS Fellowship policies and procedures. Disciplinary actions of a lesser level should be communicated in writing and discussed with the resident.
 - c) Impairments generally refer to medical, psychological or substance abuse issues that may interfere with performance of a resident's duties and/or responsibilities. Impairment issues may impact on academic performance, and may also have implications for a resident's ability to safely perform their patient care duties. Suspected or known impairments which may be interfering with a resident's performance must be addressed through the assistance of the Training Committee. The Training Committee will involve, when appropriate, the office of Equal Employment Opportunity (i.e. when impairment involves a potential disability).
3. Primary supervisors shall notify the Training Director as soon as academic or disciplinary issues are identified which may lead to disciplinary action involving suspension or termination of the resident's participation in the training program. In addition, the VAPORHCS Training Director shall notify the Office of Academic Affiliations (OAA) of any suspected or known impairment that may be impacting the resident's ability to perform the duties and responsibilities of the Fellowship, including the resident's ability to safely perform patient care duties. Finally, the Training Director must follow due process in any action taken to terminate a resident's training contract for any reason.

Notification should include a description of the proposed action and the reasons for the action, a draft of the proposed notice to the resident, and a summary of the plan for remediation addressing and resolving the problem, including the timetable for a final decision about the resident's continuation in the program, if applicable.

4. After review and approval by the Training Committee, the program shall notify a resident promptly in writing about any decision to: (1) initiate disciplinary action including a remediation plan; (2) discontinue their appointment for any reason. The Training Director shall provide a copy to OAA (the VA Office of oversight of all VA professional training programs), APA if warranted after accreditation, and the resident's file, of the final notification sent.

XV. Due Process for Resident Discipline, or Termination of a Contract

1. Discipline of a Resident

VAPORHCS may terminate the appointment of any resident demonstrated not to have the appropriate or desired level of competency deemed advisable for the performance of duties assigned, or for behavior or conduct proscribed by the policies of APA and the VA.

2. Definitions of Cause for Imposition of Sanctions on a Resident

Conduct constituting cause for imposing sanctions on a resident includes but is not limited to:

- 1) Violation of the resident Policies and Procedures as stipulated in the Resident Handbook
- 2) Failure to meet any standards, including APA Ethical Principles, or requirements of the Fellowship program. Acts that would be considered to be serious ethical violations by a reasonable psychologist will warrant immediate termination. Acts considered to be “minor” or “moderate” violations will warrant a remediation contract.
- 3) Failure to demonstrate an acceptable degree of competency or other performance as deemed necessary or appropriate for the Fellowship program.

“Acceptable degree of competency” is defined as completion of an evaluation or a remediation plan with an average rating of 2.75 or higher on each training objective, and with no ratings of “1” on any competency.

3. Initiation of Formal Proceedings

If the Training Director, with concurrence of the Training Committee shall determine to his/her satisfaction that there is cause to terminate the appointment of a resident, the Training Director shall request that the Chief of Psychology and a representative from Human Resources assess whether there are administrative and/or legal grounds to impose such a sanction. If grounds exist, then after consultation with the VAPORHCS Chief of Psychology and the Training Committee, the Training Director shall authorize VA Legal Counsel to prepare formal written charges. The charges shall state specifically the fact(s) alleged to be the cause for termination. Within 10 days after the authorization to prepare formal written charges, the charges shall be delivered personally or sent by certified mail and first class mail to the resident. A copy shall also be provided to the Chief of Psychology, and to the resident’s file. The resident may be prohibited from entering the grounds of VAPORHCS from the point at which the problem is identified, and while awaiting notification and a hearing if requested, if the cause of termination is based on concerns that the resident’s behavior may be illegal, dangerous, or harmful.

4. Request for Hearing

Within 10 days after the delivery or mailing of the formal written charges to the resident, the resident may request in writing a hearing on the charges. If the resident fails to respond or declines a hearing, the Training Director may then request that the Office of Academic Affiliations terminate the appointment of the resident. If the request is approved, the Training Director and Chief of Psychology will give the resident written notice of the action. The date of termination shall be no sooner than 10 days from the date of the written notice and shall be specified in the written notice.

5. Hearing

If the resident requests a hearing on the charges, such hearing shall be before three or more members of the Training Committee, (one of whom is the Training Director) or if the Training Committee is not able to maintain an impartial stance due to conflict inherent to the charges, a committee comprised of neutral service staff shall be appointed. The Training Director shall make the appointment. The findings based upon the hearing shall be summarized in a report written by the other two (or more) committee members submitted within 10 days of the hearing to the Training Director, specifying whether or not there shall be termination. The Training Director and the Chief of Psychology will review the report and make the final determination whether the findings and recommendations should be accepted, modified or declined. The Office of Academic Affiliation and the resident's file shall also receive copies of the report and the final decision.

6. No Reprisals

No employee of VAPORHCS shall be subject to reprimand or other adverse action by reason of appearing as a witness or for participating in any of the proceedings provided for in these procedures.

XVI. Selection Policies for Recruitment to VAPORHCS Postdoctoral Training

1. Eligibility: We seek candidates who are US citizens and will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date.

- A. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- B. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
- C. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

D. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

2. Selection process.

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the respective emphasis supervisors and the current postdoctoral trainee.
3. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across Veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.
4. Highly ranked applicants may be asked to participate in telephone interviews or teleconference interviews.
5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
6. Selection decisions may occur as early as the second week of January or into the spring depending upon a variety of factors. Applicants who are no longer under consideration will be notified as soon as possible.
7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

This policy has been formulated by the Training Committee in consultation with the VA District Counsel. It has been approved by the Chief of Psychology.

I have read and agree to these policies for postdoctoral training at VAPORHCS.

Resident Signature

Date

Jason C. Steward, Ph.D.
Director of Postdoctoral Training,
Psychology