

**PSYCHOLOGY TRAINEE REMEDIATION OF PROBLEMATIC PERFORMANCE,  
DUE PROCESS, AND GRIEVANCE PROCEDURES**

**I. PURPOSE:** This document provides Psychology predoctoral interns and postdoctoral residents of the Mental Health & Behavioral Sciences Service a definition of problematic performance, a listing of sanctions, and an explicit discussion of the due process and grievance procedures. Also included are important considerations in the remediation of problems. Both interns and residents in this document will be referred to as “trainees.” Unless specifically delineated by title, the Assistant Training Director and Director of Psychology Training will be referred to as “Training Director(s).”

A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a trainee’s competence, behavior, attitude, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute “problematic performance.”

1. Definition of Illegal, Unethical, or Inappropriate Behavior: Behaviors which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or ethical or legal misconduct will be taken seriously and addressed immediately. It is a matter of professional judgment as to when such behaviors are serious enough to constitute unethical or inappropriate behavior.

B. Informal Process for Remediation of a Serious Skill and/or Knowledge Deficit: Clinical supervisors/staff who determine that a trainee is not performing at a satisfactory level of competence are expected to discuss this with the trainee and initiate procedures to informally remediate the skill/knowledge deficit. This may include providing additional supervisory guidance and directing the trainee to additional resources (e.g., didactics, additional clinical experiences). No formal communication with the Training Director(s) is required at this point. Occasionally, the problem identified may persist and/or be of sufficient seriousness that the trainee may not achieve the minimum level of competency to receive credit for completion of the program unless that problem is remediated. As soon as this is identified as the case, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the skill/knowledge deficit and the remedial steps that were attempted. At this point, a formal remediation plan will be initiated, following the procedures outlined below.

- C. Informal Staff or Trainee Complaints or Grievance Process: Clinical supervisors/staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor, other clinical supervisor, the Assistant Training Director, or the Training Director as go-betweens. Such informal efforts at resolution may involve the Psychology Service Chief as the final arbiter. Failure to resolve issues in this manner may eventuate in a formal performance/behavior complaint or trainee grievance as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize the designated mentor, or in the case of conflict of interest, another clinical supervisor or senior staff member, as a consultant on matriculating the formal process.

**II. POLICY:** It is the policy of VHA and James A. Haley Veteran's Hospital that trainees will be continuously evaluated and informed about their performance and that attempts to remediate problematic performance or conduct will follow a stated process with opportunity to receive due process. It is also the policy of VHA and James A. Haley Veteran's Hospital that all personnel, including trainees, have the ability to receive due process in matters of disagreements with their supervisors. The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (2002, 2010, 2017) provide guidelines for resolving conflicts among Psychologists and with other professionals. The James A. Haley Veterans' Hospital provides clear guidelines related to the expected performance and conduct of "health professions trainees", which includes Psychology interns and residents, as well as guidance to trainee due process, performance, or conduct related issues.

**III. DELEGATION OF AUTHORITY AND RESPONSIBILITY:**

- A. The ACOS Mental Health Service shall assure that a policy describing due process procedures for psychology trainees be established.
- B. The Assistant Chief, Mental Health & Behavioral Sciences Service/Chief, Psychology Section is responsible for ensuring that this SOP is current and consistent with employee regulations and rules.
- C. The Psychology Training Director is responsible for disseminating this policy and ensuring its implementation.
- D. In the case of absence, the Assistant Chief, Mental Health & Behavioral Sciences Service/Chief, Psychology Section; Psychology Training Director; or Assistant Training Director may designate an alternate to participate in the due process proceedings.

**IV. PROCEDURES:**

Procedures for Responding to Problematic Performance: When it is identified that a trainee's skills, professionalism, or personal functioning are problematic, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

- A. As soon as problematic performance is identified, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the problematic performance and the remedial steps that were attempted. Trainee evaluation(s) will be reviewed with discussion from

the Training Committee and other supervisors, and a determination made as to what action needs to be taken to address the problems identified.

B. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Committee may direct the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
3. For interns, the trainee's graduate program Director of Clinical Training may be consulted on the matter, depending on the seriousness of the issue(s).
4. Where the Training Committee deems that *informal remedial* action is required, the identified problematic performance or behavior must be addressed. Possible remedial steps may include (but are not limited to) the following:
  - i. Increased supervision, either with the same or other supervisors.
  - ii. Change in the format, emphasis, and/or focus of clinical work and supervision.
  - iii. Change in rotation or adjunctive training experiences
5. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a *formal Remediation Plan notice* which specifies that the Committee, through the supervisors and Training Director(s), will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The *Remediation Plan* is a written statement to the trainee that includes the following items:
  - A description of the problematic performance behavior.
  - Specific recommendations for rectifying the problems.
  - A time frame for remediation during which the problem is expected to be ameliorated.
  - Remediation plans will be tied directly to the program's identified competencies.

For interns, the trainee's graduate program Director of Clinical Training is not notified of the problem during the rotation when the problem is first identified in order to allow time for improvement, unless the problem identified is judged to be a major problem that is likely to result in the intern's failure or dismissal from the internship. If deficiencies persist into the next rotation, written communication to the intern's graduate program will occur outlining the identified problem(s), the plan for remedial actions, and the implications of improvement or lack thereof. Copies of this written communication and subsequent progress reports to the intern's graduate program will also be provided to the intern.

For behavior that involves significant illegal or unethical behavior, or gross violation of the training program's or the host facility's policies, immediate termination may be

warranted. In such cases, no remediation will be provided. See Section on *Illegal, Unethical, or Inappropriate Behavior*.

6. Following the delivery of a *formal Remediation Plan notice*, the supervisor(s) and Training Director(s) will meet with the trainee to review the required remedial steps. The trainee will have the opportunity to have an advocate of their choice at said meeting. The trainee may elect to accept the conditions or may grieve/appeal the Training Committee's actions as outlined below. In either case, if this involves a doctoral intern, the Training Director(s) will inform the intern's graduate program Director of Clinical Training, and indicate the nature of the inadequacy and the steps taken by the Training Committee.

Monitoring of subsequent progress will occur through the Rotation Supervisor(s), Psychotherapy Supervisor(s), and Training Director(s). If performance improves such that the training goals for that rotation are subsequently met, the trainee will proceed with subsequent rotation(s) as planned. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first. The trainee may be removed from probationary status with demonstration of acceptable performance (achievement of expected level of competency at that timepoint in the program) at the next marking period; however the Remediation Plan will continue throughout the timeframe indicated on the written plan. If, at any time, the trainee disagrees with the evaluation of progress, he/she may appeal by following the grievance procedures outlined (informal and formal grievance processes) to resolve the disagreement.

Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If the trainee has either not demonstrated improvement or demonstrated some improvement but at a rate that precludes satisfactory completion of a rotation, the trainee (and for interns, the graduate program Director of Clinical Training), will be notified and the trainee will be placed on probationary status. The trainee's progress will be closely monitored by the Training Committee and Training Director(s). Further review and recommendations will be made at mid-rotation and end-of-rotation evaluations, including consideration of options below as necessary:

- A. Continue the Remediation Plan for a specified period, with modifications if necessary.
- B. If correction of the problem is possible with additional months of training beyond the normal training year or by adding additional diverse training experiences (including alteration in rotation sequence), such may be recommended. The trainee may be placed in a non-pay status (without compensation) for the duration of the extension. If this involves a doctoral intern, the intern's graduate program's Director of Clinical Training will be informed.

C. If the problem is severe enough that it cannot be remediated in a timely manner, termination may result. The trainee will be informed that the Training Committee is recommending to the Psychology Service Chief that the trainee be terminated from the training program. If this involves a doctoral intern, the intern’s graduate program’s Director of Clinical Training will be informed.

1. **Termination:** If a trainee on probation has not improved sufficiently under the conditions specified in the Remediation Plan, termination will be discussed by consultation with the full Training Committee, VA OAA, and the facility DEO (or designee), and in the case of an intern with the graduate program Director of Clinical Training and APPIC. A trainee may choose to withdraw from the program rather than being terminated. The final decision regarding the trainee’s passing is made by the Director of Psychology Training and the Psychology Service Chief, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the trainee, he/she will be informed in writing by the Director of Psychology Training that he/she will not successfully complete the program. The trainee, and if an intern, his/her graduate program, will be informed of the decision in writing no later than May 15<sup>th</sup>.

D. At any stage of the process, the trainee may request assistance and/or consultation; please see section below on grievances. Trainees may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

**VA Office of Resolution Management (ORM)**

Department of Veterans Affairs  
 Office of Resolution Management (08)  
 810 Vermont Avenue, NW,  
 Washington, DC 20420  
 1-202-501-2800 or Toll Free 1-888- 737-3361  
<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner.

**Association of Psychology Postdoctoral and Internship Centers (APPIC)**

Informal Problem Consultation (IPC) – Dr. Jeff Baker (via IPC online form)  
<http://appic.org/Problem-Consultation>  
 Formal Complaints – Dr. Ellen Teng,  
 Chair, APPIC Standards and Review Committee  
 ETeng@BCM.edu

APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

**APA Office of Program Consultation and Accreditation:**

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979

<http://www.apa.org/ed/accreditation>

Independent legal counsel

Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.

Trainee Grievance Procedures: Although infrequent, differences may arise between a trainee and a supervisor or another staff member. Should this occur, the following procedures will be followed:

- 1) The trainee should request a meeting with the supervisor or staff member to attempt to work out the problem/disagreement. The supervisor will set a meeting within 2 working days of the request. It is expected that the majority of problems can be resolved at this level. However, if that fails:
- 2) The trainee should request to meet with the Training Director(s) of the program. A meeting will be arranged within 2 working days to work out the difficulty. In cases involving disagreement with the Assistant Training Director, the trainee may address their case directly to the Director of Psychology Training. In cases involving disagreement with the Director of Psychology Training, the trainee may address their case directly to the Psychology Service Chief for appropriate action. If that fails:
- 3) The Director of Psychology Training, Assistant Training Director, trainee, and supervisor or staff member meet within 2 working days of Step 2. If a consensual solution is not possible:
- 4) The trainee, Psychology Service Chief, Director of Psychology Training, Assistant Training Director, and the trainee's supervisor or staff member meet to resolve the problem within 5 working days of Step 3. If that fails:
- 5) The issue will be brought before the Affiliations Subcommittee of the Continuing and Hospital Education Committee for resolution. This is the final step of the appeal process.
- 6) In unusual and confidential instances, the trainee may address their case directly to the Psychology Service Chief and, if this fails, the trainee may proceed to Step 5.

Trainees who receive a *notice* of a Remediation Plan, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the

Committee's actions by initiating a grievance or appeal procedure. Should this occur, the following procedures will be followed:

- a) Within 5 working days of receipt of the Training Committee's notice or other decision, the trainee must inform the Training Director(s) in writing that he/she disagrees with the Committee's action and to provide the Training Director(s) with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the grievance process (described above) will begin at Step 2.

Storage of Trainee Grievance Due Process Documents:

- A. All documentation of active grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training.
- B. All documentation of resolved grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training and/or training programs' support specialist.

Illegal, Unethical or Inappropriate Behavior: Psychology training programs are bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2002, 2010, 2017) and the James A Haley Veterans' Hospital's Code of Conduct for Employees and Trainees (HPM 00-46). Rarely, instances arise which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or possible ethical or legal misconduct. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident. Should this occur by a trainee, the following procedures apply:

- A. Illegal, unethical, or professionally inappropriate conduct by a trainee must be brought to the attention of the Training Director(s) in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.
  1. Infractions of a very minor nature may be dealt with among the Training Director(s), the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file.
  2. Any significant infraction or repeated minor infractions or issues of gross incompetence must be reviewed by the Training Committee, after the written complaint is submitted to a Training Director(s). After review of the case, the Training Committee will recommend either starting a formal Remediation Plan or termination of the trainee's appointment. In the case of an intern, the Training Director(s), with concurrence of the Psychology Service Chief, will determine if the behavior warrants notifying the graduate program's Director of Clinical Training at the outset of a Remediation Plan (prior to the trainee being placed in a probationary status).

3. The Psychology Service Chief receives the recommendations of the Training Committee, decides on final disposition including recommendation for termination of the trainee's appointment.
  - i. Should a trainee's conduct be particularly egregious, immediate intervention may be deemed necessary (e.g., suspension with pay) and review by the Affiliations Subcommittee of the Continuing and Hospital Education Committee requested for recommendations (which may include termination of the program without completion). A trainee may choose to withdraw from the program rather than being terminated.

B. Patient Abuse: Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor or other Psychology training staff who will assist them in filing the required incident report and in following out the procedures outlined in VAMC memoranda.

## 5. REFERENCES:

- A. JAHVH policy:
  - HPM 00-46 – Code of Conduct for Employees and Trainees
  - HPM 11-15 – Financial Relationships between VHA Health Care Professionals and Industry
  - HPM 11-17 – Procedures for Establishing and Maintaining Health Professions Training Programs
  - HPM 11-108 – Supervision of Associated Health Trainees
  - SOP 11J-03 – Unsatisfactory Progress and Early Dismissal Procedures for Trainees
- B. American Psychological Association. (2002). Ethical principles of psychologists and code of conduct, American Psychologist, 57, 1060-1073.
- C. American Psychological Association. (2010). 2010 Amendments to the 2002 "Ethical principles of psychologists and code of conduct," American Psychologist, 65, 493.
- D. American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, Amended June 1, 2010 and January 1, 2017). Retrieved from <http://www.apa.org/ethics/code/index.aspx>

**6. FOLLOW-UP RESPONSIBILITY:** The Assistant Chief, Mental Health & Behavioral Sciences Service/Chief, Psychology Section is responsible for updating this SOP.

**7. RESCISSION:** None