

**PSYCHOLOGY SERVICE POLICY MEMORANDUM
POSTDOCTORAL FELLOWS
Policy & Procedures and Due Process
Academic Year 2023-2024**

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POSTDOCTORAL FELLOWS
August 2023**

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* Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. Your VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

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I. Evaluation of Fellows

1. The postdoctoral Fellow 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, Fellows complete a pre and post self-assessment for both year 1 and year 2. All Fellows 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 Fellow'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 Fellow progresses towards greater independence, the supervisor will document changing levels of supervision and justification for this change.
3. The Fellow will review and sign the mid-year and year-end evaluations. The Fellow must retain a copy for his/her/their records. Fellows 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 Fellow 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 the 10 or 22 month evaluation 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(s) will determine if the performance of the assigned fellow is satisfactory based on observation and individual supervision sessions.
6. A fellow 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 fellow's contract and/or deny provision of a certificate of fellowship completion to any fellow who does not remediate deficiencies in clinical skills or who does not conduct him/herself/themselves 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 fellows, professional accrediting agencies, and any other persons or agencies who may be adversely affected if uninformed of the fellow's reason for termination, in the present or future.
9. A fellow whose adequacy is questioned has the right to request a hearing, to be represented by counsel of his/her/their 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* **Section XIII Due Process and Grievance**.
10. The fellow 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 Fellows 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 two business days of the encounter (e.g. a session on Monday would require entry by CoB Tuesday, a session on Friday is due the next business day). 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. Fellows will sign all documentation in the electronic medical record using their electronic signature.
7. All notes signed by Fellows 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 Fellow 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"> • Date and time of visit • 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 Fellow 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. Fellows track their weekly supervision (individual and group) and turn in the record of this at the end of the training year.
5. Fellows earn progressive responsibility for the care of Veterans. The determination of a Fellow'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 Fellow's clinical experience, judgment, knowledge, and technical skill. The primary supervisor assigns levels of responsibilities for each Fellow by describing in detail the clinical activities that the Fellow may perform and makes the description available to the Fellow and, as needed, other staff who interact with the Fellow.
6. Ultimately, the supervising practitioner determines which activities the Fellow 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 Fellow 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 Fellow is engaged in direct health care activities.

(b) Area. The supervising practitioner is in the same physical area and is immediately accessible to the Fellow. The supervising practitioner meets and interacts with veterans as needed. The Fellow and supervising practitioner discuss, plan, or review evaluation and treatment.

(c) Available. Services are furnished by the Fellow 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 Fellows 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 Fellow)
 - 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 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 Fellows will keep a log of elective didactic trainings attended on weeks when formal psychology postdoc didactics are not scheduled. 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
 - Supervision Contract/Training Agreement with supervisor
 - Objectives for talk and PowerPoint slides from didactic presentation emailed to program assistant
 - Rating of each Psychology Postdoctoral Didactic 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 (*encouraged but not required*)
 - Exit Interview
10. There is no requirement for licensure during residency, though Fellows are encouraged to complete requirements for licensure during the course of the training year as a matter of professional development. Fellows 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 Fellow obtains a license does not change the requirements for supervision.
- The Oregon Board of Psychology (OBOP; <https://www.oregon.gov/psychology/pages/index.aspx>) requires that any person completing postdoctoral training hours in the state of Oregon MUST have an approved Residency supervision contract through the board prior to beginning clinical practice as a postdoctoral trainee. We recommend all Fellows file an application for Oregon licensure and secure the supervision contract prior to the fellowship start date

IV. Research Time and Support

1. Postdoctoral Fellows may spend time each week in research activities, to be negotiated with the primary supervisor. Fellows 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 Fellow 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 Fellow wishes to participate in research during the training year. The Fellow 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 Fellow to facilitate this process.

4. The Fellow may not receive financial compensation for copyright materials

produced on VA time, which are considered public domain.

5. Fellows 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 Fellow will be required to present a topic for a jointly-held intern/postdoc Psychology Seminar during the second half of the training year. Topics must address perspectives of diversity, equity, inclusion, accessibility, and ethics and may stem from an area of the Fellow's clinical expertise or interest (e.g., patient population, treatment approach, or diagnostic group). 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 – Fellows in a 2-year position will only need to complete this during their first training year.
2. Fellows will be contacted by the coordinator of the seminar series early in the year to schedule the seminar date and topic.
3. In addition, Fellows are invited (but not required) to present on their research or area of clinical expertise at other appropriate seminars, in-services, 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. Fellows 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, Fellows will receive 4 hours of supervision weekly (at minimum), two 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. Fellows 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. Fellows 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 Fellows are able to learn to successfully give feedback as well as receive it, by requiring that Fellows also evaluate their primary supervisor (and other major supervisors who work with the Fellow 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 Fellows' **Didactic Seminars** — Wednesdays 1:00-2:20 p.m.

Fellows 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. 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 Fellow's training goals. Fellows must keep a written record of all elective 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 Jason Malcom, LCSW) only.

- ✚ MIRECC weekly seminar series designed for the national MIRECC research postdocs
 - The MIRECC seminars are typically on the 1st and 3rd Wednesday (10-12 PST) of the month and occur in Bldg. 100, 7th floor, 7D-153.
- 3. Psychology Fellows **Group Supervision**, required one hour of group supervision weekly with other psychology fellows — 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 Fellows **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 Fellows 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 Fellows.
 - 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 and notification of the Training Director.
- 7. Fellows are expected to miss no more than three (3) Wednesday afternoons during the training year.
- 8. **Supervised supervision.** We are committed to fostering growth in the provision of supervision to future psychologists. All postdoctoral Fellows 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 Fellow.
 - 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 Fellows may supervise an intern or practicum student at the Graduated Level of Responsibility agreed upon by the supervising psychologist. Practicum students must always be supervised by the postdoctoral Fellow at the Area level at a minimum.
 - f. All training activities will be documented as required.
 - g. Fellows will also attend approximately quarterly VAPORHCS Mental Health Training Committee presentations on supervision, which may be counted as

didactic electives. These sessions are also attended by VAPORHCS staff psychologists, who are dedicated to increasing their own competencies in providing supervision and supervised supervision. If these training opportunities are not available, postdocs will receive training in supervision as part of their fellowship didactic series.

9. **Administrative/Program Development Project.** Each postdoctoral Fellow is required to complete an administrative project during the training year. This is a one-time requirement during your postdoctoral training year – Fellows here for 2 years will only need to complete this one time. The purpose of this requirement is twofold:
 - a. It provides Fellows with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology.
 - b. It provides an opportunity to demonstrate administrative and leadership ability within a setting of potential future employment opportunity. Fellows may highlight this experience as evidence of a developing skills set in program development and/or leadership when applying for employment after training.

The Director of Psychology Postdoctoral Training keeps a list of possible administrative projects; please consult with the Training Director for updated suggestions. A few possibilities include:

- Helping with review/revision of postdoctoral program policies and documents, or with major administrative efforts (e.g. accreditation data collection and analysis).
- Assist with an aspect of developing a VAPORHCS mental health service (e.g. telehealth; training rural providers) or clinic (e.g. post-deployment)
- a 6-8 week psychoeducational group with pre and post (ratings or outcome) measures may be developed to meet the requirements of this project.

At the completion of the project, the postdoctoral Fellow will write a brief summary of the goals of the project, a description of the project, and a summary of the outcomes of the project (including outcome measures – objective measures if at all possible). Please submit this description to the Administrative Professional for psychology training for placement in your training folder.

VII. Psychology Residency Leave Policy

1. VA Office of Academic Affiliations (OAA) postdoctoral Residencies are designated as 2080 hour experiences, including time off. Participation in the program for one full calendar year is required.
2. Fellows 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 and fellows should be available via Teams and/or Outlook throughout their tour.

3. There are 11 paid Federal holidays throughout a calendar year.
4. Fellows 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 Fellows. 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, Fellows 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. Please note that if a Fellow is on leave for a full week (Monday-Friday) that week will not count toward accrual of hours for Oregon licensure. 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 Fellow will be away from clinical responsibilities. Fellows 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 Fellowship training program is to prepare future psychologists for professional employment. To this end, Fellows 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, Fellows must request 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) and the Director of Training. 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 Fellow 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, Fellows 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. Fellows 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. Fellows are expected to remain through the last week of the training year to complete the Fellowship, 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, Fellows are eligible for unpaid medical and parental 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 an Fellow 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 Fellow continue training unpaid for a period beyond the typical year. A remediation period may not extend more than six months beyond the typical fellowship year, and it must not interfere with the training of new Fellow.
 11. From time to time, a Fellow may be offered an employment opportunity before the completion of the postdoctoral training contract. It is the policy of this site that all Fellows **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 Fellowship.

- a. Per OAA guidelines, the new position contract may not commence before the last day of the Fellowship 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 Fellows must review their plans with their primary supervisor. A written statement of the plans should include the nature of the services the Fellow plans to provide, the provisions for supervision, whether the services will be for pay, the title the Fellow 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 Fellows 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/Fellow_Supervision_Contract.pdf

Fellows 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 Fellows 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. The postdoctoral class will elect two representatives to serve as part of the Training Community. 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 Community business is considered confidential and Fellows are expected to abide by ethical behavioral standards regarding sensitive topics discussed at these meetings.

3. Relationship to Interns. The VAPORHCS is a rich training environment, and there are many opportunities for Interns and Fellows to interact across their distinct programs. In general, it is anticipated that postdoctoral Fellows 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 Fellows 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 Fellows and interns may vary across class years and across individuals, and is therefore not specifically prescribed in this manual. Rather, each Fellow 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.
4. The advent of the internet and social networking sites has greatly broadened access to information. Fellows 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 Fellow's professional identity can be construed to be a reflection on his or her professional behavior; therefore, Fellows must ensure that whenever online content or activity identifies them as a psychology Fellow, that content consistently reflects the APA Ethical Principles and Code of Conduct. We encourage Fellows 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 Fellows. 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/their 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 Fellow 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 Fellow 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 Executive Board for discussion and decision by majority vote. Prior to the vote, the Fellow 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 and Grievance Policies

This document provides guidance in identifying and managing concerns that may arise during the training year. It is meant to be used by both interns and staff to resolve issues on an informal or formal basis. Included in the document are definitions, due process, remediation, appeals, and grievance procedures.

Statement of Purpose and Philosophy

VAPORHCS training staff devote considerable effort to create a climate of access and collegiality. The Psychology Service strives to maintain a productive growth environment for trainees. Varying degrees of discomfort, tension, and disagreement are expected and can be anticipated as part of the training experience. The training year is an opportunity to learn how to address such issues in a supportive environment. Training staff and trainees are expected to conduct themselves in a professionally responsible manner when dealing with conflicts that arise and in a manner that supports all parties involved.

The Directors of Training are actively involved in monitoring the training programs and will regularly meet with trainees and supervisors in formal and informal settings regarding trainee progress and potential problems. In addition, Training Committee meetings are held once a month to provide another forum for discovery and resolution of potential problems. Trainees are also encouraged to raise concerns with the Directors of Training as they arise. It is our goal to help each trainee reach their full potential as a developing

professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

Definitions of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the professional role and ability to perform required job duties, including but not limited to, the quality of clinical services; relationships with peers, supervisors, or other staff; and compliance with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of an inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) address personal issues or stress in a professional manner.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The problem is not acknowledged, attempted to be understood, or addressed
- The behavior does not improve as a function of feedback, effort, and/or time
- The professional services provided are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures, as outlined during orientation.

Due Process

In the context of psychology training, due process is a requirement that the entity with more power (in this case, supervisors, training directors, and training programs) respect all the rights of the person with less power (psychology trainees – graduate students, interns, and postdoctoral residents/fellows). Due process provides important protections and represents best practice in education, training, and employment. Due process requires that the training program identify and apply specific evaluative procedures which are applied to all trainees in an equitable manner, and provide adequate avenues for appeal. Due process ensures that decisions are made about trainees objectively and are based upon performance.

Per APPIC guidelines, due process is intended to be utilized when a health service psychology trainee's behavior is determined to be problematic. Due process is intended to provide a framework in which to respond, act, or dispute issues.

One of the purposes of the training year is to identify and remedy gaps in knowledge and experience. The training program attempts to help trainees identify these areas and provide guidance on how they might improve their skills through additional readings, experiences, or rotation placements. It is hoped that trainees and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the trainee and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties.

Although trainees are formally evaluated at regular intervals, problematic behaviors may arise and need to be addressed at any given time. If a clinical supervisor determines that a trainee is not performing at a satisfactory level of competence, the clinical supervisor is expected to discuss this with the trainee, to increase their supervisory guidance, and to direct the trainee to other appropriate resources (e.g., didactics, additional therapy or assessment experiences, etc.). At this point, no formal communication with the Training Committee is required. However, the clinical supervisor should note in writing to the trainee and in their own supervisory notes what concerns led to the discussion as well as remedial steps that were proposed. Occasionally, the problematic behavior identified may persist and continue to be of sufficient seriousness that the trainee may not achieve the required level of competency to receive credit for the training program unless that problem is remedied.

The expected level of competence as indicated in trainee written evaluations are as follows:

- 1st rotation: global scores of 2-3
- Evaluations completed at mid-year: global scores of 2-3
- 3rd rotation: global scores of 3
- Evaluations completed at end of year: global scores of 4.

Any time a problematic behavior has been identified, whether at the time of scheduled evaluations or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct are to be implemented.

The following procedures will be followed at this point:

1. The problem must be brought to the attention of the Training Committee Executive Board (TCEB). The written documentation developed and provided in the initial communication of the problem to the trainee should be included in the communication to the TCEB.
2. Supervisor meets with Director of Training and/or TCEB to assess the seriousness of trainee's deficient performance, probable causes, and actions to be taken. As part of this process evaluation(s) to date and in-progress are reviewed.
3. After a thorough review of all available information, the TCEB may adopt one or more of the following steps, as appropriate:
 - A. **No further action** is warranted.
 - B. **Informal Counseling** – the supervisor(s) may seek the input of the TCEB and/or the trainee's graduate program (for practicum students and interns) and decide that the problem(s) are best dealt with in ongoing supervision.
 - C. **Formal Counseling** – This is a written statement issued to the trainee which includes the following information:
 - A description of the problematic behavior(s)
 - Documentation that the TCEB is aware of and concerned about the problematic behavior(s) and has discussed these with the trainee
 - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:
 - Increased level of supervision, either with the same or other supervisors
 - Additional readings
 - Changes in the format or areas of emphasis in supervision
 - Recommendation of personal therapy, including clear objectives which the therapy should address
 - Recommendation or requirement for further training to be undertaken
 - Recommendation of a leave of absence (with time to be made up at no cost to the institution)

The trainee is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Director of Training, and trainee will meet to discuss trainee's progress at a specified reassessment date. As part of this process for interns and practicum students, the Training Director will contact the trainee's graduate program to notify them that trainee requires a remediation plan and will seek the program's input to the plan. The Director of Training documents the outcome and gives written notification to the trainee and supervisor(s). VA Office of Academic Affiliations (OAA) and the facility Assistant Chief of Service, Education will also be notified when a remediation plan has been implemented and may be utilized by the program for further consultation.

D. Probation Notice – this step is implemented when problematic behavior(s) are deemed to be more serious by the TCEB and/or when repeated efforts at remediation have not resolved the issue. The trainee will be given a written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s)
- Notification of and/or consultation with the trainee's graduate program regarding further courses of action (for practicum students and interns)
- Specific recommendations for resolving the problem(s)
- A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the trainee is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), Director of Training, trainee, and a representative from the trainee's graduate program (optional and applies only to practicum students and interns) will meet to discuss trainee's progress at the end of the probationary period. The Director of Training documents the outcome and gives written notification to trainee, supervisor, the graduate program, and the facility Chief of Human Resources.

E. Termination – if a trainee on Probation has not improved sufficiently under the conditions specified in the Probation Notice, termination will be discussed by the full Training Committee as well as with the trainee's graduate program (for practicum students and interns), VA OAA, and the facility HR Chief. 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 Training Committee Executive Board, based on the input of the Training Committee and other governing bodies, and all written evaluations and other documentation.

Limits to Confidentiality

The training program and its faculty aim to create an atmosphere where trainees' confidentiality is protected. This includes our intentionality in trying to create supervisory relationships where trainees feel free to share concerns and issues without fear of evaluation or disclosure. Our aspiration is always to create an environment that promotes psychological safety and understand that protecting a trainee's confidentiality is a vital part of that sense of safety. That said, there are limits to confidentiality and conditions under which total or absolute confidentiality cannot be guaranteed. In rare circumstances, information might need to be shared outside of the supervisory relationship. These examples include:

- 1) if the supervisor believes that a personal or professional issue is interfering with the trainees performance and/or clinical judgement,
- 2) if the supervisor believes the trainee poses a danger to him/herself/themselves, or others,
- 3) or if you believe the trainee has violated applicable ethical, professional, or legal standards that may require reporting;

In these situations, the supervisor would be obligated to advise the Training Director (TD) who in consultation with the Training Committee Executive Board (TCEB) will determine a best course of action to address the Veteran, trainee, confidentiality, ethical, legal and safety concerns.

Ombudsperson

The Psychology Training Ombudsperson (Dr. Caitlin Hasser, ext. 56172 and Caitlin.Hasser@va.gov) is available to assist interns or postdoctoral trainees *at any point* in the formal remediation process, as well as to help trainees resolve disagreements or problems through less formal means. Should a trainee require remediation, the Ombudsperson is also available for to assist them in meeting remediation goals. The ombudsperson is also available to discuss, in confidence, any personal issues that may have an impact on performance. Early contact is established between the ombudsperson and the trainee cohort with an introduction during the orientation period. Supervisory staff and/or trainees are expected to initially seek informal redress of minor grievances or complaints directly with the other party. If this initial attempt at resolution process unsuccessful, the concerned parties may approach the Training Directors, Ombudsperson, or other training committee member to act as a mediator. Such informal efforts to resolve problems will involve the trainee's Training Director as the final arbiter. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize the Training Directors, Ombudsperson, or in the case of conflict of interest, another psychologist, as a consultant on matriculating the formal process.

The Ombudsperson will meet with trainees during the initial weeks of the training year to orient them to the role. The Ombudsperson will attend quarterly psychology training meetings to remain abreast of relevant administrative training issues.

The Ombudsperson strives to provide neutral, confidential, and informal complaint handling services. The Ombudsperson specifically assists by listening with objectivity and providing a confidential ear. The role is set up to provide a trainee with a “safe” place to discuss a problem and intended to be one in which the trainee feels free to share concerns and issues without fear of evaluation or disclosure. Though the Ombudsperson is in a non-evaluative or supervisory role with the trainee, they are bound by the same limits of confidentiality as in all supervisory relationships (described above). In these situations, the Ombudsperson would be obligated to alert and advise the Training Director (TD) who will consult with the TCEB as described above.

The Ombudsperson role includes:

- Listening and discussing questions, concerns, and complaints
- Assistance in evaluating possible options
- Expanding the number of options available
- Explanation of policies and procedures
- Referral to appropriate individuals or offices
- Information gathering on an informal basis
- Coaching for individuals to resolve problems on their own
- Informal facilitation of meetings between individuals in conflict
- Mediation of conflicts
- Helping to bring complaints to others with permission only
- Referrals to formal grievance when informal processes have been exhausted (such as to file a complaint or grievance)

The Ombudsperson role does **not** include:

- Adjudication or participation in formal grievance processes
- Testimony in any court-initiated proceeding
- Administrative or academic decision making for others
- Determinations of guilt or wrongdoing of anyone involved
- Investigations of a formal nature
- Providing legal advice
- Psychological counseling or therapy
- Serving as a place to file a complaint or grievance or to register a concern

Appeals Process

This is the mechanism for the trainee to express disagreement with a solution/step in the due process as well as a mechanism to disagree with the outcome of a grievance.

A trainee may appeal the decision of the Training Committee within 5 business days of receipt of the written Training Committee decision by submitting a written appeal. The Training Committee Executive Board will convene within 2 weeks of receipt of the trainee’s written response document, with the restriction that any staff involved in the original action

will recuse themselves. Legal representation from VA Regional Counsel shall be available to the Training Committee Executive Board concerning due process issues and the Chief of Psychology, Associate Chief of Staff for Education, and VA Office of Academic Affiliation will also be informed and available for consultation. When the Training Committee Executive Board convenes, one of the Directors of Training shall present the position of the Training Committee and the trainee, together with any counsel the trainee may choose, shall present the appeal. The Training Committee shall abide by the Training Committee Executive Board's judgement if it recommends a change to the trainee's remediation plan or continuation of training (in the event that the appeal centers on recommendations that the trainee be removed from the program). All of the above steps will be documented and implemented in ways that are consistent with due process.

Grievance Procedures

This is the mechanism for a trainee or staff to make a complaint. Complaints may or may not be related to the due process and appeal process itself. Possible issues could include, but are not limited to, poor technical supervision, inadequate or unavailable supervision time, excessive workload, evaluations perceived as unfair, conflict over scientific ownership, disagreement with internship policies and procedures, being assigned inadequate resources (e.g., space, computer access, etc.), or some other aspect of the program. All grievance matters will be treated as confidential to the extent possible and all parties to the action will be so advised. Please note, however, that such matters are not legally considered privileged communication.

We believe most problems that may arise during the training year are best addressed through face-to-face interaction between the trainee and the supervisor or other staff who are directly involved in the problematic situation. This approach is also consistent with APA ethical guidelines, which specify that psychologists always discuss problematic issues involving another psychologist with that person before taking any other steps. Trainees are encouraged to discuss the problem with staff in formal roles to provide support (direct supervisor, preceptor, ombudsperson), who can provide the trainee with guidance on how to approach the individual(s) involved in the concern (if unrelated to direct supervisor, preceptor, ombudsperson) or attempt to directly resolve the concern (if the concern is related to direct supervisor, preceptor, ombudsperson). Staff are expected to be receptive to trainee concerns, attempt to solve the concern in collaboration with the trainee, and seek consultation of other training faculty as appropriate. If satisfactory resolution is not achieved by direct interaction, the following additional steps are available to trainees.

1. **Informal Grievance Process:** Supervisory staff and trainees are expected to initially seek informal redress of minor grievances or complaints directly with the other party. The concerned parties may also approach the Ombudsperson to serve as a mediator, or to assist in selecting an appropriate mediator from among active clinical supervisors, for assistance in problem resolution. Informal mediation may result in satisfactory resolution with no changes to the trainee's training plan or, in some instance, may result in recommendations for alterations to the trainee's training plan, including changes to either supervisor(s) or rotation(s). Any

recommended changes to rotation assignments must be approved by the Training Committee.

2. Formal Grievance Process: If informal resolution does not result in satisfactory resolution, or if there is a serious grievance (e.g., legal or ethical allegations) the trainee or supervisory staff may initiate a formal grievance by sending a written request to the Training Committee detailing the nature of the grievance, the desired outcome, and any attempts at resolution already taken.
 - a. The formal grievance will be presented to the Training Committee as soon as possible, not to exceed one month, to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. The trainee and supervisor or other involved parties will be invited to attend the meeting to provide the Training Committee with information relevant to the grievance.
 - b. Within 2 weeks of the Training Committee meeting, a written set of recommended actions to be taken, to include any modification in training procedures, will be provided to the trainee and other involved parties. If all parties accept the recommendations, the recommendations will be implemented and the trainee's respective Director of Training will meet with the trainee and/or involved parties within two weeks post-implementation to ensure appropriate adherence to the recommendations. If the trainee or other involved parties disputes the recommendations, they may appeal to the Training Committee Executive Board. The Training Committee Executive Board will obtain information as needed, render the final appeal decision in consultation with the appropriate legal resources, and communicate the decision to the trainee and Training Committee.
 - c. The implementation of the suggested actions will be reviewed by a Director of Training within 2 weeks after the written recommendations are in place. If any party to the grievance fails to make recommended changes, further recommendations will be made by the Training Committee, to include termination of the rotation or other training experience for that trainee. If the rotation is terminated, the trainee is reassigned to a rotation which is appropriate for their training needs.
 - d. If the grievance involves a member of the Training Committee, that member will recuse themselves from any Training Committee meeting pertaining to the trainee grievance. If the grievance involves a Director of Training, the trainee will submit their grievance directly to the Training Committee Executive Board. Additionally, the Associate Chief of Psychology will serve in the place of the Director of Training for the formal grievance process and will chair Training Committee meetings pertaining to the trainee grievance.
 - e. NOTE: A formal grievance initiated by a trainee may be directly sent to the Training Committee Executive Board at the discretion of the trainee. The Training Committee Executive Board will determine if the formal grievance will be presented to the Training Committee or the Training Committee Executive Board. In the event the formal grievance is adjudicated by the

Training Committee Executive Board, should the trainee dispute the recommendations, they may appeal to the Chief of Psychology. The Chief of Psychology will obtain information as needed, render the final appeal decision in consultation with the appropriate legal resources, and communicate the decision to the trainee, Training Committee Executive Board, and Training Committee.

3. Options for registering a compliant/concern/grievance outside the Training Program:

Though the training program has established formal and informal avenues to address trainee concerns/grievances, the trainee has the right to file informal complaints and/or formal grievances **at any time**. These options include contacting the Association of Psychology Postdoctoral and Internship Centers (APPIC) for informal consultation (<https://appic.org/Problem-Consultation>), the Office of Academic Affiliations (OAA; OAAHelp@va.gov), or the American Psychological Association Ethics Office (APA; <https://www.apa.org>). All these avenues can provide more information about informal and formal options for resolving trainee concerns.

XIV. 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.³

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.

Fellow Signature

Date

Cassi Franklin, PhD
Director of Training, Psychology Postdoctoral Fellowships