

WELCOME!

The University of Wisconsin School of Medicine and Public Health (UW SMPH) Psychology Internship Training Program offers clinical science training in three tracks - Adult, Child, and Pediatric. Our internship has been accredited by the **American Psychological Association (APA)** since 1963. We are also a member of the **Academy of Psychological Clinical Science (APCS)**, an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology.

Our training program emphasizes outpatient and hospital-based services for adults and children including individual, group, and family-based assessment and intervention. Specifically, we offer instruction in CBT, IPT, ACT, DBT, UP, mindfulness, social skills training, parent management, psychodynamic, and family systems approaches.

Our internship features clinical science training in an evidence-based clinical care setting. The program is structured, yet flexible. We strongly encourage self-directed learning and the pursuit of elective experiences. Ours is a rich, stimulating, and vital training milieu characterized by invigorating discussion and collaborative clinical instruction. Trainees describe our program as warm and friendly.

Please explore the opportunities that “your” internship offers. And don’t hesitate to contact any of the faculty if you have questions. We wish you well and look forward to an exciting year.

Gregory G. Kolden, Ph.D.
Director of Psychology Training
Adult Track Program Director

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Program Description

- **Diversity of experience, allowing for exposure to depth and breadth.** We offer a number of training experiences across three tracks: adult, child, and pediatric psychology. Importantly, we collaborate across these various tracks to offer a full internship experience to all of our interns. Each track allows for deepening areas of interest as well as new opportunities to round out your training. And variety does not just happen throughout the year—trainees often comment on how they appreciate having the opportunity to engage in different types of clinical experiences each day.
- **Flexibility.** One of our program’s core hallmarks is allowing you to *create and choose* your own internship experience. You are given the opportunity to shape your core experiences and select from a number of electives.
- **Exposure to an array of psychotherapeutic frameworks.** Our faculty celebrate a variety of approaches to patient care and offer a respectful environment in which to practice and learn. Frameworks represented in our training program include cognitive-behavioral, dialectical behavioral, acceptance and commitment, psychodynamic, family systems, interpersonal, emotion-focused, cognitive processing, exposure, motivational interviewing, and mindfulness-based. We do not dictate the theoretical orientation from which interns should work, and we greatly value the intern who is willing to consider new perspectives and integrate frameworks.
- **Ample supervision.** With 5 hours or more of supervision a week, we want to make sure you have the space and time you need to reflect on your practice and professional growth. Supervision occurs both through formal individual and group supervision time, as well as through each supervisor’s open door policy.
- **Respect for your autonomy and independence.** Although we provide ample supervision and feedback, we also respect your individual competence and contributions.
- **Number and quality of seminars.** We dedicate a full morning each week to didactic learning, in which interns from all three tracks work and learn together. Interns from the William S. Middleton Memorial Veterans Hospital (the Madison VA Hospital) and UW Psychiatry residents also share in some of the discussion and learning in seminars. The topics covered in these seminars range widely from in-depth discussions about specific psychotherapy frameworks to topics like supervision, professional development, multicultural practice, and psychopharmacology basics for psychologists. A collection of specialized seminars is also provided within the adult, child, and pediatric psychology tracks. Seminar leaders are often our core faculty, as well as adjunct faculty, sharing their expertise and inviting the skills and thoughts of our interns.
- **Multidisciplinary collaboration.** There is no shortage of opportunity to work with multidisciplinary teams. Whether you are part of a psychiatric treatment team (e.g., working as a therapist on a complex case alongside a psychiatrist, nurse, and social worker), working with a large team in a hospital unit (e.g., working as a psychological consultant alongside physicians, nurses, medical assistants, physical therapists, occupational therapists, speech therapists, social workers, and pastoral care), or in other settings offered in our training experiences, you will find many opportunities to collaborate, contribute, and learn from other disciplines.
- **Access to research and program development.** UW-Madison is a large research institution with a robust number of exciting and cutting-edge research programs. Our internship offers the opportunity to connect with some of our core faculty in their research projects, as well as the opportunity to connect with other faculty across UW engaging in research of interest. For those who may be interested in clinical program development, we are also glad to support interns who wish to pursue such endeavors.
- **Promotion of a positive work environment and self-care.** Overall, trainees describe our program as warm and friendly. We find this essential as internship year can be challenging! You are embarking on

full-time clinical work for the first time, often in a new city, while balancing the completion of your graduate work and considering the next steps of your career. Our faculty understand these challenges and work to make your experience fun and supportive through supervision, seminars, and dedication of a full day to a self-care workshop designed by the interns for themselves. We also love to have fun outside of work with our interns and have a number of events set up throughout the year to help in promoting self-care and fellowship, including nights at the UW Terrace, our annual departmental holiday party, and a graduation dinner with a bonfire afterwards.

- **Opportunities for training after internship.** For those interested in a more clinically focused post-doctoral fellowship, we have several opportunities consistently offered through UW Health in health psychology and child and adolescent psychotherapy. There is also another clinical post-doctoral fellowship in the area of primary care behavioral health (this is also one of our off-site elective opportunities). For those interested in a more research focused post-doctoral fellowship, those research programs available during your internship experience may also offer the opportunity to stay on for fellowship, and UW offers many training grants and fellowship awards that can be pursued during your internship year. Additionally, the Madison VA offers research-focused fellowships in addictions and women's health. Regardless of whether you want to stay in Madison or search for your next opportunity more broadly, you will find we want to support you in the process of selecting the next step of your career.
- **Training tailored to your career goals is prioritized.** This is our main guiding principle, and we support interns in a variety of career paths. This allows all of our interns to explore the best path for them moving forward. We are delighted you are considering us for your internship training.

APA Accreditation

Our internship program has been accredited by American Psychological Association (APA) since 1963. The last APA site visit occurred in 2013 at which time the program was fully reaccredited for seven years. The program's next accreditation site visit will occur in 2020.

Office of Program Consultation and Accreditation

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APCS Membership

Our internship program is a member of the Academy of Psychological Clinical Science (APCS), an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology. Our training is integrative and patient-focused; we strive to prepare clinicians to provide quality clinical care informed by psychological clinical science.

Training Model and Philosophy

Our internship program follows a clinical science model of training and is intended for those individuals whose training and interests emphasize the application of scientific principles within clinical psychology. Our educational mission emphasizes evidence-informed approaches to clinical care. Our goal is to provide our interns with a comprehensive training experience that will enable them to become highly effective clinicians. The primary training method is experiential with conscientious attention to didactic exposure, mentoring, modeling and supervisory/consultative guidance. Clinical experiences are structured in order to achieve a balance between ongoing activities throughout the internship year and activities that change according to predictable time frames. All clinical activities are carefully supervised according to the required needs and desires of the individual intern. Special attention is given to training in and provision of evidence-based practice in all training activities. Professional and ethical conduct, as well as the highest standards for quality of care with multicultural awareness, are also highly emphasized.

Profession-Wide Competencies (PWC)

Our program provides clinical and educational activities for all interns to achieve and demonstrate *competency* in the core elements of the professional practice of health service psychology “profession-wide competencies” (PWC). To “be competent” is to possess the knowledge, skills, and abilities to carry out clinical activities well enough to meet a standard of performance. The standard of performance for completion of psychology internship training is “readiness for entry-level practice”. Performance expectations for interns for minimum levels of achievement (MLA) always take into consideration level of training, prior clinical experience, and stage of professional development. In general, interns are expected to demonstrate each PWC with increasing levels of independence and complexity as they progress through the training year so that at completion each intern demonstrates readiness for entry-level practice. The Psychology Trainee Competency Assessment Form (PTCAF) specifies the content of each PWC and associated elements. Supervisors complete the PTCAF quarterly for each intern they oversee and provide performance feedback in a face-to-face conversation. Interns will have met performance expectations for MLA for required profession-wide competencies and successful program progression (i.e., “readiness for entry-level practice”) when they have achieved average ratings of “intermediate- routine supervision required”. In addition, interns will have no specific competency element rated by any supervisor as "Entry Level - Remedial/intensive supervision required".

1. Research: Understanding of research. Respect for scientifically derived knowledge.

Element 1.1 Scientific mindedness

Element 1.2 Scientific foundation

Element 1.3 Evidence-based practice

Element 1.4 Scientific evaluation

2. Ethical and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities. Seeks consultation as needed.

Element 2.1 Knowledge and understanding of ethical, legal, and professional standards and guidelines

Element 2.2 Awareness and application of ethical decision making.

Element 2.3 Ethical conduct

Element 2.4 Risk management

3. Individual and Cultural Diversity: Awareness, sensitivity and skills in clinical work with diverse individuals and communities.

Element 3.1 Cultural self-awareness

Element 3.2 Cultural awareness of others

Element 3.3 Cultural awareness in interactions

4. Professional Values, Attitudes, and Behaviors: Comportment that reflects the values of integrity and responsibility.

Element 4.1 Integrity

Element 4.2 Department

Element 4.3 Accountability

Element 4.4 Seeks consultation/supervision

Element 4.5 Engages in self-care

Element 4.6 Administrative efficiency

5. Communication and Interpersonal Skills: Relates effectively and meaningfully. Demonstrates personal and professional self-awareness.

Element 5.1 Demonstrates productive and respectful relationships

Element 5.2 Affective skills

Element 5.3 Expressive skills

Element 5.4 Self-Awareness

Element 5.5 Effective use of emotional reactions in clinical interactions.

6. Assessment: Evaluation and diagnosis of problems, issues and strengths of individuals and groups/communities.

Element 6.1 Diagnosis and Formulation

Element 6.2 Evaluation methods

Element 6.3 Conceptualization and recommendations

Element 6.4 Communication of findings

7. Intervention: Designs and implements treatment plans to alleviate suffering as well as promote health and well-being.

Element 7.1 Nonspecific skills

Element 7.2 Intervention planning

Element 7.3 Knowledge of interventions

Element 7.4 Intervention implementation

Element 7.5 Individual therapy skills and preparation.

Element 7.6 Group therapy skills and preparation.

Element 7.7 Couple/marital therapy skills and preparation.

Element 7.8 Family therapy skills and preparation.

Element 7.9 Progress Evaluation

8. Supervision: Understanding of supervision. Respect for supervisory process and functions.

Element 8.1 Expectations and roles

Element 8.2 Processes and procedures

Element 8.3 Supervisory relationships

Element 8.4 Participation in peer consultation process

Element 8.5 Ethical and legal issues

9. Consultation and interprofessional/interdisciplinary skills: Awareness of concepts and issues in related disciplines. Cultivation of interactions with professionals in related disciplines. Provision of professional assistance and guidance.

Element 9.1 Knowledge of the shared and distinctive contributions of other professions

Element 9.2 Participation in interprofessional/interdisciplinary contexts

Element 9.3 Respectful and productive relationships

Element 9.4 Role of consultant

Element 9.5 Consultation assessment

Policies

1. Intern Recruitment and Selection
2. Any required prior doctoral program preparation and experiences
 - a. Practica and Academic Preparation Requirements
3. Administrative and Financial Assistance
4. Requirements for Successful Internship Performance
5. Intern Performance Evaluation, Feedback, Retention and Termination Decisions
6. Identification and Remediation of Insufficient Competence and/or Problematic Behavior
7. Grievance Procedures for Interns including Due Process
 - a. Academic Improvement and Corrective Action
 - b. Appeals of Resident Corrective Actions
8. Supervision Requirements
9. Maintenance of Records
10. Nondiscrimination Policies
 - a. Statement of Nondiscrimination
 - b. Affirmative Action
11. Integrating Testing in Evidence-Based Psychological Assessment

Intern Recruitment and Selection

Applicants may be invited for an interview after a review of application materials. Notification of interview decision will be no later than December 15. The UW SMPH Psychology Internship Training Program interview days typically take place in December and January. Interviews using computer technology (e.g., Skype) are an option in exceptional circumstances. We invite all applicants to identify special needs that might require an accommodation during the interview process. The UW SMPH Psychology Internship Training Program is committed to providing access for all people with disabilities and will provide accommodations for interviewees if notified within two weeks of interview day. The training program adheres to APPIC policies regarding applicants with special needs. For more information about assistance to individuals with special needs please refer to the APPIC web site (www.appic.org - "Interviewing Applicants with Disabilities for Doctoral and Postdoctoral Internship Positions").

The UW SMPH Psychology Internship Training Program participates in the APPIC Internship Matching Program (www.appic.org). Our program agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

UWCHS training faculty and current interns participate in the selection process by involvement in reviewing applicant materials and face-to-face interviews. After all applicant interviews have been completed, a meeting is convened in which applicants are discussed and ranked for submission to the APPIC match process.

Practica and Academic Preparation Requirements

The program determines the appropriateness of an intern's overall clinical and academic qualifications relative to the program's goals and objectives via a process for considering applicants that can be referred to as a "wholistic review" whereby an application (AAPI, letters of recommendation, CV, interviews) is evaluated with an eye toward "goodness-of-fit" with regard to program goals and objectives based on academic preparation, clinical practicum experiences, motivation, achievements and life experiences, personal qualities and any unique or outstanding characteristics (i.e., diversity broadly defined).

Applicants must be enrolled in an accredited doctoral program in clinical, counseling, or school psychology (APA or APCS). Applications from members of diverse populations (e.g., gender, race, ethnicity, age, sexual orientation, religious affiliation, socioeconomic class, and health status) are especially welcomed. Applicants from graduate programs adhering to a clinical science model of training are preferred as the UW SMPH Psychology Internship Training Program is a member of the Academy of Psychological Clinical Science. Clinician-scientist trained Psy.D. applicants may be considered on a case by case basis. Applicants from school psychology programs may also be considered on a case by case basis for the child and pediatric tracks. All applicants must have completed the third year of their graduate program by the beginning of the internship year. Completion of all academic work, including the dissertation, is preferred. Practicum experiences will be evaluated for type of setting and clinical experiences commensurate with the respective training tracks of Adult, Child, and Pediatric. The Adult and Child Tracks look for broad-based outpatient assessment, consultation, and intervention experiences, especially those outside departmental training clinics. The Pediatric Track emphasizes hospital-based assessment, consultation, and intervention experiences with medically ill children and adolescents. As a guideline we consider the minimum number of AAPI intervention hours to be 500 and the minimum number of AAPI assessment hours to be 100. These hour designations are suggested criteria; they do not reflect mandatory requirements. In addition, we also consider types of clinical experiences (e.g., DBT, mindfulness, diverse populations, special interests), achievements (e.g., leadership positions in program, community service, research record), personal qualities (e.g., foreign language, character, interpersonal skills, resilience/adversity, self-care), and unique/outstanding characteristics (e.g., diversity/multicultural background, awards).

Policy on Administrative and Financial Assistance

Administrative Assistance

Interns have offices with computers, telephones, photocopy privileges, and clerical support. Pagers are also issued to interns. Educational resources available to interns include the University of Wisconsin library and computer systems, a departmental library, and audiovisual equipment for viewing and recording clinical work. The UW SMPH Psychology Internship Training Program is also supported by a 50% time internship coordinator (funded by the Department of Psychiatry).

Financial Assistance, Vacation, Holidays, and Professional Leave

A \$25,350 stipend is provided along with fringe benefits that include health insurance and a professional expense allowance (\$400). Interns also receive 15 days of vacation as well as recognized legal holidays (9*) and a limited number of paid sick days. Additional professional leave days up to a maximum of 5 may be negotiated with Track Directors for professional activities (e.g., dissertation-related work, presentations at meetings, postdoctoral fellowship and/or job interviews). Vacation time must be used for professional leave days beyond the maximum of 5.

*Recognized holidays are:

- January 1 (New Year's Day)
- Third Monday in January (Martin Luther King, Jr. Day)
- Last Monday in May (Memorial Day)
- July 4 (Independence Day)
- First Monday in September (Labor Day)
- Fourth Thursday in November (Thanksgiving Day)
- December 24 (Christmas Eve Day)
- December 25 (Christmas Day)
- December 31 (New Year's Eve Day)

When a legal holiday falls on a Saturday or Sunday, employees are granted eight hours of floating legal holiday.

Requirements for Successful Internship Performance

The UW SMPH Psychology Internship Training Program requires that interns complete 2000 hours of training activities within a 12-month time frame for successful fulfillment of program goals and objectives. In addition, expectations for successful internship performance are defined according to minimal levels of achievement (MLA) for required profession wide competencies (PWC) as specified on our Psychology Trainee Competency Assessment Form (PTCAF). The PTCAF is designed to guide psychology trainees in the development of PWCs as well as provide constructive, written feedback regarding professional development. Supervisors provide quarterly ratings of competency *elements* reflecting knowledge, skills, and values observed during training activities including at least one instance of direct observation (either live or electronic) per quarter of the trainee engaged in clinical activities overseen by the supervisor. In addition to these ratings, supervisors are encouraged to provide narrative comments highlighting individualized training feedback. Trainees receive copies of the PTCAF at the time of orientation to internship training. Expectations for MLA and feedback are also reviewed at that time.

MLA defined: Performance expectations for interns for MLA using the PTCAF should always take into consideration level of training, prior clinical experience, and stage of professional development. In general, interns are expected to demonstrate each PWC with increasing levels of independence and complexity as they progress over the course of the training year. Trainees will have met expectations for MLA for required PWCs and successful program completion when they have achieved average ratings of 4 or higher for each competency domain across supervisors and clinical training activities. In addition, trainees will have no specific competency *element* rated by any supervisor less than 4. That is, the trainee will not have received a rating on any *element* as "Entry Level - Remedial/intensive supervision required". In the situation where it is recognized that a trainee is not meeting expectations for MLA, procedures for remediation are to be initiated immediately (see policy entitled "Identification and Remediation of Insufficient Competence and/or Problematic Behavior"). The appeals process is outlined in the policy "Grievance Procedures for Interns including Due Process".

Intern Performance Evaluation, Feedback, Retention, and Termination Decisions

Performance Evaluation. Our Psychology Trainee Competency Assessment Form (PTCAF) is completed quarterly by supervisors and is designed to guide psychology trainees in the development of profession wide competencies (PWC) as well as provide constructive, written feedback regarding professional development. Supervisors provide ratings of knowledge, skills, and values observed during training activities including at least one instance of direct observation (either live or electronic) per quarter of the trainee engaged in clinical activities overseen by the supervisor. In addition to these ratings, supervisors are encouraged to provide narrative comments highlighting individualized training goals and objectives. Trainees receive copies of the PTCAF at the time of orientation to internship training. Expectations for performance, feedback, retention and termination decisions are also reviewed at that time and each intern is provided with written copies of the relevant policy statements including the document outlining “Grievance Procedures for Interns including Due Process”.

Feedback. Supervisors are expected to develop an individualized training plan with each intern for which they provide clinical supervision. Expectations and standards for clinical knowledge, skills, and values associated with PWC are discussed during weekly meetings. Supervisees may complete the PTCAF in a self-report fashion at the beginning of training experiences to elucidate areas in which they believe they demonstrate relative strength as well as areas where continued growth is required. Trainee specific goals and objectives should emerge from this process. The PTCAF is completed quarterly by supervisors and discussed with interns.

Retention. The manner in which PTCAF ratings are used to lead to recommendations for administrative actions due to unsatisfactory performance (i.e., insufficient competence and/or problematic behavior or misconduct) is determined by each supervisor. Supervisors may consider PWC *element* ratings, critical incidents, and the constellation of ratings in arriving at their recommendations. Expectations for minimum levels of achievement (MLA) are outlined in the policy document “Requirements for Successful Internship Performance” and reflected in the rating anchors for the PTCAF. The PTCAF is organized by the *PWCs* (specified in the Standards of Accreditation; SoA) and constituent *elements*.

Each individual PWC element is operationalized by observable behaviors, skills, and attitudes that are rated by supervisors on a 10-point scale - 10 (Advanced Skills- independent practice), 7-9 (High Intermediate – occasional supervision), 4-6 (Intermediate– routine supervision), 1-3 (Entry-level– Remedial-Intensive supervision). Intermediate to High-Intermediate indications on the PTCAF correspond to ratings from 4 to 9 on any specific PWC element. Interns are expected to demonstrate each PWC with increasing levels of independence and complexity as they progress over the course of the training year. Trainees will have met expectations for MLA for PWCs and successful program completion when they have achieved average ratings of 4 or higher for each PWC domain across supervisors and clinical training activities. In addition, trainees will have no specific PWC *element* rated by any supervisor less than 4. That is, the trainee will not have received a rating on any element as "Entry Level - Remedial/intensive supervision required". This MLA criterion demonstrates appreciation for growth and remediation as necessary during the the training program while at the same time clearly articulating expectations for intermediate to high-intermediate levels of skill for each PWC element as the training year progresses.

Termination Decisions. Steps for addressing substandard intern performance requiring administrative action (up to and including dismissal from the program) and development of a remediation plan are specified in the program document entitled “Identification and Remediation of Insufficient Competence and/or Problematic Behavior”. Intern appeal processes are specified in the program document “Grievance Procedures for Interns including Due Process”.

Identification and Remediation of Insufficient Competence and/or Problematic Behavior

Identification of Insufficient Competence and/or Problematic Behavior or Misconduct

Psychology interns are formally evaluated by supervising training faculty using the Psychology Trainee Competency Assessment Form (PTCAF). Expectations for intern performance are specified in two policy documents - “Requirements for Successful Internship Performance” and “Intern performance evaluation, feedback, retention, and termination decisions”. The manner in which PTCAF ratings are used to lead to recommendations for administrative actions due to the identification of *insufficient competence and/or problematic behavior or misconduct* is determined by training faculty. Training faculty may consider profession wide competency (PWC) ratings, critical incidents, and the constellation of ratings in arriving at recommendations for academic improvement and/or corrective action. Expectations for minimum levels of achievement (MLA) are outlined in the policy document “Requirements for Successful Internship Performance”. Any concerns or difficulties that are identified during the course of these evaluations may be addressed by the appropriate steps outlined below - “Psychology Intern Remediation Procedures” and “Psychology Intern Dismissal Procedures”. In addition, intern performance expectations are subject to an institutional level Graduate Medical Education policy titled “Academic Improvement and Corrective Action” (see attached document).

Psychology Intern Remediation Procedures

Once it is recognized that a trainee is falling short of expectations for MLA due to either *insufficient competence and/or problematic behavior or misconduct*, a competency assessment form is to be completed immediately by the supervising training faculty and shared with the trainee, Track Director, and Director of Psychology Training. *Initiation of this procedure constitutes “notice”*. In order to allow the trainee an opportunity to meet expectations for MLA, performance expectations must be promptly developed and clearly specified in a remediation plan agreed upon by all parties. *Completion of this procedural step constitutes “hearing”*. At the end of the specified remediation period, expectations for MLA included in the remediation plan will be reviewed by the trainee, supervisor, Track Director and Director of Psychology Training. If the trainee requires additional remediation, the procedural steps outlined above are to be repeated until the trainee has met expectations for MLA. Interns are required to meet performance expectations for MLA in order to successfully complete the training program. A psychology intern may initiate *appeal procedures* in response to the decision to initiate remediation procedures and/or the outcome of a remediation plan. Appeal procedures are outlined below and guided by the institutional level Graduate Medical Education policy titled “Appeals of Resident Corrective Actions” (see attached).

Psychology Intern Dismissal Procedures

As noted above, interns are required to meet performance expectations for MLA in order to successfully complete the training program. An intern may be dismissed from the program if they fail to meet expectations for MLA due to either *insufficient competence and/or problematic behavior or misconduct*, after repeated attempts at remediation. Whenever possible, performance review and remediation procedures will be conducted within the framework of the psychology training program. However, this may not always be viable. Trainee behavior could automatically trigger intervention by institutional representatives or external persons and/or agencies.

Appeal Procedures

A psychology intern may initiate *appeal procedures* in response to the decision to initiate remediation procedures and/or the outcome of a remediation plan. The appeal will be taken up by the University of Wisconsin Department of Psychiatry Vice Chair of Education and the Department Chair. These individuals will conduct an independent appraisal of the remediation process and procedures followed, review the remediation plan documentation, and conduct interviews with the parties involved (i.e., intern and training faculty). The psychology intern may designate a training faculty member of their choosing as an advocate in this process. The process will also be guided by the institutional level Graduate Medical Education policy titled “Appeals of Resident Corrective Actions”. Following the completion of this process, a formal written decision will be rendered regarding the substantive content of the appeal.

Grievance Procedures for Interns including Due Process

Psychology interns are entitled to pursue grievances according to procedures of due process without fear of retribution. Due process procedures involve steps of notice, hearing and appeal. The guidelines specified below are intended to provide psychology interns with a formal process to resolve disagreements that cannot be resolved by informal means.

A psychology intern may initiate grievance procedures at any time as outlined.

Step 1: Raise the issue with a supervising training faculty in an effort to resolve the grievance-related issue. The intern is encouraged to keep personal documentation of these efforts. *Initiation of this procedural step constitutes “notice”.*

Step 2: If the matter cannot be resolved with the training faculty supervisor, the next level of recourse is to present the issue to the Track Training Director and to notify the Director Psychology Training in writing that this step has been initiated. Written documentation of this process should be maintained by both the intern and the Training Track Director. In addition, the psychology intern *may* designate a training faculty member of their choosing as an advocate in this process.

If the *grievance involves the Training Track Director*, the process will bypass Step 2 and move immediately to Step 3 with presentation of the issue to the Director of Psychology Training. The Director of Psychology Training will be notified in writing that this step has been initiated. Written documentation of this process should be maintained by both the intern and the Director of Psychology Training. In addition, the psychology intern *may* designate a training faculty member of their choosing as an advocate in this process.

If the *grievance involves the Director of Psychology Training*, the process will bypass Step 2 and move immediately to Step 4. Since the Director of Psychology Training is involved in the grievance, the intern Training Track Director will choose a member of the training faculty, acceptable to the psychology intern, who will attempt to mediate the grievance-related disagreement. The identified mediator will be notified in writing that this step of due process has been initiated. Written documentation of these actions should be maintained by the intern and the Intern Track Director.

Step 3: If the matter cannot be resolved at the level of the Track Training Director, the next level of recourse is to present the issue to the Director of Psychology Training. Written documentation of this process should be maintained by both the intern and the Director of Psychology Training.

Step 4: If the intern and the Director of Psychology Training cannot resolve the matter, the Director will choose a member of the training faculty, acceptable to the psychology intern, who

will attempt to mediate the grievance-related disagreement. Again, written documentation of this process should be maintained by the intern and The Director of Psychology Training.

Step 5: If mediation fails, the Internship Training Committee will review the grievance-related issue based on materials supplied by the psychology intern, the supervising training faculty, the Track Director, the Director of Psychology Training and the chosen faculty mediator. The psychology intern, supervisor, Track Director, Director of Psychology Training, and chosen training faculty mediator must be present for this discussion. The Internship Training Committee will offer a formal written decision regarding the grievance.

Appeal Procedures

A psychology intern may initiate *appeal procedures* in response to the grievance-related decision of the Internship Training Committee. The appeal will be taken up by the University of Wisconsin Department of Psychiatry Vice Chair of Education and the Department Chair. These individuals will conduct an independent appraisal of the grievance process and the procedures followed, review the written documentation, and conduct interviews with the parties involved as deemed necessary. The psychology intern may designate a training faculty member of their choosing as an advocate in this appeal process. The process will also be guided by the principles inherent in the institutional level Graduate Medical Education policy titled “Appeals of Resident Corrective Actions”. Following the completion of this process, a formal written decision will be rendered regarding the substantive content of the grievance-related appeal.



Graduate Medical Education Departmental Policy

Policy Title:

Academic Improvement and Corrective Action

Policy Number: 43.2

Effective Date: December 16, 2015

Version: New

I. PURPOSE

To establish procedures for all UW Health Graduate Medical Education (GME) training programs to follow if a resident fails to meet academic expectations and/or engages in misconduct.

II. PERSONS AFFECTED

This policy applies to all residents and fellows in Graduate Medical Education (GME) programs sponsored by the University of Wisconsin Hospitals and Clinics Authority (UW Health).

III. DEFINITIONS

- A. The term “resident” refers to residents and fellows in ACGME accredited programs.
- B. Program(s) will refer to ACGME-accredited program(s) sponsored by the University of Wisconsin Hospitals and Clinics Authority (UW Health).
- C. UW Health: For the purpose of this policy, the term “UW Health” shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. “UW Health” is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.
- D. Defined Training Period: The length of the training program as defined by the ACGME.

IV. POLICY

- E. Academic Deficiency - the resident is not meeting an objective assessment of competence in one or more of the ACGME Core Competencies (patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice) or is not meeting expected milestone levels. Examples of academic deficiencies include but are not limited to:
 - 1) Issues involving knowledge or skills;
 - 2) Job performance or scholarship; and
 - 3) Minor professionalism concerns.
- F. Misconduct - the resident’s conduct or behavior violates workplace rules or policies, applicable law, or widely accepted societal norms. Examples of misconduct include but are not limited to:
 - 1) Unethical conduct, such as dishonesty or falsification of records;
 - 2) Significant professionalism concerns;
 - 3) Illegal conduct (regardless of criminal charges or criminal conviction);
 - 4) Sexual misconduct or sexual harassment;
 - 5) Workplace violence;
 - 6) Tardiness, absenteeism, or job abandonment;

- 7) Boundary violations with patients;
 - 8) Failure to meet conditions of employment; and
 - 9) Violation of UW Health or other applicable policies or procedures.
- G.** Structured Feedback – giving a resident documented assessment of his/her competence in one or more of the ACGME Core Competencies for the purpose of helping the trainee understand aspects of his/her performance in order to reflect on, and where necessary, improve learning and practice.
- H.** Academic Improvement Plan (AIP) - a plan of academic remediation designed to improve a resident's proficiency in one or more ACGME Core Competencies. An AIP is not Corrective Action or formal disciplinary action, but rather an educational tool to correct areas of unsatisfactory academic performance by a resident. Therefore, a resident may not appeal an AIP pursuant to the Appeals of Resident Corrective Actions Policy. The issuance of an AIP does not trigger a report to any outside agencies, but may be reported should an outside agency specifically inquire whether a resident ever received remediation. An AIP may include one or more of the following measures:
- 1) Additional academic study and/or assessment;
 - 2) Repetition of Rotation - due to identified areas of unsatisfactory performance, the resident must repeat a rotation and perform at an acceptable level in order to advance to the next level of training.
 - 3) Extension of the Defined Training Period – due to identified areas of unsatisfactory performance, the resident will not complete the program on time and the defined training period will be extended to allow the resident an opportunity to perform at the level required.
- I.** Corrective Action - formal disciplinary action issued to a resident as the result of unsatisfactory academic performance and/or misconduct. The program is not required to issue a resident an AIP as a prerequisite to Corrective Action. Serious academic deficiencies and/or misconduct may warrant Corrective Action up to and including dismissal, regardless of whether a resident ever received an AIP. A Corrective Action may include one or more of the following measures:
- 1) Probation - formal notification to the resident that there are identified areas of unsatisfactory performance that will require remediation and/or improvement or the resident will not be permitted to continue in program.
 - 2) Suspension – the resident is temporarily not permitted to perform any job duties due to unsatisfactory performance.
 - 3) Non-promotion to the next PGY level or successful program completion - due to identified areas of unsatisfactory performance, the resident will not be promoted to the next level of training or graduated from the program unless or until the resident's performance improves to the level required.
 - 4) Non-renewal – the resident completes current contract and is then terminated from the program.
 - 5) Dismissal – the resident is permanently separated from the program prior to the end of their contract.
- A Corrective Action may trigger a report to outside agencies (e.g., licensing or certification boards) and is appealable pursuant to the General Grievances and Due Process for Corrective Actions Policy.
- J.** Appeals – Actions which result in probation, suspension, non-renewal, non-promotion or dismissal must receive due process in accordance with the ACGME program and institutional level appeals policies (IR IV.C.1.b).

V. PROCEDURES

K. Providing Structured Feedback

- 1) When a program determines a resident has an academic deficiency, the program may elect to first provide structured feedback to the resident concerning the deficiency. Depending on the level of deficiency, the feedback may be in the form of a letter of advisement or warning.
- 2) Structured feedback should include discussion with the resident of the specific (or global) deficiencies and strategies for improvement.
- 3) Structured feedback, including documentation of verbal feedback, must be documented in the resident's file.
- 4) If the program determines that structured feedback has not produced the necessary improvement within a specified amount of time, or the deficiency is significant enough to warrant more formal action, the program may elect to issue an AIP or Corrective Action.

L. Issuing an Academic Improvement Plan (AIP)

- 1) An AIP must be in the form of a letter from the program director to the resident and should follow the AIP Template available from the UW Health GME Office. An AIP must include:
 - a. formal notice to the resident of the specific academic deficiencies;
 - b. the remedial action or improvement that is required;
 - c. a plan of remediation to correct the deficiencies;
 - d. a defined period of time the resident has to correct cited deficiencies (e.g., 60 days) with a start and end date; and
 - e. information regarding the Employee Assistance Program.
- 2) The AIP must be reviewed and approved by the Director of Graduate Medical Education before it is delivered to the resident.
- 3) The AIP must be signed by the program director, delivered to the resident in person, and co-signed by the resident. If the resident refuses to sign, the program director should note this on the document.
- 4) A copy of the signed AIP must be placed in the resident's file and forwarded to the UW Health GME Office.
- 5) At the end of the AIP period, the program director must provide the resident with written notice as to whether the resident has or has not satisfactorily corrected the deficiency. A copy of this written notice must be placed in the resident's file and forwarded to the UW Health GME Office.
- 6) If the program director determines that the resident has failed to satisfactorily correct the deficiency or produce the necessary improvement(s) outlined in the resident's AIP by the end of the AIP period, the resident may be issued an updated or new AIP or Corrective Action.
- 7) If the program director determines that there is insufficient evidence of progressive improvement after a reasonable time to evaluate during the AIP period, the program director may move to corrective action which may include termination.
- 8) An AIP is academic in nature and is not appealable pursuant to the Appeals of Resident Corrective Actions Policy.

M. Issuing Corrective Action

- 1) When a program director has determined that Corrective Action is warranted, the program director should first consult the UW Health GME Office. A Corrective Action cannot be issued to a resident until it has been reviewed and approved by the Director of Graduate Medical Education.

- 2) A Corrective Action must be in the form of a letter from the program director to the resident and must include:
 - a. the specific Corrective Action measure(s) to be taken;
 - b. a description of the academic deficiencies and/or incidents of misconduct that are the basis for the Corrective Action;
 - c. the specific remedial action or improvement that is required (unless the Corrective Action is dismissal);
 - d. a defined period of time the resident has to correct cited deficiencies (e.g., 60 days) with a start and end date (if applicable);
 - e. information regarding the Employee Assistance Program; and
 - f. notice of the right to appeal, the deadline to initiate an appeal, and that failure to timely appeal constitutes the resident's waiver of all appeal rights.
- 3) The Corrective Action should be signed by the program director, delivered to the resident in person, and co-signed by the resident. If the resident refuses to sign, the program director should note this on the document.
- 4) A copy of the signed Corrective Action must be placed in the resident's file and forwarded to the UW Health GME Office.
- 5) If the Corrective Action was suspension, probation, or dismissal and the resident timely submits an appeal, the program director may remove the resident from participation in the program (administrative leave) pending final resolution of the appeal.

VI. RESPONSIBILITIES

- N.** Clinical Competency Committee or Clinical Education Committee - advise the program director about resident performance and progress and make recommendations to the program director regarding promotion, remediation, and dismissal decisions.
- O.** Director of Graduate Medical Education – review and approve all AIPs and Corrective Actions before they are issued to the resident; provide guidance to the program director regarding this procedure and the proper handling of academic improvement and corrective action issues involving residents.
- P.** Program Director - make decisions regarding resident performance; ensure structured feedback, AIPs and Corrective Actions are given in accordance with this procedure and in consultation with the Director of Graduate Medical Education.

VII. COORDINATION

Sr. Management Sponsor: Susan L. Goelzer, MD, M.S., Designated Institutional Official
 Author: Director, Graduate Medical Education and Medical Staff Administration Approval
 Committee: Graduate Medical Education Committee

SIGNED BY

Susan L. Goelzer, MD, M.S.
 Professor of Anesthesiology, Internal Medicine and Population Health Sciences
 Senior Medical Director for GME/Designated Institutional Official
 Associate Dean for Graduate Medical Education

Revision Details:

Previous Revision Date: New

Next Revision Due: 12/16/2018 (3 years after effective date)

Graduate Medical Education Department Policy

Policy Title:

Appeals of Resident Corrective Actions

Policy Number 43.4

Effective Date: December 16, 2015

Version: Revision (previous titled *Appeals of Resident Evaluation, Discipline, Non-Renewal or Dismissal Decisions*)

I. PURPOSE

All GME programs at UW Health will promote fair, reasonable, efficient and equitable resolutions for general grievances that may arise in the course of residency training. Residents who receive Corrective Action pursuant to the Academic Improvement and Corrective Action Policy will be permitted to appeal in accordance with the due process procedure outlined herein. Actions which result in probation, suspension, non-renewal, non-promotion or dismissal must receive due process in accordance with the ACGME program and institutional level requirements (IR IV.C.1.b).

II. PERSONS/PROGRAMS AFFECTED

This policy applies to all residents and fellows in Graduate Medical Education (GME) programs sponsored by the University of Wisconsin Hospitals and Clinics Authority (UW Health).

III. DEFINITIONS

- A. The term “resident” refers to residents and fellows in ACGME accredited programs.
- B. “Program(s)” refers to ACGME-accredited program(s) sponsored by the University of Wisconsin Hospitals and Clinics Authority (UW Health).
- C. UW Health: For the purpose of this policy, the term “UW Health” shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME- accredited training programs. “UW Health” is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.
- D. “Days” is defined as calendar days exclusive of Saturdays, Sundays and legal holidays.

IV. POLICY

- A. Each GME training program must maintain a program policy and procedure for providing residents with fair, reasonable, and accessible procedures for appeals and due process at the program and/or department level. The policy is to minimize conflict of interest by adjudicating parties in addressing academic or other disciplinary actions taken against residents that could result in probation, suspension, non-renewal, non-promotion or dismissal. At a minimum, these appeal policies and procedures must include:
 - timelines,
 - a written request of appeal by the resident,
 - review or reviews that include(s) at least 2 faculty members, and
 - written notification of the decision and information about the next level of appeal.
- B. Intradepartmental review and appeal mechanisms must be completed before the resident may request an institutional review of issues delineated above.

- C. The written notice of the final department decision must include the intended action and shall offer the resident an opportunity for appeal to the GME Appeals Committee (Committee).
- D. No resident shall be penalized or retaliated against in any way for filing grievances or appeals.
- E. If no review or appeal is requested within the noted timelines at any stage of the procedure, the last decision made will take effect as specified in the written notification. Further appeal of the decision shall be deemed waived.

V. PROCEDURES

A resident may appeal a Corrective Action received pursuant to the Academic Improvement and Correction Action Policy as follows:

- A. To initiate the appeal process, the resident must submit a written appeal to the GME Office (uwgme@uwhealth.org or 600 Highland Ave, Madison, WI 53792) within five (5) days of receipt of notice of the Corrective Action being appealed. The resident's appeal should state the facts on which the appeal is based, the reason(s) the resident believes the Corrective Action was in error, and the remedy requested.
- B. The Committee shall schedule a review meeting within twenty (20) days of the receipt of the written request of appeal. Timelines may be extended by mutual agreement of the parties involved.
- C. The GME Office will send a Hearing Notice to the resident and program director. The Hearing Notice will contain the names of the Committee members, the date, time and location of the appeal hearing, and the deadline to submit evidence. The resident should receive at least ten (10) days' notice of the hearing date.
- D. Any evidence the resident or the program director wishes the Committee to consider must be submitted to the GME Office at least five (5) days prior to the appeal hearing. Submissions should contain any evidence (including witness statements and written, recorded, or electronic material) believed to be relevant to the appeal. Failure to submit evidence in the time and manner required by the GME Office may result in the material not being considered by the Committee. The GME Office will facilitate the exchange of evidence between the resident and the program director and will provide copies of all evidence to the Committee.
- E. The Committee chairperson has wide discretion with respect to conducting the appeal hearing. In general, appeal hearings will proceed according to the following format:
 1. The program director may make a presentation to the Committee up to twenty (20) minutes.
 2. The resident may make a presentation to the Committee up to twenty (20) minutes.
 3. The program director will have up to ten (10) minutes to respond to the statements made by the resident.
 4. The resident will have up to ten (10) minutes to respond to the statements made by the program director.
 5. Panel members may ask questions of the resident and/or the program director.
 6. Peers or witnesses other than the program director and the resident will not be permitted to participate in the appeal hearing unless called by the Committee. In the event the Committee elects to hear from additional witnesses, the program director and the resident may question those witnesses.
 7. Following the appeal hearing, the Committee shall deliberate privately.
- F. The Committee will make a determination of the facts involved and whether the program decision shall stand. This committee will provide a written recommendation to the CEO within fifteen (15) days of the review meeting.

G. The CEO shall review the matter and make the final decision. The CEO will notify the GME Office, resident, program director and department chair of the final decision in writing.

H. If no review or appeal is requested within the noted timelines at any stage of the procedure, the last decision made will take effect as specified in the written notification. Further appeal of the decision shall be deemed waived.

I. MODIFICATIONS

This policy creates no rights, contractual or otherwise. Statements of policy obtained herein are not made for the purpose of inducing any person to become or remain an employee of UW HEALTH, and should not be considered "promises" or as granting "property" rights. UW HEALTH may add to, subtract from and/or modify this policy at any time. Nothing contained in this policy impairs the right of an employee of UW HEALTH to terminate the employment relationship at-will.

II. COORDINATION

Sr. Management Sponsor: Susan L. Goelzer, MD, M.S., Designated Institutional Official
Author: Director, Graduate Medical Education and Medical Staff Administration Approval
Committee: Graduate Medical Education Committee

SIGNED BY



Susan L. Goelzer, MD, M.S.
Professor of Anesthesiology, Internal Medicine and Population Health Sciences Senior
Medical Director for GME/Designated Institutional Official
Associate Dean for Graduate Medical Education

Revision Details:

Previous Revision Date: August 21, 2013

Next Revision Due: December 16, 2018

Supervision Requirements

Supervisors

All supervisors of interns are faculty members who have doctoral degrees in psychology, medicine, or a master's level graduate degree in a related mental health field (e.g., Licensed Marital and Family Therapy, Counseling Psychology, Social Work). Supervisors, regardless of degree type, are licensed to practice in the state of Wisconsin and credentialed by UW Health. Supervisors are required to be in good standing with the appropriate Wisconsin State Licensing Board. Supervisors are assigned by Track Training Directors (all of whom have doctoral degrees in psychology and are responsible for the interns overall training plan) based on the sites at which interns are involved in training activities. Supervisors provide written feedback to interns quarterly for required profession wide competencies (PWC) as specified on our Psychology Trainee Competency Assessment Form (PTCAF). Quarterly feedback is based in part on at least one instance of direct observation (either live or electronic) of the trainee engaged in clinical activities overseen by the supervisor. Furthermore, supervisors are available on-site whenever an intern is engaging in a clinical activity.

Interns

Interns receive at a minimum at least 4 hours of supervision each week at least 2 of which are individual and face-to-face provided by a licensed psychologist. The purpose of supervision is to discuss patient issues and the intern's professional performance and development. Topics discussed in supervision may include the conduct of supervision itself, multiple aspects of patient care, intern education, professional expectations, and administrative duties. If problems of any sort arise in supervision, grievance and due process procedures are implemented according to formal policies.

Issues may also include, but are not limited to, the following:

- Assessment, differential diagnosis and case formulation
- Disposition and treatment planning
- Risk assessment and management
- Crisis procedures and need for higher level of care
- Consultation and referral
- Documentation
- Countertransference/transference issues
- Caseload management
- Termination issues
- Confidentiality/privacy issues
- Missed/late sessions
- Boundary issues
- Ethical issues
- Legal issues
- Financial issues

Maintenance of Records

Records are securely maintained and retained indefinitely. Access to these records is limited to the Program Coordinator, the Director of Psychology Training, and the Track Directors.

Contents of the records minimally include the following documents:

1. Intern AAPI and CV
2. Correspondence with graduate program (notification after the match, mid-year letter, final letter)
3. All evaluation forms*
4. Written complaints and/or grievances from the intern
5. Written documentation regarding any intern competency achievement/performance issues
6. A copy of the intern's final certificate of completion

*It should be noted that as of 7/1/2016 the following records have been retained in electronic format on the MedHub system and in folder on a secure program server with limited access as noted above: intern quarterly competency assessments by supervisors, supervisor assessments by interns, seminar assessments by interns, and end of year program evaluations by interns.

Nondiscrimination Policies

UW SMPH Psychology Internship Training Program
Updated 5/8/2019

Statement of Nondiscrimination

The University of Wisconsin is an equal opportunity employer (see the Affirmative Action and Equal Opportunity Policy at the following url - <http://www.wisc.edu/policies/aaeo/>). As such, the UW SMPH Psychology Internship Training Program does not discriminate on the basis of sex, age, race, color, national origin, religion, sexual orientation or disability or any other applicable legally protected status in appointments to, or conduct of, our psychology training program. We encourage applicants from diverse backgrounds to apply and we endeavor to foster an atmosphere that supports diversity of experiences as well as opinions. All eligible candidates are invited to apply for position vacancies as appropriate. Furthermore, our program strives to avoid any actions that would restrict access or completion on grounds that are irrelevant to success in graduate training or the profession.

Affirmative Action and Equal Opportunity Policy

True learning requires free and open debate, civil discourse and tolerance of many different individuals and ideas. We are preparing students to live and work in a world that speaks with many voices and from many cultures. Tolerance is not only essential to learning, it is an essential to be learned. The University of Wisconsin–Madison is built upon these values and will act vigorously to defend them. We will maintain an environment conducive to teaching and learning that is free from intimidation for all.

In its resolve to create this positive environment, the UW–Madison will ensure compliance with federal and state laws protecting against discrimination. In addition, the UW–Madison has adopted policies that both emphasize these existing protections and supplement them with protections against discrimination that are not available under either federal or state law.

Federal and state laws provide separate prohibitions against discrimination that is based on race, color, creed, religion, sex, national origin or ancestry, age, or disability. State law additionally prohibits discrimination that is based on sexual orientation, arrest or conviction record, marital status, pregnancy, parental status, military status, or veteran status. The application of specific state prohibitions on discrimination may be influenced by an individual's status as an employee or student.

Department of Defense personnel policies governing enlistment and commissioning of armed forces personnel and awarding of Reserve Officer Training Corps scholarships to UW–Madison students do discriminate on the basis of sexual orientation. The University of Wisconsin Board of Regents and UW–Madison faculty, staff and student governance groups have registered their strong opposition to this discrimination and urge the Department of Defense to change its policy.

University policies create additional protections that prohibit harassment on the basis of cultural background and ethnicity. Inquiries concerning this policy may be directed to the [Office for Equity and Diversity](#) <<http://www.oed.wisc.edu/>>, 179A Bascom Hall, 500 Lincoln Drive, Madison, WI 53706, 608/263-2378 or (TDD) 608/263-2473.

Feedback, questions or accessibility issues: web@umark.wisc.edu <<mailto:web@umark.wisc.edu>>

Policy on Integrating Testing in Evidence-Based Assessment

Comprehensive training in clinical psychology requires attention to the development of competence in evidence-based assessment. This includes evaluation and diagnosis of problems, issues, and strengths of individuals and groups/communities. Specific competency elements include diagnosis and formulation, evaluation methods, conceptualization and recommendations, and communication of findings (see Psychology Trainee Competency Assessment Form, Competency 5).

Evidence-based assessments of psychological functioning include data from testing instruments (broadly defined) as is warranted by the nature of presenting and/or suspected problems, referral questions, and domains relevant for progress/outcome monitoring. The guidelines articulated below are offered to ensure that each psychology trainee has the opportunity to achieve competence in assessment.

Each psychology intern is expected to work collaboratively with their supervisor(s) to develop an assessment “portfolio” that is consistent with their interests, learning objectives, and clinical activities. The portfolio is comprised of copies of written documentation (e.g., formal reports, progress notes, clinical information notes, treatment summaries) demonstrating the completion of at least six (6) work products integrating data from testing instruments. Trainees are encouraged to consult with supervisors throughout the internship year on the compilation of their assessment portfolio.