

## **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.

*Attached is some background about our internship program as well as our internship administrative policies and procedures.* 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.

Jason Horowitz, PhD, & Meredith Rumble, PhD  
Co-Directors of Psychology Training

## 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, unified protocol, 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 in-person didactic experiences, in which interns from all three tracks work and learn together. UW Psychiatry residents also share in some of the seminars. The topics covered range widely from in-depth discussions about specific psychotherapy frameworks to matters related to supervision; professional development; diversity, equity, and inclusion; 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.
- **Opportunities for training after internship.** For those interested in a more clinically-focused post-doctoral fellowship, we have positions in adult and child and adolescent psychology. In addition, there are UW Hospital and Clinics based post-doctoral fellowships in pediatric and adult health psychology. Postdoctoral clinical training is also offered at Access Community Health Centers focused in primary care behavioral health while the Madison VA has research-focused fellowships in addictions and women's health. For those interested in a more research-focused post-doctoral fellowship, research electives available during your internship experience may offer the opportunity to stay on for fellowship. Moreover, UW offers many training grants and fellowship awards that can be pursued during your internship year. You will find that we are committed to support you in discerning the next steps in your professional development throughout the internship training year.
- **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 2021 at which time the program was fully reaccredited for ten years.

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American Psychological Association  
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Website:  
<https://accreditation.apa.org/about>

## **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**

- Intern Recruitment and Selection
- Practica and Academic Preparation Requirements
- Administrative and Financial Assistance
- Requirements for Successful Internship Performance
- Intern Performance Evaluation, Feedback, Retention and Termination Decisions
- Identification and Remediation of Insufficient Competence and/or Problematic Behavior
- Grievance Procedures for Interns including Due Process
  - Academic Improvement
  - Resident Expectations and Discipline
- Supervision Requirements
- Telesupervision
- Maintenance of Records
- Nondiscrimination Policies
  - Statement of Nondiscrimination
  - Statement on Anti-Racism
  - Affirmative Action and Equal Opportunity Policy
- Integrating Testing in Evidence-Based Psychological Assessment
- Supervisor and Seminar Evaluation Release to Faculty



UW SMPH Psychology Internship Training Program

*Updated 5/11/15, 4/5/17, 4/30/19, 6/22/22, 3/20/23*

### **Internship Recruitment and Selection**

Applicants may be invited for an interview after a review of application materials submitted through APPIC. The UW SMPH Psychology Internship Training Program interview days typically take place in December and January. 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 (<https://www.appic.org/Match/FAQs/Training-Directors/Conducting-Interviews>).

The UW SMPH Psychology Internship Program participates in the APPIC Internship Matching Program ([www.appic.org](http://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.

UW SMPH internship training faculty and interns participate in the selection process by involvement in reviewing applicant materials and virtual interviews. After all applicant interviews have been completed, a meeting is convened in which the applicants are discussed and ranked for submission to the APPIC match process. An offer of employment is conditional pending the results of a criminal and/or caregiver background check. If the results of the background check are unacceptable, the offer will be withdrawn or, if you have started employment, your employment will be terminated. Please be sure to disclose all misdemeanors and felonies when completing your background check. Undisclosed convictions found in a criminal and/or caregiver background check may be grounds for withdrawal of offer.

UW SMPH Psychology Internship Training Program

Updated 5/11/15, 6/12/17, 4/30/19, 2/10/20

### **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).

UW SMPH Psychology Internship Training Program  
Updated 5/11/15, 6/14/17, 4/30/19, 2/28/20, 3/20/23

## **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 \$38,000 stipend is provided along with fringe benefits that include health insurance and a professional expense allowance (\$400). Interns also receive 15 vacation days, 12 sick days, and recognized holidays. Attendance at local, regional, and national professional meetings is encouraged. Up to 5 professional development days may be negotiated for professional activities (e.g., dissertation-related work, presentations at meetings, postdoctoral fellowship and/or job interviews).

\*Recognized holidays are:

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

When a legal holiday falls on a Saturday or Sunday, employees are granted eight hours of floating legal holiday. Floating holiday time can be used any time during the fiscal year in which it is earned. This means that a 'January 1' floating holiday can be used anytime in the fiscal year it is earned. Unused floating holiday time is lost after June 30.

## UW SMPH Psychology Internship Training Program

*Updated 6/14/17, 5/10/19***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".

## UW SMPH Psychology Internship Training Program

Updated 5/11/15, 5/10/17, 5/10/19

**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 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”.

UW SMPH Psychology Internship Training Program

Reviewed 6/14/17

Updated 5/1/19, 3/20/23

## **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” (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 Co-Directors 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 Co-Directors 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 “Resident Expectations and Discipline” (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 “Resident Expectations and Discipline”. Following the completion of this process, a formal written decision will be rendered regarding the substantive content of the appeal.

UW SMPH Psychology Internship Training Program

Reviewed 6/14/17

Updated 5/1/19, 2/7/20, 3/20/23

### **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 the training faculty supervisor 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 Co-Directors Psychology Training in writing that this step has been initiated. Written documentation of this process should be maintained by both the intern and the Track Training Director. In addition, the psychology intern *may* designate a training faculty supervisor of their choosing as an advocate in this process.

If the *grievance involves the Track Training Director*, the process will bypass Step 2 and move immediately to Step 3 with presentation of the issue to the Co-Directors of Psychology Training.

If the *grievance involves the Co-Directors of Psychology Training*, the process will bypass Step 2 and move immediately to Step 4.

**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 Co-Directors of Psychology Training. Written documentation of this process should be maintained by both the intern and the Co-Directors of Psychology Training. In addition, the psychology intern *may* designate a training faculty supervisor of their choosing as an advocate in this process.

**Step 4:** If the intern and the Co-Directors of Psychology Training cannot resolve the matter, the Co-Directors will choose a training faculty supervisor, 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 this process should be maintained by the intern and the identified mediator.

**Step 5:** If mediation fails, the Internship Training Committee will review the grievance-related issue based on materials supplied by the psychology intern, the training faculty supervisor, the Track Training Director, the Co-Directors of Psychology Training, and the chosen faculty mediator. The psychology intern, supervisor, Track Training Director, Co-Directors 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 supervisor 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 “Resident Expectations and Discipline”. 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

Policy Number: 43.2

Effective Date: November 20, 2019

Version: New

#### I. Purpose

To establish a policy and process for all graduate medical education (GME) training programs to use in the normal process of evaluating and assessing competence and progress of residents and fellows. Specifically, this policy will address the process to be utilized when a resident or fellow is not meeting the academic expectations of a program, and therefore, fails to progress. This policy affords due process to residents who are dismissed from a training program or whose intended career development is altered by an academic decision of a program as described below in “Reportable Actions.”

#### II. Scope

This policy will apply to all residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs sponsored by the University of Wisconsin Hospitals and Clinics (UW Health).

#### III. Definitions

- a. **Resident:** The term “resident” shall refer to both residents and fellows.
- b. **Graduate Medical Education Training Program:** ACGME-accredited residency and fellowship training programs.
- c. **Dismissal:** The act of terminating a resident’s participation in a training program prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.
- d. **Objective Feedback:** Assessments and evaluations that are typically structured and scored or rated based on predetermined criteria that are uniformly applied. Examples include but are not limited to tests, shelf exams, United States Medical Licensing Exam (USMLE) scores, Objective Structured Clinical Exams (OSCEs), etc.
- e. **Subjective Feedback:** Examples include but are not limited to rotation evaluations, verbal feedback, 360-degree evaluations, etc.

#### IV. Process

- a. **Performance Feedback:** All residents should be provided routine feedback regarding their performance that is consistent with the educational program. Some examples of feedback include verbal feedback, rotation evaluations, semi-annual evaluations, unsolicited feedback, and mentoring (see GME Evaluation policy).
- b. **Clinical Competency Committee (CCC):** Each training program must have a Clinical Competency Committee (CCC) that is responsible for routinely assessing resident performance and advising the program director regarding resident progress(CPRV.A.3.b).(3)). The program’s CCC may be referred to by another name. Though not required, a program director may consult with the CCC regarding serious performance concerns that arise in between regular CCC meetings.

- c. Letter of Deficiency(LOD):** When a resident does not show improvement following regular feedback (verbal, written, structured, or unstructured), a letter of deficiency (LOD) should be prepared and delivered to the resident. The LOD must be signed by the program director. The purpose of the LOD is to amplify the message and clearly articulate the resident's academic deficiencies. The deficiencies should be paired with the corresponding ACGME Competency (ACGME CPR, IV. B.). The LOD should provide the resident with:
- i. Clear notice of the identified deficiency(ies) and the corresponding ACGME Competency (ACGME CPR, IV. B.);
  - ii. A reasonable opportunity to improve; and
  - iii. A timeline to correct the deficiency.

Letters of deficiency generally require the resident to develop an independent learning plan that will be discussed and endorsed by the program director or designee. An LOD is simply written feedback, and not considered to be a reportable action. Letters of deficiency should be prepared by the program director or their designee. While it is preferable that the letter be titled as a "Letter of Deficiency," letters with LOD content may be considered LODs when not expressly titled as such. While an LOD is included as part of the resident file during training, it is not kept in the permanent resident file unless reportable actions occurred during training. Any misconduct or other employment concerns should be separately addressed (refer to the GME Resident Expectations and Discipline policy).

- d. Failure to Correct the Deficiency:** If the program director determines that a resident is not meeting academic standards or has failed to satisfactorily correct deficiencies within the timeline noted in the letter of deficiency, the program should consider further action. The program director may consider review of the entire academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the Clinical Competency Committee. After review, the program director should consult with the director of GME regarding appropriate next steps. Further action which may be taken include one or more of the following steps:
- i. Additional letter of deficiency, OR
  - ii. Reportable actions
- e. Reportable Actions:** The decision not to promote a resident to the next Post Graduate Year (PGY) level (extend a resident's training year), to extend a resident's overall/defined training period, to deny a resident credit for a previously completed rotation, and/or to terminate or not successfully complete the resident's participation in a training program are each considered reportable actions. Reportable actions are those actions that the program must disclose to others upon request, including without limitation, future employers, privileging hospitals, credentialing boards, and licensing and specialty boards. Reportable actions under consideration should be discussed with the director of GME prior to communicating them to the resident. Residents who are subject to a reportable action may request a review of the decision as provided in this policy. Reportable actions include:
- i. Extension of current training year: This option may be used when a resident has not met appropriate program academic expectations to safely assume the work of the next level of training or successful on-time completion if in the final year of training. An extension of the current training year may result in an extension of the overall training period in the program. The extension of the training year should be sufficient in length to remediate the deficiencies, typically in three- or six-month increments. Some American Board of Medical Specialties (ABMS) boards may require specific extensions of time based on previous performance reports.
  - ii. Dismissal from the training program: This option may be used when previous letter(s) of deficiency(ies) and/or a training year extension have been issued and remediation has been

unsuccessful.

- iii. Unsuccessful completion of training program: This option may be used when nearing the end of the training program period and 1) the resident has been unable to remediate previously communicated deficiencies or 2) when remediation concerns arise near the end of the training program. This option is to be used when an extension of training is not deemed beneficial.

**f. J1 Visa Holders and Educational Commission for Foreign Medical Graduates (ECFMG) Reporting:**

The program director, resident, and the GME office training program liaison (TPL) must use the “Required Notification of Exchange Visitor Physician Remediation” form (<https://www.ecfm.org/evsp/notification-remediation.pdf>) to report:

An educational lapse or performance issue(s) related to the need for remediation. If applicable, identify any deficiencies in the exchange visitor physician’s performance related to one or more of the six ACGME core competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice).

It is the responsibility of both the J-1 physician and the TPL to keep ECFMG informed of any changes to the information provided on this form, including potential amendments to dates, duration or status of the J-1 physician in the training program.

- g. Request for Review:** UW Health GME encourages full discussion between a leader and the resident to ensure that all reasonable efforts have been made to informally resolve a resident’s concerns regarding reportable actions received. However, when an informal approach within the program or clinical department is unsuccessful in resolving an issue, the resident may request a review of the decision to take a reportable action. A request for review must be submitted to the director of GME or their designee within thirty (30) calendar days of learning of the reportable action. Upon receipt of a request for review, the director of GME will determine whether the matter is reviewable under this policy, and if so, shall appoint two neutral reviewers. Neutral reviewers shall be individuals who were not involved in the underlying action. One reviewer is typically the UW Health designated institutional official (DIO) or designee and the other a Human Resources consultant or a GME program director. The reviewers will:

- i. Review the complaint;
- ii. Meet with the resident in person or by phone;
- iii. Review the resident’s academic record;
- iv. Meet with the program director in person or by phone;
- v. Consider any extenuating circumstances;
- vi. Consult with others, as appropriate, to assist in the decision-making process; and
- vii. Determine whether this policy was followed. That is, that the resident received notice and an opportunity to correct, and the decision to take the reportable action was reasonably made.

The director of GME will:

- i. Appoint the reviewer.
- ii. Assist the reviewer to identify other potential participants, if warranted and requested by the reviewer.
- iii. Attend all meetings held by the reviewer.
- iv. Coordinate communications between:
  - a. the reviewer and the resident, and
  - b. the reviewer and the program director.
- v. Monitor timely completion of the review process.

If the reviewers disagree on the decision, the UW Health Chief Clinical Officer shall make the final decision. The decision resulting from this review is final and binding. A written decision will be provided to the

resident and the program director, and others as appropriate within thirty (30) days of the director of GME's receipt of the resident's request for review.

V. No Retaliation

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances shall anyone retaliate against, interfere with or discourage anyone from participating in good faith in an inquiry conducted under this policy. A resident who believes they may have been retaliated against in violation of this policy should immediately report it to their supervisor, the director of GME, or any other supervisor or leader.

VI. Coordination

Sr. Management Sponsor: Susan Goelzer MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: GME Leadership Team and Graduate Medical Education Committee

**SIGNED BY**



**Susan L Goelzer MD, MS**

Designated Institutional Official (DIO), UW Health

Associate Dean of Graduate Medical Education

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University of Wisconsin School of Medicine and Public Health



## Graduate Medical Education Departmental Policy

Policy Title: **Resident Expectations and Discipline**

Policy Number: 43.4

Effective Date: 11/20/2019

Version: New

### I. Purpose

This policy establishes resident employment performance and behavioral expectations and outlines the disciplinary and review processes for residents in graduate medical education (GME) programs.

### II. Scope

This policy applies to all ACGME-accredited GME training programs and their residents sponsored by the University of Wisconsin Hospitals and Clinics (UW Health).

### III. Definitions

- a. Resident: The term "resident" shall refer to both residents and fellows.
- b. Graduate Medical Education Training Program: ACGME-accredited resident and fellowship training program.
- c. Employment Concern: Failure to demonstrate good judgment, violation of a UWH policy or procedure, failure to meet eligibility for employment requirements, failure to perform obligations under UW Health's Code of Ethics and Code of Conduct, or violations of the behavioral standards set forth in UWH policy 9.55 (Employee Expectations, Disciplinary Action and Appeal).
- d. Dismissal: The act of terminating a resident's participation in a training program and UW Health employment prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.
- e. Leader: In UWH GME, the leader is typically considered to be the program director. However, other leaders in GME may be associate program directors, program faculty, and the director of GME.

### IV. Expectations

Residents are both learners and employees and as such are expected to conduct themselves in a manner that supports UW Health (UWH), reflects its values and is conducive to efficient operations. Residents are expected to participate in institutional programs and activities involving physicians and become familiar with and adhere to any and all applicable laws (including U.S. Selective Service registration), regulations, rules, bylaws, policies, codes, procedures and established practices, including those of the sponsoring institution and all other institutions/sites to which they are assigned. A resident whose actions fail to demonstrate good judgment, who violates a UWH policy or procedure, fails to meet eligibility for employment requirements, fails to perform obligations under UW Health's Code of Ethics and Code of Conduct, or violates the behavioral standards set forth in UWH policy 9.55 (Employee Expectations, Disciplinary Action and Appeal), may face disciplinary action up to and including termination from employment.

Disciplinary action is a corrective process to ensure acceptable job performance and adherence to UW Health policies. Disciplinary action should be directed towards improving resident performance and/or behavior. The interests of UW Health, its patients and their families, and employees should be considered in the application of discipline.

#### V. Related Policies

- a. **Harassment or Discrimination:** All allegations of harassment, sexual harassment, or discrimination will be reported immediately to UW Health Provider Services, in accordance with UW Health policy 9.27 Equal Employment Opportunity and Non-Discrimination. For investigations of allegations pursuant to Policy 9.27, Provider Services will fulfill the responsibilities for Human Resources as outlined in the policy.
- b. **Caregiver Misconduct:** Whenever any UW Health staff member becomes aware of an alleged incident that may meet the definition of Caregiver Misconduct (see UWH policy 4.47, Caregiver Misconduct Investigations and Reporting), they are required to immediately report any suspected incidents of abuse and/or neglect to their supervisor or their supervisor's designee. The supervisor or designee is required to report the incident to their Director and to Corporate Counsel (608-261-0025) within 24 hours of learning of the alleged incident to ensure that the incident is documented, and an investigation is appropriately conducted.

#### VI. Addressing Employment Concerns

UW Health GME takes steps to promote appropriate workplace behavior and to correct any behavior, actions, or lack thereof that are inappropriate or violate policy. Leaders are expected to pay close attention to the development of their residents as employees, and work with them to correct any issues. Leaders are expected to communicate the consequences that will result if the behavior or actions continue.

- a. **Structured Feedback:** Alternative resolution for addressing less serious Employment Concerns may include structured feedback through verbal counseling, Letters of Counseling, and Letters of Expectation (LOE). Structured feedback is not considered discipline under this policy.
- b. **Disciplinary Steps:** For more serious matters for which structured feedback may not be appropriate, or for ongoing Employment Concerns that have been previously addressed through structured feedback, UW Health will use the following progressive disciplinary steps after considering appropriate mitigating and aggravating factors:
  1. Warning
  2. Final Warning
  3. Termination

When there are multiple, repeated or intentional violations of policy, significant acts of poor judgement, or the presence of other aggravating factors, discipline may begin at an advanced step in the discipline process, skip steps, or proceed directly to termination from employment and the training program. Failure to maintain eligibility for employment may result directly in termination.

#### VII. Process

- a. Upon receipt of a reported concern that may result in formal discipline (e.g. warning, final warning, or other reportable action), the program director or other leader shall consult with Provider Services regarding appropriate next steps. The Provider Services consultant will partner with the program director and the director of GME to address the concerns.
- b. For less serious matters and/or minor first violations that do not warrant formal discipline, such as minor attendance or tardiness concerns that can be resolved through alternative resolutions, the program director should do the following:
  1. Meet with the resident to advise the resident of the concerns, give the resident an opportunity to understand the nature of the concerns and provide any related and/or mitigating information.
  2. Document the meeting conversation and resolution (e.g. counseling, LOE, etc.) and retain a copy of the record.

- c. A review of a reported concern may result in the following outcomes, including, but without limitation, the following:
- i. A letter of counseling or expectation
  - ii. Reportable Actions:
    1. Letter of warning or final warning
    2. Election to not promote to the next Post Graduate Year (PGY) level which results in an extension of the current training year, or unsuccessful completion/graduation from the program
    3. Non-renewal of contract
    4. Suspension
    5. Dismissal from the residency or fellowship program and associated employment

All outcomes shall be presented to the resident in writing, with the date of when presented to the resident. The date of the communication shall be the effective date of the action marking the first day of the reportable action review timeline.

- c. **Reportable Actions:** Reportable actions are those actions that programs must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. All reportable actions under consideration should be discussed with the director of GME and Provider Services prior to notifying the resident. Counseling and a LOE are not discipline and are therefore not reportable. A letter of warning or final warning may be reported if the querying entity specifically asks for disclosure of disciplinary actions so it is considered a “reportable action” as defined in this policy. The decision not to promote a resident to the next PGY level (extension of current training year) or to not graduate or successfully complete, not to renew a resident’s appointment or contract, suspend a resident, and/or terminate the resident’s participation in the training program and associated employment are considered “reportable actions.”
- d. **Other Reporting Requirements:** The following describes other reporting obligations that may apply.
- i. **J1 Visa Holders and ECFMG Reporting:** Some misconduct may be reportable to the Educational Commission for Foreign Medical Graduates (ECFMG). As an exchange visitor program sponsor, ECFMG must monitor the well-being of exchange visitor program participants and report incidents involving exchange visitor physicians and/or their accompanying J-2 dependent(s) to the U.S. Department of State (DoS). Therefore, ECFMG must be notified of any serious matter involving an exchange visitor physician or accompanying J-2 dependent. The DoS has indicated that any incident or event that impacts the health, safety, or welfare of J visa holders or that could bring the DoS exchange visitor program “notoriety or disrepute” is reportable. Exchange visitor physicians and/or J-2 dependents must report any serious incident or allegation to their TPL (UWH GME) immediately. The TPL and/or exchange visitor physician must then report the matter to ECFMG. All reporting is expected to take place within one (1) business day of incident occurrence. Failure to do so may be considered to be a violation of the physician’s J-1 visa status (<https://www.ecfm.org/evsp/incident-report-physician.pdf>).
  - ii. **Wisconsin Medical Examining Board, Duty to Report:** A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the board that shall include facts relating to the conduct of the other physician:
    6. The other physician is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
    7. The other physician is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
    8. The other physician is or may be medically incompetent.
    9. The other physician is or may be mentally or physically unable safely to engage in the practice of medicine or surgery.

No physician who reports to the board may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith (<https://dps.wi.gov/Documents/BoardCouncils/MED/MEBDutyToReport.pdf>).



- e. **Request for Review:** UW Health GME encourages full discussion between a leader and the resident to ensure that all reasonable efforts have been made to informally resolve an employee's concerns regarding disciplinary action received. However, when an informal approach within the program or clinical department is unsuccessful in resolving an issue, the resident may request a review of the decision to take a reportable action. A request for review must be submitted to the director of GME or their designee within thirty (30) calendar days of learning of the reportable action. Upon receipt of a request for review, the director of GME will determine whether the matter is reviewable under this policy, and if so, shall appoint two neutral reviewers. Neutral reviewers shall be individuals who were not involved in the underlying action. One reviewer is typically the UW Health Designated Institutional Official (DIO) or designee and the other a Human Resources consultant or a GME Program Director.

The reviewers will:

- i. Review the complaint
- ii. Meet with the resident in person or by phone
- iii. Review the resident's file and the inquiry report
- iv. Meet with the program director in person or by phone
- v. Consider any extenuating circumstances
- vi. Consult with others, as appropriate, to assist in the decision-making process; and
- vii. Determine whether this policy was followed: the resident received notice and an opportunity to be heard and the decision to take the reportable action was reasonably made.

The director of GME will:

- i. Advise the DIO of the request for review
- ii. Assist the DIO to identify other potential participants, if warranted
- iii. Monitor timely completion of the review process

If the reviewers disagree on the decision, the UW Health Chief Clinical Officer shall make the final decision. The decision resulting from this review is final and binding. A written decision will be provided to the resident and the program director, and others as appropriate within thirty (30) days of the director of GME's receipt of the resident's request for review.

#### VIII. No Retaliation

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances shall anyone retaliate against, interfere with or discourage anyone from participating in good faith in an inquiry conducted under this policy. A resident who believes they may have been retaliated against in violation of this policy should immediately report it to their supervisor, the director of GME, or any other supervisor or leader.

#### IX. Coordination

Sr. Management Sponsor: Susan Goelzer M.D, M.S., Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee

#### SIGNED BY



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## UW SMPH Psychology Internship Training Program

*Reviewed 6/14/17**Updated 5/8/19*

## 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

UW SMPH Psychology Internship Training Program  
Reviewed 6/12/24; Updated 7/15/24

## **Telesupervision Policy**

### ***Overview:***

This policy sets forth mandatory procedures and processes to ensure that telesupervision is utilized in a manner that upholds APA accreditation standards/requirements.

### **Telesupervision**

#### ***Definitions:***

**Supervision is defined as** an interactive educational experience between the intern and supervisor. The relationship between supervisor and intern must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession.

**Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee. **In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee.

#### ***Relevant Regulations:***

Per American Psychological Association (APA) Standards of Accreditation (SoA) Implementation Regulations (IR) Section C, pg 89: “The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs”.

In response to the current APA Implementing Regulations in this area, we articulate the following:

1. **Specify how many of the 4 hours of required supervision may be provided via telesupervision and via in-person supervision;** We anticipate that all interns will have at least 50% of the 4 hours of required supervision provided via in-person supervision. The exact proportion of in-person to telesupervision will depend on specific intern training goals and needs and overall weekly schedule as a portion of our supervisors work a hybrid in-person/telework schedule across each of our internship tracks.
2. **Specify how many hours of individual and group supervision may be provided via telesupervision and via in-person supervision;** In-person group supervision is provided across most of our core track activities (e.g., DBT Consultation Team, Couples Therapy, Family Therapy, Child Clinic, Adult Intake Clinic, Child Intake Clinic, Pediatric Group Supervision), so most group supervision will be in-person. Exact number of individual supervision hours will vary according to trainee rotations and overall weekly schedule based on training goals and needs. We anticipate the majority trainees will receive at least 1 hour of in-person individual supervision a week throughout the year.
3. **An explicit rationale for using telesupervision;** Skill in both in-person and virtual formats for patient care, supervision, and team meetings will be required of early career professionals, and supervision in both modalities greater ensures competency in both formats. Additionally,

telesupervision can maximize both trainee and supervisor schedules/availability to allow for best timing, access to experts in various specialty areas, flow, and diversity of high-quality supervision, specific to the trainee's training goals and needs, throughout the week.

4. **How telesupervision is consistent with their overall aims and training outcomes;** 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 trainees 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, according to the needs and desires of the individual trainee. Special attention is given to training in and provision of evidence-based practice in all training activities. Professional and ethical conduct, including attention to multicultural awareness, as well as the highest standards for quality of care are also highly emphasized. Our approach to telesupervision is consistent with our overall program aims and training outcomes. More specifically, incorporating telesupervision allows us to continue to offer a broad array of training opportunities with the above aims that are not restricted by supervisor in-person schedules, allowing for increased flexibility and trainee-centered decisions in the formulation and implementation of training plans.
  
5. **How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision;** Trainees are encouraged to form an open and transparent dialogue with supervisors regarding the effectiveness of telesupervision and their satisfaction with supervision. Trainee outcomes and satisfaction with supervision, whether telesupervision or in-person, are assessed quarterly through the Psychology Trainee Competency Assessment Form (PTCAF) and Supervisor Assessment Form (SAF). Both the PTCAF and SAF have been revised to include a question about the modality of supervision, allowing for self-assessment as to whether there are any differences between modalities. Additionally, trainees and supervisors are encouraged to collaboratively assess the supervision relationship, effectiveness, focus, and attention to ethical and cultural topics on a regular, ongoing basis as a part of the supervision process. Should the format of supervision not meet any party's training needs, an alternative training plan will be established.
  
6. **How and when telesupervision is utilized in clinical training;** Due to the clinical schedules/location of supervisors, telesupervision will be offered to allow for flexibility and trainee-center decisions in the formulation and implementation of training plans. Regardless of modality, all elements of appropriate clinical supervision are required. Telesupervision will be held over an institution-approved format that allows for both video and audio. Telephone supervision should only be utilized in rare instances when technology fails and synchronous video telesupervision is not possible. Only non-public facing video technology will be permitted for the use of telesupervision, to ensure the confidentiality requirements are met. Both the supervisor and supervisee must ensure they have a quiet and private place in which to virtually meet for supervision. As with in-person supervision, telesupervision is expected to occur during scheduled and planned intervals. For supervision that typically occurs in-person, telesupervision may be utilized as an alternative option for increased continuity in instances of severe weather or illness, as appropriate, that would not allow for an in-person meeting.
  
7. **How it is determined which trainees can participate in telesupervision;** Telesupervision will be available to all trainees. Effectiveness and appropriateness of telesupervision will be monitored on ongoing basis through the PTCAF and SAF quarterly evaluations. Should the format of supervision not meet any party's training needs, an alternative training plan will be established.

8. **How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;** Supervisors have the same expectations within our training programs, whether they primarily utilize telesupervision or in-person supervision; thus, the process of building a supervisory relationship and supervisory alliance will be quite similar. In-person encounters outside of scheduled supervision time will be possible for many supervisors utilizing telesupervision. The requirement that telesupervision involve use of video will allow nuanced communication. Supervisors should be comfortable with the use of technology and be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, and responsive to email/messaging/phone calls).
9. **How the supervision relationship is facilitated, maintained, and monitored for ruptures;** The process for facilitating, maintaining, identifying and responding to ruptures is the same regardless of supervision modality. Otherwise, all trainees and supervisors are regularly encouraged to contact the Training Co-Directors and/or Track Directors with any concerns related to supervision or training in general.
10. **How an off-site supervisor maintains full professional responsibility for clinical cases;** The off-site supervisor maintains full professional responsibility for the clinical care being provided by the trainee under their supervision and has clinical privileges within the institution the care is being provided. During the time periods the trainee is providing clinical care under an off-site supervisor, an on-site licensed provider is identified and available should the trainee need assistance in-person. It is the responsibility of the supervisor providing telesupervision to arrange *an identified on-site licensed provider* and to find alternative accommodations should the designated on-site licensed provider be out of the office.
11. **How non-scheduled consultation and crisis coverage are managed;** Our program maintains an open-door policy when it comes to supervision, and trainees are encouraged to access their own supervisors, the Training Co-Directors, the Track Directors, and/or any training program supervisors for non-scheduled consultation or crisis coverage as needed. As noted above, to increase ease in locating a supervisor, an on-site licensed provider is identified during provision of clinical care and available should the trainee need assistance in-person.
12. **How privacy and confidentiality of the client and trainees are assured;** Supervisors and trainees utilize private spaces when engaging in telesupervision. Communication involving confidential patient information is discussed via secure and institution-approved communication tools.
13. **The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor;** Supervisors and trainees complete all required trainings to ensure competency with technologies being utilized for telesupervision. Trainees are trained in the use of telesupervision platforms and emergency procedures at the start of the training year. Trainees and supervisors are provided with the appropriate technology for the use of these platforms.
14. **How it ensures that supervisors are competent to provide telesupervision;** Supervisors must meet the same requirements to offer telesupervision as in-person supervision (please see the Supervision Requirements Policy for more details). By offering telesupervision, the supervisor concedes that they are comfortable with the technologies available for telesupervision meetings.

15. **What circumstances would lead to changing between telesupervision and in-person supervision;** Telesupervision may not be appropriate for all trainees. If the telesupervision format is interfering with efficient use of the supervision hour, interfering with effective engagement in all aspects of the supervision encounter, or creating distraction, this would be addressed directly, and we would assess the need for a transition in the modality of supervision should concerns persist.
  
16. **How are diversity, equity, inclusion, and accessibility issues considered and addressed:** All trainees are provided equipment and private office space to engage in telesupervision. Should a trainee need further accommodations to engage in telesupervision or utilize the necessary platforms, the training program will work with the trainee to ensure appropriate accommodations are offered. The training program expects that telesupervision (like in-person supervision) will routinely involve discussion of diversity, equity and inclusion-focused concepts related to the supervisory relationship and patient care.

UW SMPH Psychology Internship Training Program

*Reviewed 6/14/17*

*Updated*

## **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**

### **Statement of Nondiscrimination**

The University of Wisconsin is an equal opportunity employer (see the Affirmative Action and Equal Opportunity Policy at the following url - <https://policy.wisc.edu/library/UW-300>). 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.

### **Statement on Anti-Racism**

Our training program recognizes that racism is a pervasive health crisis that affects all institutions in our society, including mental health care. We believe that all people have an equal right to health, well-being, and safety, and that the current racial disparities in health outcomes and access to health care are unacceptable. We believe that psychologists should fight against this systematic oppression in their personal and professional lives. It is an integral part of our mission to train psychologists who will embody the anti-racist values that are an aspiration of our profession. Our program seeks to put these values into practice in multiple ways. Our trainings include workshops on cultural humility and self-identity, implicit bias, cultural formulation and inclusive language, as well as a two-day diversity forum. We also work with community partners to provide our interns opportunities to work in different parts of our community with a diverse array of clients. These opportunities include primary care clinics, community mental health centers, and public schools. Our department has an ongoing effort to increase diversity in hiring, and we strongly encourage Black, Indigenous, and People of Color to apply to our program.

### **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 appropriate campus admitting or employing unit or to the [Office for Equity and Diversity](#) [<http://www.oed.wisc.edu/>](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)

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UW SMPH Psychology Internship Training Program

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### **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.

UW SMPH Psychology Internship Training Program

*Reviewed 6/23/22*

**Supervisor and Seminar Evaluation Release to Faculty**

Our internship values and welcomes intern feedback both informally and formally. Formally, interns complete quarterly supervisor evaluations to provide feedback to all supervisors. Supervisors receive these evaluations in aggregate form when at least 3 evaluations have been completed. Interns also complete evaluations for each seminar/seminar series. Most typically, this feedback is provided in aggregate form after the internship training year is complete. However, when our program is monitoring specific initiatives more closely (e.g., greater incorporation of diversity, equity, and inclusion principles), aggregate evaluations of numerical data (not narrative data) may be provided soon after the seminar/seminar series is completed. When supervisors or seminars receive ratings indicating concerns, training faculty review the evaluations and an action plan is developed to address the issues raised. Informally, interns are welcome to provide direct feedback to any of our training faculty and/or to our ITC on any aspect of our training program at any time.

## UW SMPH Psychology Internship Training Program

*Reviewed 5/11/16**Updated 6/12/19**Updated 3/20/23*

## **Internship Training Committee (ITC) By-Laws**

In accordance with American Psychological Association Committee on Accreditation (CoA) guidelines and principles, the Internship Training Committee (ITC) functions to ensure a commitment to excellence through self-study, which assures that program goals and objectives are met, enhances the quality of professional education and training by interns and training faculty, and contributes to the fulfillment of the mission of the University of Wisconsin School of Medicine and Public Health Psychology Internship Training Program. The ITC is committed to implementing an integrated, overarching set of unified program goals, objectives and outcomes in order to provide the highest quality of training for our interns.

The ITC will meet monthly in order to conduct the business necessary to implement the above stated mission.

### **A. ITC Membership**

#### 1. Voting members of the ITC will include:

- a. Co-Directors of Psychology Training
- b. 2 Faculty from each track: Adult, Child and Pediatric
  - The Directors of each of the respective tracks
  - One primary faculty member from each of the respective tracks  
(appointments without term limits; serve at discretion of track directors)
- c. One intern from each track (minimum). Each intern will serve for at least 6 months.
- d. Diversity Committee Chair

#### 2. Nonvoting Members

- a. Training faculty and trainees are welcome to attend ITC meetings and have a “voice” in the business of the committee at any time.

#### 3. Personnel issues regarding trainees or faculty will be limited to faculty discussion and vote. Trainees may request representation in these discussions by a fellow trainee or faculty advocate, per “due process” policy.

### **B. For Conducting ITC Business:**

1. A quorum will be necessary, defined by at least one faculty member from each track and one intern.
2. For specific business that has been communicated via mail or e-mail two weeks prior to a scheduled meeting, a proxy vote from a member who cannot come will be allowed.

3. For a motion to carry (to be acted on), a simple majority will be sufficient.
4. To change By-Laws a 2/3 vote of all voting members will be required.
5. Day to day operating decisions that do not reflect policy making or interpretation of policy will be executed at the discretion of the directors of each Track and the Co-Directors of Psychology training but will be communicated to the ITC.
6. The agenda will be set by the Co-Directors of Psychology Training.
7. For an item to be placed on the Agenda by other than the Co-Directors of Psychology Training, it must be submitted in writing to the Co-Directors 10 days prior to the next scheduled meeting. If not scheduled because of a full agenda, it will be mentioned at the next meeting as New Business to be addressed.

ITC-By-Laws  
As of 3/20/23