Policy and Procedure Manual

2017-2018

Postdoctoral Residency Programs

In Clinical Psychology

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Psychology, Social Work and MFT Programs

Kaiser Permanente Northern California
KAISER PERMANENTE
NORTHERN CALIFORNIA REGION

Postdoctoral Residency Programs in Clinical Psychology

Policy and Procedure Manual

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# TABLE OF CONTENTS

## 1. PROGRAM OVERVIEW

1.01 Mission Statement ........................................................................................................ 8  
1.02 Aims of the Program ................................................................................................. 8  
1.03 Program Level Competencies .................................................................................. 8

## 2. PROGRAM PARTICIPATION POLICIES

2.01 Diversity and Equality in Selection and Recruitment .............................................. 10  
2.02 Employment Statement .......................................................................................... 10  
2.03 Application, Interview and Selection Processes ..................................................... 10  
2.04 Uniform Notification Day ...................................................................................... 11  
2.05 HR Employment Contingent Offer Letter ............................................................... 11  
2.06 Verification of Expected Completion of Doctorate ................................................. 11  
2.07 Welcome Letter ..................................................................................................... 11  
2.08 Resident Degree Verification- 3 Step Process ......................................................... 11  
2.09 Program Minimum Requirements .......................................................................... 12  
2.10 Resident Minimal Levels of Achievement .............................................................. 12  
2.11 Title of Postdoctoral Residents .............................................................................. 13  
2.12 Rights of Postdoctoral Residents ........................................................................... 13  
2.13 Resident Feedback Processes .................................................................................. 13  
2.13.01 Resident Program Survey .................................................................................. 13  
2.13.02 Resident Evaluation of Supervisor .................................................................... 13  
2.13.03 Consortium Seminar Evaluation ....................................................................... 14  
2.13.04 Regional Seminar Evaluation .......................................................................... 14  
2.13.05 Informal, Ongoing Feedback ............................................................................ 14  
2.13.06 Post-Residency Experience Survey .................................................................. 14  
2.14 Resident Grievance Procedures ............................................................................. 14  
2.15 Resident Letter of Completion and Certificate ....................................................... 14  
2.15.01 Letter of Completion ....................................................................................... 14  
2.15.02 Denial of Certificate/Letter of Completion ....................................................... 15  
2.16 Resident Resignation ............................................................................................... 15  
2.17 Training Year End and Regular Position Hiring ...................................................... 15

## 3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

3.01 Evaluation of Resident ........................................................................................... 16  
3.01.01 Baseline Assessment ......................................................................................... 16  
3.01.02 Competencies Evaluation .................................................................................. 16  
3.01.03 Ongoing Evaluation ......................................................................................... 16  
3.01.04 Semi-Annual Collection of Evaluation Data ..................................................... 17  
3.02 About Remedial and Corrective Actions .................................................................. 17  
3.03 Remediation of Resident ........................................................................................ 17  
3.03.01 Focused Competency Guidance ....................................................................... 17  
3.03.02 Written Letter of Warning ............................................................................... 17  
3.03.03 Schedule Modification ..................................................................................... 18
3.04 Corrective Action for Resident

- 3.04.01 Probation
- 3.04.02 Suspension
- 3.04.03 Termination

3.05 Resident Due Process

4. PROGRAM CURRICULUM

- 4.01 Training Activities and Service Delivery
- 4.02 Community Partnership Projects
- 4.03 Program Evaluation/Research Project
  - 4.03.01 General Requirements
  - 4.03.02 Timeline for Program Evaluation/Research Project
- 4.04 Psychodiagnostic Testing/Assessment
- 4.05 Consortium Training Seminars
- 4.06 Regional Training Seminars

5. SUPERVISION OF RESIDENT

- 5.01 Methods of Supervision
- 5.02 Supervision Agreement Form
- 5.03 Baseline Assessment of Resident Level Competencies
- 5.04 Resident Individual Training Contract
- 5.05 Competencies Evaluation
- 5.06 Group Supervision – Default Model for Monthly Schedule
- 5.07 Supervision Log
- 5.08 Psychology Licensure Preparation Questionnaire
- 5.09 Verification of Experience Form
- 5.10 Resident Letter of Completion and Certificate
  - 5.10.01 Resident Letter of Completion
  - 5.10.02 Denial of Certificate/Letter of Completion

6. PROGRAM ADMINISTRATION

- 6.01 California Board of Psychology (BOP)
- 6.02 APA Commission on Accreditation (CoA) Requirements
- 6.03 Administrative Hours for Training Faculty – Regional Standards
- 6.04 Training Staff Responsibilities
- 6.05 Site Training Directors
  - 6.05.01 Site Training Director Qualifications
  - 6.05.02 Site Training Director Responsibilities
  - 6.05.03 Site Training Director Additional Responsibilities
    Relating to Resident Degree Verification
- 6.06 Consortium Training Directors
6.06.01 Consortium Training Director Qualifications ............................................... 27
6.06.02 Consortium Training Director Responsibilities ............................................... 27

6.07 Administrative Meetings .................................................................................. 28
6.08 Program Administrative Support ..................................................................... 28
6.09 Training Staff Dispute Resolution Procedure .................................................. 28

7. RESIDENT AND INTERVIEWEE FILES ........................................................................... 28

7.01 Resident Individual Files .................................................................................... 28
7.02 Resident Individual File Contents ................................................................. 29
7.02.01 Verification of Completion of All Requirements for Doctoral Degree ........ 29
7.02.02 Proof of Degree Conferral ......................................................................... 29
7.03 Interviewer Notes ............................................................................................ 30
7.04 Reviews/Requests Regarding Resident Individual Files ................................ 30
7.05 Retention of Resident Files ............................................................................... 30
7.06 Retention of Materials and Interviewers' Notes .............................................. 30
7.07 Retention of Materials Received from Applicants Who Were Not Interviewed 30

8. PATIENT DOCUMENTATION .................................................................................. 30

8.01 Medical/Legal Services ..................................................................................... 30
8.01.01 Provision of Psychological Treatment Services and Patient Consent .... 30
8.01.02 Resident Notification of Supervisor Regarding Treatment of Minors Aged 12-17 (CA AB1808).......................................................... 31
8.01.03 Signing Legal Documents ......................................................................... 31
8.01.04 Responding to Legal Documents ............................................................. 31
8.01.05 Contact with Attorneys/Other Individuals ............................................. 31
8.01.06 Patient Rights and Responsibilities ......................................................... 31
8.01.07 Patient Safety ............................................................................................ 31
8.02 Patient Mental Health Records ......................................................................... 32
8.02.01 Patient On-line Charting in HealthConnect ........................................... 32
8.02.02 Closing of Notes ....................................................................................... 32
8.03 California Confidentiality of Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ...... 32

9. RESIDENT HOURS, BENEFITS AND SERVICES ........................................................... 33

9.01 Scheduling of Hours of Work .......................................................................... 33
9.02 Resident Benefits ............................................................................................ 33
9.02.01 Resident Paid Time Off (PTO) .................................................................... 33
9.03 Tuition Reimbursement .................................................................................. 33
9.04 Resources for Resident Support ...................................................................... 33
9.05 Professional Liability Insurance ..................................................................... 33
9.06 Administrative Support, Office and On-line Resources ............................... 33

10. KAISER PERMANENTE HUMAN RESOURCES AND APPIC POLICIES .......... 34

10.01 Finding Human Resources Policies on MyHR and Contacting HRSC ...... 34
10.02 Primary HR Types: Codes for Mental Health Trainees ........................................ 35
10.03 Non-Discrimination Policy .............................................................................. 35
10.04 APPIC Policies ................................................................................................. 35

11. TRAINING PROGRAM WEBSITE ........................................................................ 35
### APPENDICES

| Appendix A: Baseline Assessment of Resident Level Competencies | 36 |
| Appendix B: Resident Individual Training Contract | 43 |
| Appendix C: Resident Competencies Evaluation | 45 |
| Appendix D: Resident Grievance Procedures | 53 |
| Appendix E: Resident Grievance Appeal (form) | 56 |
| Appendix F: Resident Remediation and Corrective Action | 57 |
| Remediation | 58 |
| Corrective Action | 60 |
| Appendix G: Resident Due Process | 65 |
| Appendix H: Resident Program Survey (MSWord Format) | 68 |
| Appendix I: Resident Evaluation of Supervisor | 73 |
| Appendix J: Consortium Seminar Evaluation | 75 |
| Appendix K: Post-Residency Experience Survey (MSWord Format) | 76 |
| Appendix L: Resident Presentation Evaluation | 84 |
| Appendix M: Training Staff Dispute Resolution Procedure | 85 |
| Appendix N: Welcome Letter | 87 |
| Appendix O: Supervision Log | 88 |
| Appendix P: Notice of Provision of Psychological Services by Resident | 90 |
| Appendix Q: Program Development and Research Guidelines | 91 |
| Appendix R: Supplement to BOP Supervision Agreement | 93 |
| Appendix S: Tuition Reimbursement Guidelines | 100 |
| Appendix T: Uniform Notification Day Guidelines for Training Directors | 106 |
| Appendix U: Resident Degree Verification: 3-Step Process | 108 |
| Appendix V: Verification of Completion of All Requirements for Doctoral Degree (form) | 109 |
| Appendix W: Generic Letter of Completion | 110 |
| Appendix X: Psychological/Neuropsychological Evaluation Informed Consent (form) | 111 |
| Appendix Y: Psychology Licensure Preparation Questionnaire | 112 |
The Postdoctoral Residency Programs in Clinical Psychology are provided by and funded through Kaiser Permanente Northern California (KPNC), and are consistent with state and national guidelines. This manual is intended to provide the policies and procedures of the postdoctoral residency programs that are applicable to postdoctoral residents and training faculty. The manual is posted on the Mental Health Training programs’ website at http://kp.org/psychtraining, the official “bulletin board” of the training programs. This website contains most program information, including but not limited to: descriptions of the regional consortium programs and training sites; directories of program contacts; and regional training seminar schedules.

Postdoctoral residents are employees of Kaiser Permanente Northern California (KPNC) and therefore are subject to KPNC’s general policies and procedures. These criteria are presented to the resident during the orientation process. Residents may also access this information through MyHR, a web site located as a link at http://insidekp.kp.org/ncal/portal/, and/or by contacting their local Human Resources consultant.

All of KPNC’s postdoctoral residency programs in clinical psychology follow standards, guidelines and principles set by the Commission on Accreditation of the American Psychological Association. For more information, please contact the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. Phone: 202-336-5979; TDD-TTY: 202-336-6123. APA website: http://www.apa.org/

In addition, all KPNC residency programs are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and follow APPIC policies, including recruiting residents through the APPA CAS online application system. APPIC website: http://www.appic.org

1. PROGRAM OVERVIEW

The postdoctoral psychology residency programs are one-year training programs in general clinical psychology, funded by Kaiser Permanente (KP). The programs are comprised of seven consortia encompassing twenty-one training sites, all located within Kaiser Permanente’s Northern California Region. Northern California postdoctoral residents train in advanced practice competencies in clinical psychology in preparation for work as professional psychologists in a broad range of settings. All residents work toward achieving the same core set of competencies through their training experiences.

The postdoctoral training program is a full-time only (40 hours per week) residency, to be completed in no less than 12 months. One-half of the resident’s time (approximately 20 hours per week) is spent providing direct services to clientele through individual, group or family therapy and conducting psychological assessments. The resident spends the remaining hours
engaged in training activities, which include but are not limited to weekly supervision (both individual and group), and didactic seminars. Training activities also include an outward focus: We now require all mental health trainees to complete a minimum of 32 hours of work in their local communities. Postdoctoral residents accrue 2000 training hours, the maximum number required for licensure in the United States. The program begins each training year on the first workday of the first pay period in September.

1.01 Mission Statement
KP’s mission is to provide efficient, high-quality, evidence-based, integrated health care while supporting innovation and continuous quality improvement. KP identifies this objective in its official mission statement, “to provide high quality, affordable health care services and to improve the health of our members and the communities we serve”.

The postdoctoral residency training programs’ mission statement declares that the programs are “committed to training postdoctoral residents within an integrated health care system in order to prepare them for dynamic roles as practicing psychologists in the health care system of the future”.

1.02 Aims of the Program
The aims of the residency programs are to provide advanced training, informed by science, to health service psychologists to prepare them to work in multi-disciplinary settings.

1.03 Program Level Competencies

LEVEL ONE COMPETENCIES: ADVANCED COMPETENCY AREAS

A. Integration of Science and Practice
1) Scientific Foundations of Psychology and Professional Practice
   Objectives: Resident…
   - Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
   - Models a commitment to educational and scholarly endeavors to keep current with the most recent research
   - Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors
2) Research and Program Evaluation
   Objectives: Resident…
   - Develops and implements program evaluation and/or research projects to improve program efficacy
   - Demonstrates consideration of diversity factors when developing program evaluation project
   - Demonstrates competence in evaluating outcomes
   - Provides outcomes to colleagues and organizational leaders to improve program

B. Individual and Cultural Diversity
1) Diversity Awareness
   Objectives: Resident…
   - Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research and consultation
   - Demonstrates competence in building rapport with all patients, taking in to account issues of diversity
   - Demonstrates competence in knowing when to seek cultural consultation
   - Applies knowledge, skills, attitudes and values regarding intersecting and complex dimensions of diversity
C. Ethical and Legal Standards, and Professional Conduct
   1) Ethical and Legal Standards, Policies, and Guidelines
      Objectives: Resident…
      ▪ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
      ▪ Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
      ▪ Independently and consistently integrates ethical and legal standards with all competencies
      ▪ Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
      ▪ Understands and adheres to all Kaiser postdoctoral residency policies as delineated in the Policy and Procedure Manual for Residency Programs in Clinical Psychology

   2) Professional Values, Attitudes, and Behaviors
      Objectives: Resident…
      ▪ Monitors and independently resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity
      ▪ Independently accepts personal responsibility across settings and contexts
      ▪ Independently acts to safeguard the welfare of others, patients as well as colleagues
      ▪ Demonstrates self-reflection in the context of professional practice
      ▪ Accurately assesses self in all competency domains
      ▪ Actively self-monitors issues related to self-care

D. Assessment
   1) Measurement, Psychometrics, and Diagnosis
      Objectives: Resident…
      ▪ Understands the strengths and limitations of assessment instruments and diagnostic approaches
      ▪ Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
      ▪ Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups
      ▪ Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
      ▪ Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
      ▪ Conducts an understandable and constructive feedback interview with the patient, explaining results and recommendations

E. Intervention
   1) Intervention Planning and Implementation
      Objectives: Resident…
      ▪ Applies knowledge of evidence-based practice, including biopsychosocial intervention strategies
      ▪ Independently plans interventions, including conceptualizations that are specific to context and patient preferences
      ▪ Displays competent clinical skills and judgment in evaluating a wide range of diagnoses, taking into consideration complicated medical conditions and patient populations
      ▪ Demonstrates increasing competence to conceptually more complex cases
      ▪ Uses evidence-based treatment modalities with flexibility to adapt to patient needs
      ▪ Seeks consultation for complex cases, such as those with chronic medical conditions
      ▪ Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

LEVEL TWO COMPETENCIES: FOCUS AREAS
(*indicates that training for this competency may not be offered at all sites)

F. Supervision*
   1) Role of the Supervisor and Supervisory Practices and Procedures
      Objectives: Resident…
      ▪ Understands complexity of the supervisor role including ethical, legal and contextual issues
      ▪ Demonstrates knowledge of competency-based supervision
      ▪ Reflects about own relationships with supervisee, as well as supervisee’s relationships with patients
G. Consultation and Interdisciplinary Systems

1) Role of the Consultant and Application of Consultation Methods*
   Objectives: Resident...
   • Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in multidisciplinary teams
   • Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
   • Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

2) Interprofessional/Interdisciplinary Skills
   Objectives: Resident...
   • Is knowledgeable and respectful of differing worldviews, professional standards, and contributions of other professionals
   • Demonstrates ability to display skills that support effective interdisciplinary team functioning
   • Participates in and initiates interdisciplinary collaboration directed toward shared goals

H. Community Partnerships

   Objective: Resident...
   • Provides education and training based on empirical literature to healthy behaviors in underserved populations

2. PROGRAM PARTICIPATION POLICIES

2.01 Diversity and Equality in Selection and Recruitment

   The training programs strive to encourage applications from persons who indicate that they come from diverse, underserved or disadvantaged backgrounds. Supervisors and training directors review all applications and ensure that all applicants who meet general criteria for the program are included in a selection pool.

2.02 Employment Statement

   The term of the residency is one year and it is expected that the resident will remain in the program for the duration of the term. However, both resident and KP enter into the employment relationship voluntarily. Either party may, at any time, conclude the employment relationship. Conclusion of a resident’s employment by KP may be based on but not limited to ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards.

2.03 Application, Interview and Selection Processes

   In order to be considered for an interview, all applicants must participate in the national APPA CAS postdoctoral application process. Applicants must be authorized to work in the United States without an employer-sponsored visa or a student visa.

   The site training directors and their selection panels review the applications in the order they are received, identifying appropriately qualified applicants and inviting them to be interviewed. In scheduling the interviews, the training directors work closely with the departmental managers.

   Prior to the individual interviews, applicants may be invited to attend group interviews or open houses, where they have the opportunity to meet all the consortium’s site training directors. At the group interview, the training directors describe the unique features of their sites, and a question-and-answer period follows.
Candidates are later interviewed individually by the selection panels at the training sites they have applied to, to ensure that the candidates will make a good match for the program’s training model, and its goals and objectives. These individual interviews take place in January and February for the term beginning in the following September.

2.04 Uniform Notification Day
On Uniform Notification Day (UND), a date that usually happens each year in mid-winter, the training directors contact their selected candidates to offer them positions in the program. In Kaiser Permanente Northern California, all training sites coordinate their notification process on the same UND, a date also utilized by other Northern California postdoctoral residency programs. See Appendix T for UND guidelines for training directors.

2.05 HR Employment Contingent Offer Letter
KP Human Resources (HR) Recruitment sends the Contingent Offer Letter to the resident upon offer acceptance. This letter contains employment contingencies and hourly pay rate.

2.06 Verification of Expected Completion of Doctorate
KP Human Resources (HR) Recruitment sends the “Verification of Expected Completion of Doctorate” form to the new-hire upon offer acceptance. This verification needs to be completed by the school and returned to HR by the June preceding new-hire’s start date.

2.07 Welcome Letter
The “Welcome Letter” is sent out to the resident by the site training director, usually within a few days or weeks after the resident has accepted the offer of employment. This letter has links to the Supervision Agreement. Each resident must sign and date the Welcome Letter, indicating his/her acceptance of the parameters of the training year, and then return the signed letter to the training director. (See Appendix N for a copy of the Welcome Letter.)

2.08 Resident Degree Verification: Three-Step Process
The selected candidate must complete their degree before beginning the program. To ensure that this occurs, the following three-step protocol has been established. See Appendix U for a chart showing helpful details of the following four steps of this process.

Step 1. The training director calls the school in early summer to check on the new-hire’s progress.

Step 2. The training director facilitates the process for the new-hire’s school to provide the director with documentation that the new-hire has actually completed all requirements for their doctorate. The completed documentation must be received by the training director prior to the residency year start date. See Appendix V for the form to be used by the school to document this step. In addition, Appendix U provides guidelines on how to use the form.

Step 3. Lastly, by December 31st of their training year, the training director must ensure that the resident provides the director with proof that the resident’s degree has been conferred. See Section 7.02 for further details about this requirement, including acceptable format for proof.
2.09 Program Minimum Requirements
1. **Academic Standing:** Before beginning the postdoctoral residency, all residents must complete all requirements for PhD, PsyD or EdD in Clinical, Counseling or School Psychology.

2. **Academic Program:** All residents must have completed their doctoral degrees in an APA-accredited academic program.

3. **Prior Internship:** All residents must have completed 1500 to 2000 hours in an APA-accredited or APPIC-member pre-doctoral internship.

4. **Selection Criteria:** The residency program’s selection process is directed toward identifying postdoctoral candidates who have competence in providing individual and group psychotherapy, and who have had exposure to models of brief therapy. In addition, targeted applicants have experience working with diverse clientele, are familiar with evidence-based treatments, and have experience administering psychological assessments.

5. **Policies:** Training Program, APA, state, federal and KP: On the first day of their residency, postdoctoral residents are directed on how to access, online, the training program’s policies and procedures. Within their first week, residents are directed in how to record their patient’s informed consent in the patient’s electronic chart (see Section 7, Patient Documentation, below, for more information on charting informed consent). Residents are also directed how to access a copy of the APA Ethical Principles and Code of Conduct and are required to reference it during their tenure. Residents are expected to understand and comply with all of these policies, in addition to those of KP, as well as state and federal laws (see section 9, below, for more information on KP Policies).

2.10 Resident Minimal Levels of Achievement
1. **Postdoctoral Resident Individual Training Contract**
   The individual training contract must be completed by the resident within the first week of the training year. The reader is advised to review section IV of the contract, “Responsibilities and Expectations of Resident,” for details pertaining to resident participation and achievement. (See Section 5.04, below, and Appendix B.)

2. **Provision of Direct Services**
   One-half of the resident’s time (approximately 20 hours per week) is to be spent providing direct services to clientele through individual, group or family therapy and conducting psychological assessments.

3. **Competencies Evaluation (CE)**
   In order for the resident to successfully progress through and complete the program, they must be rated using the bulleted measures listed below. By the end of the 4th quarter of the training year, the resident’s ratings on the Competencies Evaluation (CE) must indicate their having met or exceeded the program’s expectations, as indicated by a rating of 3 for each behavioral anchor listed on the CE and indexed to the program’s goals and competencies.
   - Baseline Assessment of Resident Foundational and Functional Competencies (see Section 3.01, below, and Appendix A)
   - Competencies Evaluation (“CE”) (see Section 3.01, below, and Appendix C)
In addition to the above, other criteria for resident achievement are as follows:

4. “Good Standing” Definition
   A resident is in good standing if he/she has ratings of “3” or more for all behavioral anchors on the CE or if he/she is in Focused Competency Guidance. A resident is not in good standing when his/her primary supervisor initiates the Letter of Warning and/or Corrective Action procedures (see Appendix F for all of these processes).

5. Certificate and Letter of Completion
   At the end of the training year, if the resident attains a score of “3” (“Meets Expectations”) for each behavioral anchor on the fourth quarter CE and has accrued 2000 hours of supervised training, the resident receives a Certificate and Letter of Completion. See Section 2.15, below, for more detailed information on these items.

2.11 Title of Postdoctoral Residents
   The title of a postdoctoral resident in clinical psychology is “Psychology Postdoctoral Resident”. Each resident must clearly identify herself/himself as a psychology postdoctoral resident at the first meeting with any patient or potential patient (see Section 7, Patient Documentation, below, for more information on charting informed consent).

2.12 Rights of Postdoctoral Residents
   1. To be informed of the expectations of the residency program
   2. To be trained by professionals who behave in accordance with the ethical guidelines of their profession
   3. To have individual training needs identified and documented using Baseline Assessment
   4. To receive ongoing evaluation that is specific, respectful, and pertinent
   5. To engage in evaluation of the training experience
   6. To utilize due process to challenge program decisions
   7. To utilize grievance procedures to resolve disputes not related to program decisions
   8. To be granted privacy and respect of one’s personal life, including respect for one’s uniqueness and differences

2.13 Resident Feedback Processes
2.13.01 Resident Program Survey
   Each resident evaluates the training program at the mid-year mark and at the end of the training year. The Resident Program Survey (accessed by a dedicated and confidential link to the online SurveyMonkey service for anonymity) allows the individual resident to assess their own experience of the program by parameters parallel to those that are used in the CE (see above). The data from this survey provides valuable feedback about the training program and is used to make modifications to program procedures (see Appendix H for survey).

2.13.02 Resident Evaluation of Supervisor
   Each resident evaluates his/her supervisors at the mid-year mark and at the end of the training year. The supervisor evaluation form directs the resident and supervisor to engage in a dialogue to address issues such as the supervisor’s professional behavior, facilitation of collaborative processes, and personal impact on resident (see Appendix I). The data from this evaluation is reviewed by the site training director in their evaluation of supervisors, and is kept confidential. In the event that a resident has a grievance regarding their supervisor, they are directed to follow the procedure for this. See below for Resident Grievance Procedures; see also Appendices D & E.
2.13.03 Consortium Seminar Evaluation
After each consortium training seminar, residents evaluate the seminar on such criteria as whether the course was appropriately challenging and relevant, and whether the presenter was sufficiently prepared and attentive to questions. The form, which is patterned after the Mandatory Continuing Education Provider (MCEP) evaluation, mentioned below, also asks for residents’ input in suggesting future seminar topics (see Appendix J). Residents’ feedback from these evaluations guides the consortium in developing and scheduling the training seminars.

2.13.04 Regional Seminar Evaluation
After each regional training seminar, residents are given the opportunity to evaluate the seminar in the same manner as described above.

2.13.05 Informal, Ongoing Feedback
In addition to the above survey and evaluations, residents are encouraged to provide training staff and directors with ongoing, informal feedback.

2.13.06 Post-Residency Experience Survey
In order to gather ongoing and long-term program outcomes evaluation, the residency program gives past residents the opportunity to provide feedback by sending them the Post-Residency Experience Survey (see Appendix K). This survey is sent out once a year to all program past participants, to glean data on licensure and career development, in addition to competencies related to program goals.

2.14 Resident Grievance Procedures
If a resident has any disagreement with his/her supervisor, another staff member, a fellow resident, or a matter of program policy, he/she will be encouraged to communicate openly with his/her supervisor about the issue(s). The procedures for this are outlined in the Resident Grievance and Appeal Procedures (see Appendices D and E). See also, “Resources for Resident Support,” in Section 9, below.

The Resident Grievance and Appeal procedures are not intended to be used by a resident to appeal the results of a program decision such as a performance evaluation or any remedial or corrective action (e.g., written letter of warning, probation, etc.). To appeal any of these program decisions, the resident is directed to follow the Resident’s Due Processes, as outlined in Appendix G.

2.15 Resident Letter of Completion and Certificate
(This section also appears as Section 5.09, below.)
To receive a Letter of Completion and Certificate at the end of the training year, the resident must attain a score of “3” (“Meets Expectations”) for each behavioral anchor on the CE by the fourth quarter. The resident must also have accrued 2000 hours of supervised training by the end of the training year.

2.15.01 Letter of Completion
In addition to a Certificate of Completion, each qualifying resident receives a Letter of Completion at the end of their training year. This letter acknowledges the resident’s successful completion of their supervised hours and certifies that all program requirements have been met and the resident is in good standing in the program. The letter also describes general duties that the resident performed in their clinic and the team(s) rotations that the resident trained on.
A copy of the Letter of Completion is kept in the resident’s individual file (see Section 7 for more information on resident files). A template for this letter is available in this manual as Appendix W.

2.15.02 Denial of Certificate/Letter of Completion
The resident will not receive a Certificate or Letter of Completion if any/all of the following pertain:
- They are dismissed from the program.
- They fail to receive a minimum score of “3” (“Meets Expectations”) for each behavioral anchor on the CE by the end of the fourth quarter of training.
- They fail to complete two thousand (2000) hours of supervised training.

The site training director will notify the resident as soon as reasonably practicable of the denial of the Certificate of Completion.

Any resident who does not complete the full 2000 hours is still eligible to have the California Board of Psychology’s (BOP) Verification of Experience form submitted to the BOP at the end of the resident’s training. The form will reflect the actual hours that the resident completed and the supervisor accepted. See Section 5, also, for more information on the Verification of Experience form.

2.16 Resident Resignation
Residents who voluntarily separate from the training program before the end of the training year will be considered to have resigned and will not receive the Certificate or Letter of Completion. KP expects the resident to give written notice to the site training director at least thirty calendar days prior to the effective date of the resignation. (See Employment Statement, above, for more information.)

2.17 Training Year End and Regular Position Hiring
A resident cannot continue in their position after the end of the training year; this one-year, temporary position expires at the end of the year.

There is no expectation that, after the one-year residency is completed, KP will hire a former resident for a staff psychology position. Residents will be expected to apply and compete for open positions like any other qualified candidate.

In the event that an unlicensed resident applies for and is hired into a position (KP or non-KP) that begins directly after the training year is completed, it is recommended that, as early as possible upon being hired, the resident apply to the BOP for Psychological Assistant registration. The processing time of these applications can be lengthy and, by having their Psychological Assistant registration in place when their new job begins, the resident can facilitate a smooth transition for themselves, from trainee to regular employee.
3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

The following policies apply to all psychology postdoctoral residents participating in Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs.

3.01 Evaluation of Resident
3.01.01 Baseline Assessment of Resident Level Competencies
Within the first week of the training program, the resident and primary supervisor will complete the Baseline Assessment of Resident Level Competencies (Appendix A). This baseline assessment identifies the resident’s level of experience in all competency areas set forth in the Competencies Evaluation (“CE”; see below; see also Appendix C). It also identifies competency areas on which the resident will focus during the year and provides the basis for the resident’s Individual Training Contract. The baseline assessment form is kept in the resident’s personnel file.

3.01.02 Competencies Evaluation (CE)
In order to ensure that residents meet all of the program’s goals and requirements, each resident is formally evaluated by his or her primary supervisor at least once per quarter (and more frequently, if a competency concern arises: see “Ongoing Evaluation,” below) through the use of the Competencies Evaluation (CE). The CE is the training program’s formal evaluation instrument for evaluating a resident’s progress. Primary supervisors use the CE to rate each resident on all the behavioral anchors corresponding to program goals.

Each of the ratings on the CE indicates a specific caliber of competency. The primary supervisor is instructed to rate the resident on all behavioral anchors for each of the program’s required training competencies and on all behavioral anchors for any of the variable competencies (pertains only to Competencies II and III, in Level Two) in which the resident trains. In addition, supervisors must provide a narrative explanation for any rating other than a “3” (“Meets Expectations”). A rating of “3” indicates that the resident’s performance meets the competency requirements for residents at that stage of training. It should be noted that, given the high quality of residents who complete APA-accredited academic programs and APA-accredited and/or APPIC-member internships, this rating denotes a high caliber of competency.

Ratings of “1” (“Inadequate”) or “2” (“Needs Improvement”) on any behavioral anchor in the CE will trigger remedial and possibly corrective action (see below). If, by the end of the fourth quarter, the resident has not achieved ratings of 3 for all behavioral anchors, he/she will not receive a Certificate of Completion.

The primary supervisor will meet with the resident to review completed CEs. The resident may respond in writing to the CE. If the resident wishes to challenge any ratings on their CE, they are directed to follow the Resident Due Process procedure as outlined below, in Section 3.05. The completed CE and any response will be placed in the resident’s personnel file.

3.01.03 Ongoing Evaluation
The supervisors provide the resident with information regarding his or her progress during regularly scheduled individual supervision sessions. If a concern arises regarding a resident’s behavior or performance, primary supervisors should provide such feedback during these sessions, enabling the resident to focus attention on the specified area or areas of concern.
If at any point in the training year a resident noticeably “Needs Improvement” or is “Inadequate” on any behavioral anchor, the primary supervisor will complete a CE (see below; see also Appendix C) on the resident. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action procedure(s) for the resident, as outlined in Sections 3.02, 3.03 and 3.04, below.

3.01.04 Semi-Annual Collection of Evaluation Data
The Competencies Evaluation is the training program’s formal evaluation instrument for evaluating residents’ progress. The second and fourth quarter ratings from this evaluation, along with the semi-annual Resident Program Surveys, provide the training program with semi-annual data used for the overall evaluation of the program.

3.02 About Remedial and Corrective Actions
There are several levels and types of remedial and corrective actions that may be taken if a significant concern about a resident’s professional conduct, professional development or performance arises during their residency. The primary supervisor will consult with the site training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. Remedial and corrective action policies provide guidance when a particular action is taken, and the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

3.03 Remediation of Resident
3.03.01 Focused Competency Guidance
This action is typically triggered when a resident receives one or more rating(s) of “2” on the CE (see above) for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (*However, should a resident receive a “2” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure.)

After utilizing the CE, the primary supervisor is responsible for meeting with the resident to discuss the competency issue(s) fully, openly and candidly with the resident. The supervisor will also recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will create a timeline for reassessment of the identified concerns. In addition, the supervisor will record this action, including the concerns and recommendations, in narrative form on the resident’s CE. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks must be detailed. Additionally, in the next sequential quarterly CE, further improvement must be noted. See Appendix F for a full description of the Focused Competency Guidance procedure.

3.03.02 Written Letter of Warning
This action is typically taken by the primary supervisor when a resident: fails to achieve timely and/or sustained improvement after a focused competency review; and/or receives one or more rating(s) of “1” on the CE for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal behavior or substance abuse. (*However, should a resident receive a “1” for any of these anchors during the third or fourth quarter of the training year, the supervisor may choose to initiate a Letter of Warning.)

After utilizing the CE, the primary supervisor is responsible for meeting with the resident to discuss the competency issue(s) fully, openly and candidly with the resident. The supervisor will also recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will create a timeline for reassessment of the identified concerns. In addition, the supervisor will record this action, including the concerns and recommendations, in narrative form on the resident’s CE. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks must be detailed. Additionally, in the next sequential quarterly CE, further improvement must be noted. See Appendix F for a full description of the Focused Competency Guidance procedure.
quarters of the training year, the supervisor may choose to initiate a corrective action procedure.)

A letter of warning should contain: a description of the resident's unsatisfactory behavior or performance, including: the targeted competency area(s)/behavioral anchors; necessary actions by the resident to correct the unsatisfactory behavior or performance; a timeline for correcting the problem; and the action that will be taken if the problem is not corrected in the specified time frame. The letter of warning must also give the resident notice that this action may impact whether the resident’s supervised hours will be found to be satisfactory.

The primary supervisor will provide the site training director with a copy of the letter of warning and a copy will be kept in the resident’s file. Within the time frame outlined in the letter, the primary supervisor will re-evaluate the resident using a CE. See Appendix F for full description of the Written Letter of Warning procedure.

3.03.03 Schedule Modification
Schedule modification is a time-limited, closely supervised period of training, usually triggered by the initiation of Focused Competency Guidance or Written Letter of Warning. Several possible and concurrent courses of action may be included in modifying a schedule. These include: (a) increasing the amount of supervision, either with the same or other supervisors; (b) changing the format, emphasis and/or focus of supervision; (c) recommending personal therapy; (d) reducing the resident’s clinical or other workload; and (e) requiring specific academic course work. The site training director will determine the length and nature of any period of schedule modification.

3.04 Corrective Action for Resident
3.04.01 Probation
Residents who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the site training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the site training director. The site training director will monitor for a specified length of time the resident’s progress in changing or improving the behavior of concern.

Probation will be communicated to the resident in writing and should include: a description of the reason(s) for the probation; any required schedule modification; the time frame for probation during which the problem is expected to be ameliorated; and the criteria for determining whether the problem has been adequately addressed. The resident will also be notified that they are no longer considered in good standing with the training program. The resident must also be advised that this probationary action may impact whether the resident’s supervised hours will be found to be satisfactory.

Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including dismissal or suspension. See Appendix F for full description of the Probation procedure.

3.04.02 Suspension
Suspension of a resident is a dual decision process made between the site training director and the departmental manager, with notice given to the consortium site training director. As a result
of this decision, the resident may be suspended from all or part of their usual and regular assignments in the training program. Suspension of a resident can occur as the result of but not limited to a resident’s unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program’s policies and procedures, or when the removal of the resident from the clinical service is required for the best interests of the resident, patients, staff and/or the training program.

The site training director’s implementation of the Suspension procedure may, but need not be prompted by CE rating(s) of “1” (Inadequate) for anchor(s) related to these behaviors. The site training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration. As with probation, a resident suspended from the postdoctoral training program will be notified that they are no longer considered in good standing with the training program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal. A suspension may be paid or unpaid. See Appendix F for full description of the Suspension procedure.

3.04.03 Termination
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Postdoctoral Residency Program in Clinical Psychology. This action is invoked for any of the following reasons:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which the imminent harm to a client either physically or psychologically is a major factor
2. Severe violation of KP policies, including training program policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The resident is unable to complete the program due to severe physical, mental or emotional illness
7. Serious or repeated act(s) or omission compromising acceptable standards of patient care.

In addition to the above, as employees of Kaiser Permanente, a resident’s employment may be terminated at any time, with or without cause, by the site training director in conjunction with departmental management.

The decision to dismiss a resident is not made lightly and is made by the site training director and departmental manager, in consultation with the HR consultant. Termination of a resident’s employment will result in dismissal of the resident in the training program. The resident will be notified of the decision in writing. For a full description of the Termination procedure, see Appendix F.

3.05 Resident Due Process
The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding a resident’s evaluation, remediation or corrective action, as well as a resident’s status in the program, can be fairly reviewed. Due process is a mechanism by
which a resident may challenge any decisions made by the program. Due process procedures are outlined in full, in Appendix G. The training program’s procedure for Review of Resident Appeal is also located in Appendix G.

If a resident has any disagreement with their supervisor, another staff member, a fellow resident, or a matter of program policy, they are directed to follow the Postdoctoral Resident Grievance Procedures, as outlined in Appendices D and E.

4. PROGRAM CURRICULUM

4.01 Training Activities and Service Delivery
The postdoctoral resident’s training schedule is organized in such a way that training activities and service delivery are equally apportioned. Training activities include but are not limited to individual and group supervision, program evaluation or research project(s) and presentation of outcomes, other scholarly presentations, psychological assessment training, attendance at local and regional training seminars, and at local grand rounds. See Appendix L for Resident Presentation Evaluation form.

One-half of the resident’s time (approximately 20 hours per week) is spent providing direct services to clientele. Service delivery may include but is not limited to intake evaluations, patient psychotherapy appointments, co-facilitation of treatment groups, and psychological testing.

4.02 Community Partnership Projects
Each resident is required to complete a minimum of 32 community project hours during their training year. Residents will be evaluated on their projects throughout the year. More information about these projects is available from their training directors.

4.03 Program Evaluation/Research Project
4.03.01 General Requirements
Each resident is required to complete one program evaluation or research project during the training year which is to be completed, submitted to the site training director prior to the completion of the training year, and which must be accepted as meeting the professional standards of a professional psychologist. For detailed guidelines concerning this project, see Appendix Q, Program Evaluation/Scholarly Research Guidelines.

- The program evaluation/research project will be selected based upon the resident’s interests and the department’s needs.
- The program evaluation/research project can be focused upon the efficacy of a group; intake procedures; new programming; a treatment modality; or APA requirements for training program.
- The resident can participate in on-going regional or departmental studies such as Outcome Monitoring or Division of Research studies to fulfill this requirement.
- The focus of the program evaluation/research project must be approved by the Research Mentor and the site training director by no later than December 1st of the training year.
- The resident will meet with program advisors (i.e., research supervisor) throughout the year for learning, mentoring, and to provide updates on their progress.
• At the end of the training year, the resident will give a presentation on the results of the study to the department or the team, whichever is more appropriate.
• All research and intellectual property generated in the course of employment at Kaiser Permanente are the property of Kaiser Permanente (5.1.3 of KP Principles of Responsibility).

4.03.02 Timeline for Program Evaluation/Research Project

4.04 Psychodiagnostic Testing/Assessment
General Information
According to the APA Society for Clinical Neuropsychology (Division 40), postdoctoral residents and supervisors should perform and interpret assessments in which they have appropriate professional training. Specialized assessments such as neuropsychological assessments for diagnostic purposes should only be performed and interpreted by individuals with appropriate professional training in neuropsychological assessment.

Testing supervisors are to abide by the laws and regulations established by APA Ethical Principles of Psychologists and Code of Conduct, Sections 9.01-9.11 Assessment. Any questions related to psychological assessment policies and procedures can be submitted to and addressed by the regional psychological assessment committee.

Postdoctoral Resident
Each postdoctoral resident completes a minimum of four psychological assessments per training year. Two assessments must address two or more domains of functioning (e.g., cognitive, personality, etc.). Each of the remaining two assessments may be shorter in addressing only one domain of functioning. Testing supervisor will attempt to provide shorter batteries, as needed; however, this is determined by the referrals available at that time. The testing supervisor is responsible for training the resident in testing procedures and determining
the appropriate measures utilized in each case. Neuropsychology program requirements are
determined by training director/neuropsychologist supervisor.

Informed Consent
Each postdoctoral resident is required to obtain consent to treatment for
psychological/neuropsychological assessments and informed consent that the postdoctoral
resident is in training and working under the license of a supervisor. See Appendix X for
informed consent of psychological and neuropsychological assessment under supervision. See
KP form code 09605-219 (12-10) for consent of neuropsychological assessments.

4.05 Consortium Training Seminars
The postdoctoral resident is expected to attend weekly didactic seminars held at the consortium
level. Attendance should be at 90% minimum.

4.06 Regional Training Seminars
The postdoctoral resident is also expected to attend regional training seminars, held at Oakland.
Seminar topics include ethics and law, and supervision, among other selected topics.

5. SUPERVISION OF RESIDENT

5.01 Methods of Supervision
All postdoctoral residents receive regularly scheduled, individual supervision for 2 hours per
week throughout their training year. Each resident receives individual supervision from two
training supervisors, a primary supervisor and a secondary supervisor, both of whom are
licensed psychologists at the resident’s training site and responsible for the services provided by
the resident.

Residents also spend two hours a week in group supervision facilitated by a licensed
psychologist that may also be a primary, secondary or specialty supervisor. The functions of
both the primary and secondary supervisors include monitoring patient welfare, enhancing
clinical skills, promoting postdoctoral professional growth, evaluating postdoctoral resident’s
progress, and providing feedback to residents. The primary supervisor serves as both mentor
and monitor/guide for the resident’s clinical work and professional development during their
tenure at KP. The secondary supervisor also monitors the resident’s caseload and provides
feedback and guidance.

In accordance with California State Law as outlined by the state Board of Psychology, each
postdoctoral resident has access to their primary or secondary supervisor at all times, via phone
or beeper, in case of emergency.

Residents may be requested to audiotape, videotape or otherwise record a patient session.
Consent forms for this, to be signed by residents and patients, can be obtained from the bottom
of the following web page: https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit

5.02 Supervision Agreement Form
The BOP Supervision Agreement form must be completed, signed, and dated by both the
primary supervisor and the resident no later than the first day of the residency program. To print
a copy of the BOP Supervision Agreement form, go to:
http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

The completed BOP Supervision Agreement form must also be accompanied by the "Supplement to BOP Supervision Agreement" document (see Appendix R for this document).

In addition, please note the following stipulations:
1. On the first page of the Supervision Agreement form, in the introduction section, the appropriate category to check for the postdoctoral training program is the third option, "BPC Section 2911." This indicates that the training will take place in a formal program, i.e., one with APPIC membership. In addition, the word "intern" should be crossed out and replaced with "resident"; and the word "internship" replaced with "residency".

2. On the second page of the Supervision Agreement form, the second question asks for the location of the services. This should be filled out with the name and address of the consortium, (i.e., where the consortium director is located), with the actual training site identified secondarily to the consortium.

After the training year is completed, the resident must submit the Supervision Agreement form, along with the Verification of Experience form (see below), to the BOP.

5.03 Baseline Assessment of Resident Level Competencies
Within the first week of the training program, the resident and supervisor complete the Baseline Assessment of Postdoctoral Resident Standards of Accreditation Levels 1 & 2 Competencies (see Evaluation, etc., section above, for more information; see also Appendix A).

5.04 Resident Individual Training Contract
Within the first week of the training year, each resident collaborates with his/her primary supervisor in developing an Individual Training Contract (see Appendix B). This contract builds upon information gleaned by the Baseline Assessment (see above), with the resident and his/her supervisor developing training plans to address any competency areas identified by the assessment as requiring additional training focus. This collaborative process is flexible and goals can be revised at quarterly intervals. In addition, the resident uses this form to list any competency areas on which he/she wishes to obtain extra supervision during the year. The training contract also identifies the resident’s primary and secondary supervisors, and lists residents’ responsibilities and expectations for the training year. By signing this contract, the resident acknowledges that he/she has a copy of the Policy and Procedure manual and understands the basic requirements of the program and the competencies expected of him/her.

5.05 Competencies Evaluation
Supervisors evaluate residents on a quarterly basis, using the Competencies Evaluation form (see section 3, above; see also Appendix C).

5.06 Group Supervision – Default Model for Monthly Schedule
If additional hours of supervision are not allocated for the specific activities listed below, the default model for monthly group supervision follows this schedule (not necessarily in this order):

Week One: Case Conference
Week Two: "Fishbowl" Supervision
Week Three: Assessment Supervision
Week Four: Program Evaluation/Research Project Supervision
5.07 Supervision Log
It is the responsibility of the resident to keep a supervision log, bearing a supervisor’s signature for each week of program participation. (See Appendix O for Supervision Log.)

5.08 Psychology Licensure Preparation Questionnaire
Supervisors are asked to track and comment on residents’ progress towards sitting for the Examination for Professional Practice in Psychology (EPPP) and/or the California Psychology Law and Ethics Examination (CPL EE). Supervisors are also asked to comment on residents’ progress towards completing CA BOP pre-licensure coursework. Each supervisor is directed to complete the form in this manual (Appendix Y) for their supervisee and send it to the Regional office by the end of the training year.

5.09 Verification of Experience
The BOP Verification of Experience form, along with the Supervision Agreement form (see above), is submitted to the board at the end of the training year. As with the Supervision Agreement form, the APPIC member title (i.e., consortium name) must be indicated on the Verification of Experience. Secondarily, the medical center where the actual training took place must be indicated, too. To print a copy of the BOP Verification of Experience form, go to: http://www.psychology.ca.gov/forms_pubs/verification_experience.pdf

5.10 Resident Letter of Completion and Certificate
(This section also appears as Section 2.15, above.)
To receive a Certificate and Letter of Completion at the end of the training year, the resident must attain a minimum score of “3” (“Meets Expectations”) for each behavioral anchor on the CE by the fourth quarter of the training year and accrue 2000 hours of supervised training.

5.10.01 Letter of Completion
In addition to a Certificate of Completion, each qualifying resident receives a Letter of Completion at the end of their training year. This letter acknowledges the resident’s successful completion of their supervised hours and certifies that all program requirements have been met and the resident is in good standing in the program. The letter also describes general duties that the resident performed in their clinic and the team(s) rotations that the resident trained on. A copy of the Letter of Completion is kept in the resident’s individual file (see Section 7 for more information on resident files). A template for this letter is available in this manual as Appendix W.

5.10.02 Denial of Certificate/Letter of Completion
Resident will not receive a Certificate or Letter of Completion if any/all of the following pertain:
- They are dismissed from the program
- They fail to receive a minimum score of “3” (“Meets Expectations”) for each behavioral anchor on the CE by the end of the fourth quarter of training
- They fail to complete two thousand (2000) hours of supervised training
The site training director will notify the resident as soon as reasonably practicable of the denial of the Certificate of Completion.

Any resident who does not complete the full 2000 hours is still eligible to have the California Board of Psychology’s (BOP) Verification of Experience form submitted to the BOP at the end of the resident’s training. The form will reflect the actual hours that the resident completed and the
supervisor accepted. See Section 5, below, for more information on the Verification of Experience form.

6. PROGRAM ADMINISTRATION

6.01 California Board of Psychology (BOP)
The postdoctoral residency program complies with the supervision guidelines as stipulated by the BOP. The BOP requires that all primary supervisors receive a minimum of 6 hours of supervision training every two years, to keep current on ethical and legal issues, and to enhance their awareness of diversity, and competency and professional issues. For more information, and to download forms, etc., please go to: http://www.psychboard.ca.gov/

6.02 APA Commission on Accreditation (CoA) Requirements
The CoA is a division of the American Psychological Association (APA) that oversees accredited programs. Unless otherwise noted, the following tasks are performed at the consortium level by the consortium director and/or coordinator.

The CoA requires all accredited programs to complete the following:

- Complete and submit the Annual Report Online (ARO), every year
- Pay annual accreditation fees (this is done by the regional Mental Health Training Program office)
- Contact the CoA directly, to provide any program updates that could potentially impact the program’s functioning, such as a change in directorship or training rotation, or multiple personnel changes
- All other routine program changes (e.g., occasional changes in training faculty) can be reported to the CoA via the ARO

6.03 Administrative Hours for Training Faculty – Regional Standards
The region sets the following minimum standards for administrative time allotted to training faculty:

- All primary supervisors in the postdoctoral residency programs are allocated one hour per week when supervising one resident and two hours per week when supervising two or more residents, for chart review and closing of notes. These hours are in addition to the actual face-to-face individual supervision that the supervisor provides.
- All secondary supervisors in the postdoctoral residency programs are allocated one half hour per week of administrative time for chart review and closing of notes. This time is in addition to the actual face-to-face individual supervision that the supervisor provides.
- All training directors are allocated three hours per week of administrative time for their programs.
- All consortium directors are given four hours per week, funded by the region, in addition to the three hours allotted from the clinic, to administer their programs.

6.04 Training Staff - Responsibilities

- Relates to residents in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among residents, including cultural or individual diversity issues
• Models ethical, professional behavior including recognition of and respect for differences among patients and colleagues
• Models commitment to the mission of KP
• Models commitment to the mission and training model of the Psychology Postdoctoral Residency programs
• Maintains agreed upon times for supervision, consultation, and co-therapy experiences
• Clearly communicates expectations of residents and gives appropriate timely feedback regarding their progress
• Consults regularly with other professional staff who may have contact with the residents and provides knowledge about their competencies and general performance
• Contacts the site training director when questions or concerns arise regarding residents’ requirements
• Keeps abreast of any changes in the program or agency that may impact the residents and communicate these in a direct, timely fashion to reduce any inconvenience to the residents
• Follows all outlined grievance policies and due process if problems arise concerning residents

6.05 Site Training Directors

6.05.01 Site Training Director Qualifications
• Must work a minimum of 32 hours per week and be on site at least 4 days per week
• Minimum five (5) years of experience as a licensed psychologist preferred
• Minimum of two (2) years of experience as a primary supervisor preferred
• Member of the American Psychological Association (APA)
• American Board of Professional Psychology (ABPP) certification preferred
• Evidence of effective, collaborative working relationships with residents, training faculty, clinic management teams, and KP Regional administration
• Demonstrated abilities in leadership
• Commitment to ongoing learning and innovation in mental health treatment
• Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, resident seminars, etc.)
• Regional Mental Health Training Director conducts interviews and makes selection of training director

6.05.02 Site Training Director Responsibilities
• Reports to their local Consortium Training Director
• Attends training program meetings, including regional meetings in Oakland, as well as teleconferenced meetings
• Coordinates and directs the site training supervisors
• Ensures that program policies and procedures are followed
• Ensures support and resources for residents and supervisors
• Ensures that Board of Psychology (BOP), APPIC, and APA regulations and guidelines are followed
• Organizes the interview and selection process for new candidates, and coordinates with other site directors in consortium
• Ensures timely evaluations of residents, utilizing the Competencies Evaluation
• Ensures timely evaluations of program and supervisors, utilizing the Resident Program Survey and Resident Evaluation of Supervisor
• Implements modifications per feedback from program evaluation
• Provides opportunities for residents to work with the regional training director and the consortium training director to provide feedback regarding quality of training
• Participates with department managers in decision-making on issues concerning resident schedules, placements on teams and the candidate interviewing process

6.05.03 Site Training Director: Additional Responsibilities Relating to Resident Degree Verification (this process is also charted in Appendix U)

1. During the summer preceding the training year, makes contact with each of the incoming residents’ doctoral programs to ensure that residents are progressing as expected
2. Ensures receipt of documentation from each incoming resident’s school testifying to the resident’s completion of all requirements for their doctoral degree, by the start of the training year (see Appendix V, for Verification of Completion of All Requirements for Doctoral Degree form that training directors can use to send to incoming residents).
3. Ensures receipt of documentation from each incoming resident or their school that provides proof that each resident’s doctoral degree has been conferred, by December 31st of training year

6.06 Consortium Training Directors

6.06.01 Consortium Training Director Qualifications
• Must work a minimum of 32 hours per week and be on site at least 4 days per week
• Minimum five (5) years of experience as a licensed psychologist preferred; If candidate has relevant outside experience, an exception may be considered.
• Minimum of one (1) year of experience as a site training director preferred
• Minimum of two (2) years of experience as a primary supervisor
• Member of the American Psychological Association (APA)
• American Board of Professional Psychology (ABPP) certification preferred
• Demonstrated abilities in leadership
• Evidence of effective, collaborative working relationships with residents, training faculty, consortium clinics’ management teams, and KP Regional administration
• Commitment to ongoing learning and innovation in mental health treatment
• Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, resident seminars, etc.)
• Regional Mental Health Training Director conducts interviews and makes selection

6.06.02 Consortium Training Director Responsibilities
• Reports to the Northern California Regional Training Director
• Provides leadership for the consortium’s site training directors, and offers feedback on their performance, as necessary
• Attends all training program meetings, including regional meetings in Oakland, as well as teleconferenced meetings
• Meets on a monthly basis with site training directors to review consortium functioning
• Works with supervisory teams to ensure that program policies and procedures are followed and the highest level of training is provided to the residents
• Completes annual program reviews and, if applicable, oversees completion of the Annual Report Online in a timely manner
• Verifies that all Competencies Evaluations and other measures are completed in a timely manner
• Is responsible for overseeing consortium didactic trainings to ensure that curriculum is informed by science and includes a solid focus on diversity issues
• Reviews residents’ evaluations to confirm their satisfactory progress and ascertain the program’s overall functioning
• Reviews resident program surveys to determine needed changes
• Implements changes as needed

6.07 Administrative Meetings
The following training staff meetings occur regularly throughout the training year:
• Weekly
  - Informal meetings among site training directors and supervisors.
• Monthly
  - Formal supervisor meetings (minutes are recorded) among site training directors and supervisors (may be referred to as “supervisor meetings”). During these meetings the supervisors and site training director discuss the progress of the residents, curriculum, and develop plans as well as make decisions related to the administration of the program.
  - Formal consortium meetings (minutes are recorded) among site training directors and consortium director. Supervisors may be invited to attend. Residents may also attend and participate in the process as full contributing members. Decisions are made about curriculum, administration of the program, including recruitment, seminars, program planning, and accreditation.
• Minimum Two Times per Year
  - Regional meetings of site training directors bring together site training directors from the Northern California region to meet with the regional site training director in order to discuss new program developments, curriculum and APA issues.

6.08 Program Administrative Support
Each postdoctoral residency consortium receives 10 hours per week of administrative support, funded by the KPNC Regional Mental Health Training Programs.

6.09 Training Staff Dispute Resolution Procedure
If a training faculty member has a disagreement with another training faculty member, a resident, or a directive from a department manager or training director concerning an issue related to the program, he/she is encouraged to communicate openly with his/her site director about the issue. The procedure for this is outlined in Appendix M.

If the issue pertains to the department but not to the training program, he/she is encouraged to follow the KP policy, located in MyHR/Workspace/Working at KP.

7. RESIDENT AND INTERVIEWEE FILES

7.01 Resident Individual Files
• APA mandates that all resident files must be treated confidentially and stored indefinitely.
• The site training director establishes a file for each resident.
• The resident’s file includes the documents identified below, in section 7.02, Resident Individual File Contents.
All file documents are reviewed by the site training director prior to filing.

Files are formatted in hard copy or on e-file.

- **Hard copy record/files** are stored securely in the consortium office. If/when the consortium runs out of storage space for hard copy files, these files are scanned and archived in the consortium’s e-files on a shared computer hard drive. Then, the paper copy of the file is sent to KP’s HR storage center in Livermore.

- **E-files** are placed on a shared computer hard drive.

At the end of the training year, a copy of each resident’s 4th Quarter Competency Evaluation, now identified by the resident’s employee number, is faxed to the HRSC, for inclusion into their KP personnel file.

See also the rest of this section, below, for more information on resident files.

### 7.02 Resident Individual File Contents

All letters and documents are to be reviewed by the site training director prior to filing. A resident’s file should include the following documents, some of which also appear as blank forms/appendices in this manual:

1. Letter of Intent
2. Resume
3. Letters of Recommendation
4. Welcome Letter signed by resident
5. Verification of Completion of All Requirements for Doctoral Degree
6. Supervision Agreement (BOP form)
7. Baseline Assessment
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all four quarters
10. Proof of Degree Conferral
11. Psychology Licensure Preparation Questionnaire
12. Verification of Experience (BOP form)
13. Copy of Completed and Signed Letter of Completion
14. Documentation of any grievances, remediation/corrective actions, or due processes filed by or on behalf of the resident, and including the conclusions of all such actions
15. Any correspondence pertaining to the resident
16. Redacted psychological assessment(s) (this requirement varies by consortium)
17. Transcript (this requirement varies by consortium)

#### 7.02.01 Verification of Completion of All Requirements for Doctoral Degree

Before a resident can begin their training, the training director must receive a completed “Verification of Completion of All Requirements for Doctoral Degree” from the school. The completed form must be retained in the resident’s file. A blank form is available in this manual as Appendix V, on page 111. See also “Resident Degree Verification Process: 4 Steps,” Appendix U, on page 110.

#### 7.02.02 Proof of Degree Conferral

By December 31st after the program start date, the training director must obtain proof that the resident’s doctoral degree has been conferred on them. This proof must be in the form of either: 1) a sealed, official transcript from the resident’s school, with notation of the date when the degree was conferred; or 2) an actual letter—not an email—from the school, referencing the date when the school conferred the doctoral degree upon the resident. This documentation must
be retained in resident’s file. See also “Resident Degree Verification Process: 4 Steps,” Appendix U, on page 110.

7.03 Interviewer notes
- All notes made by interviewers during the selection process must not be kept in the resident’s individual file. These notes must be retained in a file separate from the resident’s individual file.
- KP Human Resources/Recruitment stipulates that interviewer notes made for all candidates must be retained for four years.

7.04 Reviews/Requests Regarding Resident Individual Files
Upon advance request, residents may inspect their local program files in the presence of the site training director or a designated representative. The resident may also request a correction or deletion of a record by submitting a request to the site training director who, in consultation with Human Resources, will notify the resident whether his/her request has been granted or denied. The training director will work with their HR consultant and follow the consultant’s recommendations if the resident expresses any dissatisfaction with their record.

7.05 Retention of Resident Files
The CoA requires accredited programs to retain indefinitely all files pertaining to a resident. As with all resident files, and as noted above, in “Resident Personnel Files,” these records are to be kept in a secure location.

7.06 Retention of Materials Received from Non-Selected Candidates
KP Human Resources Recruitment policy requires training directors to retain all non-selected* interviewees’ application materials, along with all corresponding interview panel members’ interview notes, for a period of four years following the interviews. (*For policy addressing retention of application materials from selected interviewees, see Resident Individual File Contents, above.)

7.07 Retention of Materials Received from Applicants Who Were Not Interviewed
Application materials from non-interviewed applicants need not be retained for any period.

8. PATIENT DOCUMENTATION

8.01 Medical/Legal Services
8.01.01 Provision of Psychological Treatment Services by a Postdoctoral Resident and Patient Consent
Before the resident provides mental health services to a patient, the resident must inform the patient or patient’s guardian of the resident’s status, last day of training, and name of supervisor. The resident must then document in the patient’s electronic chart that the patient received the information and gave (or refused) their consent to be seen by a postdoctoral resident. The “dot phrase” to be used to note this in the patient’s electronic chart is “.traineeinformedconsent”. This dot phrase signifies that “The patient was informed that the undersigned (*** is a trainee working under the supervision of *** and other licensed staff members in the Dept. of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.”

In addition to the above electronic charting, the resident may complete the information on the “Notice of Provision of Psychological Treatment Services by a Psychology Postdoctoral
Resident form, and provide the form to the patient and/or guardian, for their reference (see Appendix P).

Patients may refuse therapy. In such cases, the resident must document the patient’s refusal in the patient’s electronic chart, noting that treatment was explained and the consequences of refusal were discussed with the patient.

Residents may be requested to audiotape, videotape or otherwise record a patient session. Consent and Authorization forms for this, to be signed by residents and patients, can be obtained from the “Resources” section of the following web page: https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit

8.01.02 Resident Notification of Supervisor Regarding Treatment of Minor Aged 12-17 (AB1808)
Pursuant to California AB 1808, as an unlicensed provider, a doctoral resident is required to notify their supervisor before or after any visit where the resident treats a minor aged 12-17 years, individually or in a group session, regardless of whether the minor is accompanied by a parent. This notification must occur within 24 hours, in writing, unless the resident believes the minor to be a danger to self or others. If danger is present, the resident’s notification of their supervisor must occur by word of mouth during session or immediately after session. Local management will determine appropriate workflow for ensuring that this requirement is met.

8.01.03 Signing Legal Documents
Residents may not sign wills, power of attorney forms, or other legal documents as witnesses for patients or their families. A request to act as witness to a document should be courteously, but firmly, refused. In addition, residents may not sign forms, such as state disability forms, which require the signature of a licensed psychologist or psychiatrist.

8.01.04 Responding to Legal Documents
Receipt of a subpoena, a summons from a court, a request to examine a patient’s medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient, should be reported immediately to the site training director and the resident’s supervisor.

8.01.05 Contact with Attorneys/Other Individuals
Patient information is confidential and protected by law. Patient or chart information cannot be released to anyone without the consent of the patient or as authorized by law. The resident should not discuss patient care matters with investigators or attorneys without notice to and in the presence of attorneys representing KP. The Medical-Legal Department is available for further information.

8.01.06 Patient Rights and Responsibilities
Patients’ rights and responsibilities will be observed at all times. To print a copy of California BOP Patient Bill of Rights, go to: http://www.psychology.ca.gov/forms_pubs/consumer_guide.pdf

8.01.07 Patient Safety
Patient’s safety is of utmost concern to trainees and all other staff. For more information, go to: http://kpnet.kp.org:81/california/qmrs/ps/
8.02 Patient Mental Health Records

8.02.01 Patient Online Charting in HealthConnect

Mental Health records are confidential. Viewing the medical records of any patients other than those treated by the resident is strictly prohibited and grounds for termination.

All residents utilize online charting (KP HealthConnect) to maintain patients’ records, and are responsible for attending or receiving training in the use of this database. The online charting performed by the resident must meet department standards.

Entries into mental health records must include only approved abbreviations and symbols. Mental health records are confidential. To protect each patient’s confidentiality, only those persons responsible for a patient’s care should use the paper or computer records.

The patient’s progress is to be documented at each contact. In general, elements of the progress note include:

1. Diagnosis(es)
2. Plan for treatment
3. Need for diagnostic or therapeutic services
4. Strategies employed
5. Progress of the patient
6. POQ or AOQ
7. Medication compliance
8. Comprehensive suicidal and homicidal assessment

The patient’s record should be sufficiently detailed and organized in accordance to departmental standards so that staff can provide appropriate and effective care to the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patients’ condition at any given time, as well as review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or results of treatment must be documented. The record should enable another clinician to assume care of the patient at any time.

8.02.02 Closing of Notes

All residents should enter intake and progress notes into HealthConnect immediately after each patient contact session and forward the notes directly to resident’s supervisor. The supervisor will review resident’s notes and make any needed recommendations to resident. If necessary, resident will modify notes. After approving notes, supervisor will enter the CPT code and close the notes. Supervisor should close the notes immediately upon approval and no later than two (2) business days from the patient contact date.

8.03 California Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

All residents must abide by standards set forth by the California Confidentiality of Medical Information Act and by HIPAA. See Obligations Regarding Confidentiality CA 1.09, located under HR Policies in My HR, for more information. For an outline of these standards, go to http://kpnet.kp.org/national/compliance/program/privacy_security.html
9. RESIDENT HOURS, BENEFITS AND SERVICES

9.01 Scheduling of Hours of Work
Residents are scheduled to work 40 hours per week. By the end of the training year, residents accrue a total of 2000 hours of supervised training.

In creating a training schedule for the resident, the training director works closely with the department managers and the resident. Requirements vary between departments, and may include some evening and/or weekend hours. For example, CDS training programs may include weekend work.

9.02 Resident Benefits
For detailed information on all resident benefits, please review “Benefits in Brief” by clicking on “Benefits Overview” located on the regional mental health training programs’ homepage http://info.kaiserpermanente.org/html/psychtraining/trainee_salary_benefits.html

9.02.01 Resident Paid Time Off (PTO)
Each resident receives the equivalent of 2 weeks’ pay (80 hours) for time off, for the training year. The full 80 hours is front-loaded into residents’ TIME accounts at the beginning of the training year; it is not accrued throughout the year. Any PTO hours remaining in the resident’s account at the end of the training year is either paid out to the resident or is rolled over into their new account, depending on the disposition of resident after the training year.

9.03 Tuition Reimbursement
After a 90-day waiting period, all residents are eligible to apply for tuition reimbursement for approved courses which offer credits/units/hours. Please refer to the latest reimbursement information on MyHR. In addition, Appendix S in this manual has detailed information on reimbursable courses and how resident can apply for this benefit.

9.04 Resources for Resident Support
Please refer to MyHR for employee resources.

9.05 Professional Liability Insurance
All KP employees of any kind are covered for professional liability as long as they act within the course and scope of their license and training. As unlicensed Kaiser Permanente employees who are supervised by licensed providers in an officially designated training program, psychology postdoctoral residents are covered for professional liability as long as they act within the course and scope of their supervision and training.

9.06 Administrative Support, Office and On-line Resources
Clerical & technical support for the employees is provided by the departments of Psychiatry, Chemical Dependency and/or Chronic Pain at each site. As employees, residents are eligible to receive this assistance. The individual departments offer residents the use of translation services, copy machines, secretarial services, phones, computers, and technical support as needed. Legal support is provided by KP’s Regional and the local Medical-Legal teams. In addition, full-time administrative support is provided regionally and is available to assist all postdoctoral residents and training supervisors.

Each of the medical centers has its own clerical and technical support staff to assist the residents during their tenure at the medical center or the satellite. This support staff can be
utilized to help schedule patients, handle phone messages, track disability paper work, and provide any other additional support that may be needed.

Every resident has a computer station that provides a full range of services, including Internet, electronic periodicals, KP’s own intranet, Medline, and Evidence-Based Treatment materials, as well as other internal and external resource materials. KP’s information technology support is available to all residents through a telephone help line. All medical centers access the same database for online charting (HealthConnect). Through HealthConnect, residents can access hospital records and perform online charting, as well as respond to consultation requests electronically. Other computer programs such as word processing and slide-show presentation programs, as well as a variety of online medical and psychological databases, are readily available. The online databases include Micromedix, an internal medical database search engine, and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence, and other problem areas. In addition, an online clinical library (which includes PsychInfo) is easily accessible, and the medical center library is available to residents at each site.

Testing materials are available at each site and include standard psychometric tests as well as more advanced neuropsychological measures. There are computer programs available in each department to help residents score psychometric tests. In addition, residents have access to various paper and pencil test measures that are frequently used. Residents are provided with an adequate work space that allows them to conduct psychotherapy and assessments within a confidential setting.

At all training sites, residents are provided with offices to meet with patients, receive and answer phone messages, and schedule patients. Larger rooms are available to provide group or family therapy. Residents working with children have access to play rooms or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors, video equipment, and audio tape recorders. Consent forms regarding the photographing of residents and patients can be obtained from the bottom of the following web page: https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit

Each medical center campus has many departments, which include conference rooms, cafeterias and exercise rooms. Conference rooms are also available to residents at the regional center. Each medical center has its own medical library, and librarians routinely conduct literature reviews and arrange for inter-library loans, if needed. The regional library includes access to KP’s inter-library loan services which connects to all the major university and research institution libraries, domestic and foreign.

10. KAISER PERMANENTE HUMAN RESOURCES AND APPIC POLICIES

10.01 Finding Human Resources Policies on MyHR and Contacting HRSC
To locate a KP Human Resources policy, log on to MyHR. A link to the policies is located on the home page under Top Picks/Employees/Policies. Another link is located under Workspace/Working at KP/Policies. To speak to someone directly about any KP policy, contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

The following are a sampling of KP’s HR policies that pertain to residents. These and other policies are listed on MyHR and/or in KP’s Principles of Responsibility:
• Bereavement Leave
• Jury Duty
• Maternity/Paternity Leave
• Family Medical Leave (FMLA)
• Pregnancy Disability Leave
• Employee Assistance Program
• Harassment-Free Work Environment
• Equal Employment Opportunity
• Accommodation for Disabilities
• Drug and Substance Abuse

10.02 Primary HR Types: Codes for Mental Health Trainees
The following chart shows the correct coding for Primary HR Types for KPNC Mental Health Trainees. It is important that trainees are coded correctly, as the codes determine whether KP members are charged co-pays for their treatment by trainees.

<table>
<thead>
<tr>
<th>MHTP Trainee Job Code</th>
<th>MHTP Trainee Job Title</th>
<th>Primary HR Type Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>025420</td>
<td>Psychology Intern</td>
<td>??</td>
</tr>
<tr>
<td>025430</td>
<td>Psychology Postdoctoral Resident</td>
<td>??</td>
</tr>
<tr>
<td>025470</td>
<td>Associate Clinical Social Worker (ASW)</td>
<td>DF</td>
</tr>
<tr>
<td>025471</td>
<td>Neuropsychology Postdoctoral Resident</td>
<td>??</td>
</tr>
<tr>
<td>971026</td>
<td>Marriage &amp; Family Therapist Intern (MFTi)</td>
<td>DH</td>
</tr>
</tbody>
</table>

10.03 Non-Discrimination Policy
The postdoctoral psychology residency program is an integral part of KP. Residencies are based on merit, qualification, and competence. Training practices are not unlawfully influenced or affected by a person’s ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran’s status, medical condition, marital status, age, gender or sexual identity. Additionally, it is the policy of KP to provide a work environment free of sexual and other forms of unlawful harassment. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of residency.

10.04 APPIC Policies
As stated in Section 1.02 of this manual, all KPNC postdoctoral residency programs are Association of Psychology Postdoctoral and Internship Centers (APPIC) members. APPIC provides recommendations to be considered supplemental to KP’s institutional policies. Training directors are encouraged to visit the APPIC web site for more information: https://www.appic.org/Training-Resources/For-Training-Directors

11. TRAINING PROGRAM WEBSITE
The program website is the central bulletin board for program information, and includes but is not limited to the following information:

• Overview of Regional Postdoctoral Psychology Training Program
• Program listings by consortium and by individual site
• Program contact information
• Program Policy and Procedure Manual
• Regional and consortium seminar schedules
• Links to related websites

Northern California Mental Health Training Program website:
http://kp.org/psychtraining

Northern California Postdoctoral Residency Programs web pages:
http://info.kaiserpermanente.org/html/psychtraining/clinical_postdoctoral.html
Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

BASELINE ASSESSMENT OF POSTDOCTORAL RESIDENT (will be updated for 2018-19)
STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES

Training Year: ____________________________ Date: ____________________________
Consortium: ____________________________ Site: ____________________________
Resident: ____________________________ Team: ____________________________
Primary Supervisor Name: ____________________________

DIRECTIONS:
The KP Postdoctoral Training Program has specific training goals and competencies, which are listed on this form. Working collaboratively at the beginning of the training year, the resident and supervisor rate the resident on all competencies listed below. Together, they identify areas of focused training and supervision for the year to ensure that the resident meets minimum levels for all professional competencies upon completion of the postdoctoral residency program. The baseline ratings are then used as a communication tool for the resident and supervisor to aid them in developing the Individual Training Contract, tailoring the year’s training emphases to the specific needs of the resident.

Using the following scale, the resident and supervisor rate the resident’s experiences in all competency areas. Residents are encouraged to utilize the full range of the rating scale in order to maximize training opportunities and to clarify training focus.

Baseline Assessment Rating Scale:
1 = No Experience: Resident has no experience in this competency area: needs focused training
2 = Minimal Experience: Resident has minimal experience in this competency area: needs focused training
3 = Meets Expectations: Resident’s experience meets expectations of a person who has completed a one-year doctoral internship.

A. Level 1 – Advanced Competency: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Psychology and Professional Practice

Objectives:
- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

Behavioral Anchors: 
- Readyly applies evidence-based practice to work with patients
- Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate
- Applies scientific knowledge and a biopsychosocial approach to the solution of problems

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 W</td>
<td>2 W</td>
</tr>
<tr>
<td>Readyly applies evidence-based practice to work with patients</td>
<td>1</td>
</tr>
<tr>
<td>Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate</td>
<td>1</td>
</tr>
<tr>
<td>Applies scientific knowledge and a biopsychosocial approach to the solution of problems</td>
<td>1</td>
</tr>
</tbody>
</table>

2) Research and Program Evaluation

Objectives:
- Develops and implements a program evaluation and/or research project to improve program efficacy
- Demonstrates consideration of diversity factors when developing program evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

Behavioral Anchors:
- Able to synthesize relevant literature and create a coherent proposal
- Uses methods appropriate to the program evaluation/research question, setting and/or community, in developing and implementing project
- Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Able to synthesize relevant literature and create a coherent proposal</td>
<td>1</td>
</tr>
<tr>
<td>Uses methods appropriate to the program evaluation/research question, setting and/or community, in developing and implementing project</td>
<td>1</td>
</tr>
<tr>
<td>Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual</td>
<td>1</td>
</tr>
<tr>
<td>Behavioral Anchors (continued):</td>
<td>Baseline</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>● Effectively presents results to staff/peers</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Identifies and communicates how outcome data can be applied to improve functioning of local program(s)</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Integration of Science and Practice:**

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### B. Level 1 – Advanced Competency: INDIVIDUAL AND CULTURAL DIVERSITY

1) Diversity Awareness (of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status)

**Objectives:**
- Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, and consultation
- Demonstrates competence in building rapport with all patients taking into account issues of diversity
- Demonstrates competence in knowing when to seek cultural consultation
- Applies knowledge, skills and attitudes and values regarding intersecting and complex dimensions of diversity

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Articulates how one’s own cultural/ethnic identity may impact relationships with patients and colleagues</td>
</tr>
<tr>
<td>● Initiates consultation and/or supervision about diversity issues in a reflective manner</td>
</tr>
<tr>
<td>● Integrates multicultural awareness in assessment and treatment by practicing culturally sensitive care and adapting treatment accordingly</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Individual and Cultural Diversity:**

---
C. Level 1 – Advanced Competency: ETHICAL AND LEGAL STANDARDS and PROFESSIONAL CONDUCT

1) Ethical and Legal Standards, Policies, and Guidelines

Objectives:
- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards with all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser postdoctoral residency policies as delineated in the Policy and Procedure Manual for the Residency Programs in Clinical Psychology

Behavioral Anchors:
- Identifies complex ethical and legal issues
- Seeks consultation and/or supervision on complex ethical and legal matters
- Applies ethical principles and standards in professional writings and presentations, treatment, and teaching
- Adheres to company and department policies (including meeting attendance)
- Demonstrates awareness of the postdoctoral residents’ Policy and Procedure manual as an essential program resource

Baseline
1 2 3

2) Professional Values, Attitudes, and Behaviors

Objectives:
- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others, patients as well as colleagues
- Demonstrates self-reflection in the context of professional practice
- Accurately assesses self in all competency domains
- Actively self-monitors issues related to self-care

Behavioral Anchors:
- Takes action to correct situations that are in conflict with professional values
- Holds self accountable for own behavior and decisions made
- Receptive to review of quality of services by supervisors and/or administrators
- Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and behavior
- Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values
- Effectively communicates assessment of own strengths and weaknesses
- Takes action to resolve gaps in professional competencies
- Models effective self-care

Baseline
1 2 3

Supervisor Comments for Ethical and Legal Standards and Professional Conduct:

D. Level 2 – Area of Focus Competency: ASSESSMENT

1) Measurement, Psychometrics, and Diagnosis

Objectives:
- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
- Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
- Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
- Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
- Conducts an understandable and constructive feedback interview with the patient. Explaining results and recommendations

Behavioral Anchors:
- Identifies limitations of assessment data and screens out confounding variables
- Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations
- Applies awareness and competent use of culturally sensitive instruments and norms
- Interprets assessment results accurately to identify problem areas and diagnoses

Baseline
1 2 3
Behavioral Anchors (continued) | Baseline
---|---
● Recommends an empirically supported treatment plan based on the assessment | 1 2 3
● Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables | 1 2 3
● Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs | 1 2 3

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E. Level 2 – Area of Focus Competency: INTERVENTION

1) Intervention Planning and Implementation

Objectives:

■ Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
■ Independently plans interventions, including case conceptualizations that are specific to context and patient preferences
■ Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
■ Demonstrates increasing competence to conceptualize more complex cases
■ Uses evidence-based treatment modalities with flexibility to adapt to patient needs
■ Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment
■ Seeks consultation for complex cases, such as those with chronic medical conditions
■ Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

Behavioral Anchors: | Baseline
---|---
● Effectively evaluates patients for risk and safety issues | 1 2 3
● Explains to patients and/or supervisor the rationale for empirically-supported intervention strategies | 1 2 3
● Conceptualizes cases during intake evaluations that lead to well thought-out diagnoses and integrative biopsychosocial treatment plans | 1 2 3
● Effectively develops strong therapeutic alliances | 1 2 3
● Carries a progressively larger and more complex caseload | 1 2 3
● Independently and effectively implements a range of evidence-based practices | 1 2 3
● Independently assesses treatment effectiveness and efficiency | 1 2 3
● Terminates treatment effectively | 1 2 3
● Actively participates in group supervision | 1 2 3

Supervisor Comments for Intervention:

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F. Level 2 – Area of Focus Competency: SUPERVISION

* Supervisor should rate the anchor only if training in the competency is available at the training site

1) Role of the Supervisor and Supervisory Practices and Procedures

Objectives:

■ Understands complexity of the supervisor role including ethical, legal and contextual issues
■ Demonstrates knowledge of competency-based supervision
■ Reflects about own relationships with supervisee, as well as supervisee’s relationships with patients
■ Provides supervision independently to others in routine cases and seeks consultation as needed
■ Demonstrates understanding of other individuals and groups and the intersecting dimensions of diversity
### Behavioral Anchors:

<table>
<thead>
<tr>
<th>Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses model of supervision that incorporates ethical, legal and contextual issues</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Addresses supervisee’s competency challenges with concrete training plans</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Provides supervision thoughtfully and openly</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Clearly articulates how the supervisory relationship aids in the professional development of supervisees and their patients</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Integrates diversity issues into conceptualization of the supervision process</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Supervision:**

---

#### G. Level 2 – Area of Focus Competency: CONSULTATION and INTERDISCIPLINARY SYSTEMS

*Supervisor should rate the anchor only if training in the competency is available at the training site*

1) **Role of the Consultant and Application of Consultation Methods**

**Objectives:**

- Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
- Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes situations in which consultation is appropriate</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Adapts to situations that require a consultation role</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Gathers information necessary to answer referral or consultation question</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

2) **Interprofessional/Interdisciplinary Skills**

- Knowledgeable and respectful of the differing worldviews, roles, professional standards, and contributions of other professionals
- Demonstrates ability to display skills that support effective interdisciplinary team functioning
- Participates in and initiates interdisciplinary collaboration directed toward shared goals

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Anchor</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with individuals from other professions</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes the unique contributions of other professionals in team planning and functioning</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines over time</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Consultation and Interdisciplinary Systems:**

---
H. Level 2 – Area of Focus Competency: COMMUNITY PARTNERSHIPS

Objective:
- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations

Behavioral Anchors: | Baseline
---|---
- Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities | 1 2 3
- Collects relevant demographic and outcome data | 1 2 3
- Develops alliances with individuals and/or systems to improve the lives of those served | 1 2 3

Supervisor Comments for Community Partnerships:

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SIGNATURES

Resident Signature: ____________________________ Date: ____________________________

Supervisor Signature: ____________________________ Date: ____________________________

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Appendix B

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT INDIVIDUAL TRAINING CONTRACT

Training Year: ________________________________ Date: ___________________________
Consortium: ________________________________ Site: ___________________________
Resident: ________________________________ Team: ___________________________
Primary Supervisor Name: ________________________________

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS
List plan(s) for addressing all competency area(s) which resident and supervisor have rated as “1” (Minimal Experience) on the Baseline Assessment of Resident Foundational and Functional Competencies form:

II. COMPETENCY AREAS WHICH RESIDENT HAS IDENTIFIED FOR ADDED FOCUS
List all competency areas on which resident wishes to focus during the training year:
III. TRAINING AGREEMENTS

A. Primary Supervisor: I agree with the plan for Dr. ______________________ to be my primary supervisor for my postdoctoral residency year. My primary supervisor's role is to oversee my professional development and clinical work.

B. Secondary Supervisor: I agree with the plan for Dr. ______________________ to be my secondary supervisor for my postdoctoral residency year.

IV. RESPONSIBILITIES AND EXPECTATIONS OF RESIDENT

I understand the basic requirements and expected competencies of this postdoctoral program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will be confidential with the exception that it will be reported by my primary supervisor to the supervisory team. Numerical data is collected from second and fourth quarter Competencies Evaluations and collated by training site and by the consortium for the purpose of program evaluation.

My responsibilities and expectations are to:

• Spend approximately 20 hours per week providing direct services to clientele through individual, group or family therapy and conducting psychological assessments
• Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
• Achieve a rating of “3” (“Meets Expectations”) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation in order to complete the training program
• Complete 2000 hours of supervised training
• Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
• Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
• Present challenging cases as appropriate
• Demonstrate preparedness/receptivity for supervision
• Complete Required Psychological Assessments (minimum of one per quarter)
• Complete Required Program Evaluation or Research Project
• Spend a minimum of 32 hours over the course of the training year engaged in community partnership projects
• Evaluate the efficacy and quality of their training program by completing Resident Program Survey, twice per year
• Participate in community activities and community partnerships
• Attend all regional training seminars, unless supervisor authorizes my absence
• Attend local didactics (90%)
• Complete assigned readings
• Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
• Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be re-closed within the required two-day window

I also understand and agree that:

• Supervisors bear liability in supervision regarding the standard of patient care/client welfare, and need to have complete information regarding patients and files.
• In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
• In the event that my own personal process(es) do disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
• My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation, at least once per quarter and more frequently if necessary, if a concern arises in any competency area
• If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies.

Resident acknowledges that, by signing this form, he/she understands and agrees to the above Training Agreements, and Responsibilities and Expectations.

The Resident Individual Training Contract has been agreed to on this _______________ of ______________________, 20______

Required Signatures:
Resident: __________________________________________ Date: __________________
Primary Supervisor: ____________________________ Date: __________________
Site training director: ____________________________ Date: __________________

Revised 2010 from original contract created by L. Kittredge, Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs, from Falender & Shafranske, Clinical Supervision: A Competency-Based Approach, American Psychological Association, Washington, D.C., 2004, and various models posted on the APPIC Website
Appendix C
KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

COMPETENCIES EVALUATION
STANDARDS of ACCREDITATION LEVELS 1 & 2 COMPETENCIES WITH BEHAVIORAL ANCHORS

Training Year: ___________________________ Date: ___________________________
Consortium: ___________________________ Site: ___________________________
Resident Name: ___________________________ Team: ___________________________
Primary Supervisor Name: ___________________________

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Inadequate</td>
<td>At this point in the training program, Resident's performance is inadequate.</td>
<td>A rating of &quot;1&quot; (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>2 = Needs Improvement /Area of Focused Guidance</td>
<td>At this point in the training program, Resident's performance needs improvement or continues to be an area of focused guidance.</td>
<td>A rating of &quot;2&quot; (Needs Improvement) prompts the supervisor to: 1) Initiate or continue the Focused Competency Guidance in the Remediation process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>3 = Meets Expectations</td>
<td>At this point in the training program, Resident's performance meets expectations.</td>
<td>A rating of &quot;3&quot; (Meets Expectations) indicates that the Resident's performance meets or exceeds the competency requirements for postdoctoral residents at the current stage of training. Supervisor completes a narrative describing when a resident exceeds expectations.</td>
</tr>
</tbody>
</table>

To receive a Certificate of Completion, Resident must achieve ratings of 3 for ALL behavioral anchors by end of 4th quarter.

Profession-Wide Competency A: INTEGRATION OF SCIENCE AND PRACTICE

1) Scientific Foundations of Psychology and Professional Practice

Objectives:
- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readily applies evidence-based practice to work with patients</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes available databases, professional literature, seminars, consultation sessions, and other resources as appropriate</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies scientific knowledge and a biopsychosocial approach to the solution of problems</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

2) Research and Program Evaluation

Objectives:
- Understands the importance of program evaluation to the practice of Health Service Psychology
- Develops and implements a program evaluation and/or research project
- Demonstrates consideration of diversity factors when developing program evaluation project
- Demonstrates competence in evaluating outcomes
- Provides outcomes to colleagues and organizational leaders to improve program

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to synthesize relevant literature and create a coherent proposal</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Uses methods appropriate to the program evaluation/research question, setting and/or community, in developing and implementing project</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
Behavioral Anchors (continued):

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Writes clear, concise report on findings, following guidelines as outlined in the Policy and Procedure manual</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Effectively presents results to staff/peers</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Identifies and communicates how outcome data can be applied to improve functioning of local program(s)</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Integration of Science and Practice:

---

Profession-Wide Competency B: INDIVIDUAL AND CULTURAL DIVERSITY

1) Awareness of individual differences based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status

Objectives:

- Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research, consultation, and supervision
- Demonstrates competence in building rapport with all patients taking into account issues of diversity
- Demonstrates competence in knowing when to seek cultural consultation
- Applies knowledge, skills and attitudes and values regarding intersecting and complex dimensions of diversity

Behavioral Anchors:

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Articulates how one’s own cultural/ethnic identity may impact relationships with patients and colleagues</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Initiates consultation and/or supervision about diversity issues in a reflective manner</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Integrates multicultural awareness in assessment and treatment by practicing culturally sensitive care and adapting treatment accordingly</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Demonstrates competence in working with individuals whose group membership, demographic characteristics or worldviews may be counter to one's own</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>● Able to adapt treatment plan to reflect these characteristics when necessary</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Individual and Cultural Diversity:
### Profession-Wide Competency C: ETHICAL AND LEGAL STANDARDS

#### 1) Ethical and Legal Standards, Policies, and Guidelines

**Objectives:**
- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
- Independently and consistently integrates ethical and legal standards into all competencies
- Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
- Understands and adheres to all Kaiser psychology doctoral internship policies as delineated in the Policy and Procedure Manual for the Internship Programs in Clinical Psychology

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies complex ethical and legal issues</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Seeks consultation and/or supervision on complex ethical and legal matters</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies ethical principles and standards in professional writings and presentations, treatment, and teaching</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Adheres to company and departmental policies (including meeting attendance)</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Demonstrates awareness of the doctoral interns’ Policy and Procedure manual as an essential program resource</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Ethical and Legal Standards:**
### Profession-Wide Competency D: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

1) **Professionalism**

**Objectives:**
- Monitors and independently resolves clinical, organizational, and interpersonal situations by incorporating professional values and integrity
- Independently accepts personal responsibility across settings and contexts
- Independently acts to safeguard the welfare of others, patients as well as colleagues
- Demonstrates self-reflection in the context of professional practice
- Accurately assesses self in all competency domains
- Actively self-monitors issues related to self-care

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes action to correct situations that are in conflict with professional values</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Holds self accountable for own behavior and decisions</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Receives feedback of quality of services by supervisors and/or administrators</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and behavior</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Respects the beliefs and values of colleagues even when those are inconsistent with own personal beliefs and values</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Effectively communicates assessment of own strengths and weaknesses</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Takes action to bridge gaps in professional competencies</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Models effective self-care</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Professional Values, Attitudes, and Behaviors:**

---

### Profession-Wide Competency E: COMMUNICATION AND INTERPERSONAL SKILLS

1) **Relates effectively and meaningfully with individuals, groups and/or communities**

**Objectives:**
- Develops and maintains productive and respectful relationships with clients, peers/colleagues, supervisors, and managers
- Demonstrates skill in managing difficult communications and resolving conflict.
- Oral and written communications are informative, articulate, and succinct and demonstrate a thorough grasp of professional language and concepts

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains respectful and collegial interactions with others</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Effectively negotiates conflictual, difficult and/or complex relationships</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Provides effective feedback to others and receives feedback nondefensively</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Communication is understandable and consistent across expressive modalities</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Demonstrates the use of appropriate professional language when communicating with clients and other health care providers</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Communication and Interpersonal Skills:**

---
**Profession-Wide Competence F: ASSESSMENT**

### 1) Measurement, Psychometrics, and Diagnosis

**Objectives:**

- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
- Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups
- Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
- Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
- Conducts a comprehensible and constructive feedback interview with the patient, explaining results and recommendations

#### Behavioral Anchors:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is flexible in selecting assessment tools that address diagnostic questions for specific patient populations</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Applies awareness and competent use of culturally sensitive instruments and norms</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Interprets assessment results accurately to identify problem areas and diagnoses</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Recommends an empirically supported treatment plan based on the assessment</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Writes comprehensive reports which include discussion of strengths and limitations of measures and identification of any confounding variables</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Provides timely, understandable and useful feedback that is responsive to patient needs</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
</tbody>
</table>

**Supervisor Comments for Assessment:**
Profession-Wide Competency G: INTERVENTION

1) Intervention Planning and Implementation

Objectives:
- Applies knowledge of evidence-based practice, including biopsychosocial bases of intervention strategies
- Plans interventions, including case conceptualizations that are specific to context and patient preferences
- Displays competent clinical skills and good judgment in evaluating a wide range of diagnoses, taking into consideration complicating medical conditions and diverse patient populations
- Demonstrates increasing competence to conceptualize more complex cases
- Uses evidence-based treatment modalities with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients
- Seeks consultation for complex cases, such as those with chronic or acute medical conditions
- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Effectively evaluates patients for risk and safety issues</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Explains to patients and/or supervisor the rationale for empirically-supported intervention strategies</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Conceptualizes cases during intake evaluations that lead to well thought-out diagnoses and integrative biopsychosocial treatment plans</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Effectively develops strong therapeutic alliances</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>• Carries a progressively larger and more complex caseload</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Independently and effectively implements a range of evidence-based practices</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Develops independent skills in facilitating group psychotherapy</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Assesses treatment effectiveness and efficiency</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Terminates treatment effectively</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Actively participates in group supervision and case conferences</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Intervention:

---

Profession-Wide Competency H: SUPERVISION

* Supervisor should rate the anchor only if training in the competency is available at the training site

1) Role of the Supervisor and Supervisory Practices and Procedures

Objectives:
- Understands complexity of the supervisor role including ethical, legal and contextual issues
- Demonstrates knowledge of competency-based supervision
- Reflects about own relationships with supervisors, the supervisee, and supervisee’s relationships with patients
- Provides supervision independently to others in routine cases and seeks consultation as needed
- Demonstrates understanding of other individuals and groups and the intersecting dimensions of diversity

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uses model of supervision that incorporates ethical, legal and contextual issues</td>
<td>1 2 3</td>
<td>1 2 3</td>
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<td>1 2 3</td>
</tr>
<tr>
<td>• Addresses supervisee’s competency challenges with concrete training plans</td>
<td>1 2 3</td>
<td>1 2 3</td>
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</tr>
<tr>
<td>• Provides supervision thoughtfully and openly</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Clearly articulates how the supervisory relationship aids in the professional development of supervisees and their patients</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>• Integrates diversity issues into conceptualization of the supervision process</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
Profession-Wide Competency I: CONSULTATION and INTERDISCIPLINARY SYSTEMS
* Supervisor should rate the anchor only if training in the competency is available at the training site

1) Role of the Consultant and Application of Consultation Methods

Objectives:
- Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in interdisciplinary teams
- Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

Behavioral Anchors:

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes situations in which consultation is appropriate</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Adapts to situations that require a consultation role</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Gathers information necessary to answer referral or consultation question</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Prepares clear, useful written reports and/or verbal feedback/recommendations</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

2) Interprofessional/Interdisciplinary Skills

- Knowledgeable and respectful of the differing worldviews, roles, professional standards, and contributions of other professionals
- Demonstrates skills that support effective interdisciplinary team functioning
- Participates in and initiates interdisciplinary collaboration directed toward shared goals

Behavioral Anchors:

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with individuals from other professions</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Utilizes the unique contributions of other professionals in team planning and and functioning</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Develops and maintains collaborative relationships with peers/colleagues and professionals from other disciplines</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Supervisor Comments for Consultation and Interdisciplinary Systems:
### Program-Specific Competency: COMMUNITY PARTNERSHIPS

**Objective:**
- Provides education and training based on the empirical literature to promote healthy behaviors in underserved populations

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides outreach to underserved communities to improve the biopsychosocial health of members of those communities</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Collects, analyzes, and presents relevant demographic and outcome data to partnership stakeholders</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Develops alliances with individuals and/or systems to improve the lives of those served</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

**Supervisor Comments for Community Partnerships:**

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**SIGNATURES**

**First Quarter**
- Resident Signature: ____________________________ Date: ________________
- Supervisor Signature: ____________________________ Date: ________________
- Delegated Supervisor Signature: ____________________________ Date: ________________

**Second Quarter**
- Resident Signature: ____________________________ Date: ________________
- Supervisor Signature: ____________________________ Date: ________________
- Delegated Supervisor Signature: ____________________________ Date: ________________

**Third Quarter**
- Resident Signature: ____________________________ Date: ________________
- Supervisor Signature: ____________________________ Date: ________________
- Delegated Supervisor Signature: ____________________________ Date: ________________

**Fourth Quarter**
- Resident Signature: ____________________________ Date: ________________
- Supervisor Signature: ____________________________ Date: ________________
- Delegated Supervisor Signature: ____________________________ Date: ________________

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT
GRIEVANCE PROCEDURES

This policy includes the following sections:

- VERBAL GRIEVANCE COMMUNICATION
- WRITTEN GRIEVANCE COMMUNICATION
- GRIEVANCE APPEAL

POLICY STATEMENT
It is the goal of the Psychology Postdoctoral Training Programs to provide a learning environment that fosters congenial professional interactions among training faculty and residents that are based on mutual respect. However, it is possible that situations will arise that prompt residents to file grievances.

If a resident has any disagreement with his/her supervisor, another staff member, a fellow resident, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the resident’s own supervisor about the issue. At any time before or during the procedure, the resident may discuss his/her concerns about the issue directly with the site training director and/or a Human Resources Consultant. The procedure for this is outlined, below.

Residents will not be subject to reprisal in any form as a result of participating in this grievance procedure.

PURPOSE
This policy is intended to facilitate prompt resolution of a problem identified by a resident as requiring attention and/or resolution. This policy is not intended to be used by a resident to challenge the results of a performance evaluation or any remedial or corrective action (e.g., letter of warning, probation, etc.). To challenge a program decision, the resident is directed to follow the Resident Due Processes, as outlined in Appendix G.

COVERAGE
These policies apply to all psychology postdoctoral residents participating in Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs.

PROVISIONS
KP will make these policies available for viewing on the residency programs’ web pages.

None of the meetings involved in the following procedure may be electronically recorded.
PROCEDURES

➢ VERBAL GRIEVANCE COMMUNICATION

If a resident has any disagreement with his/her supervisor, another staff member, a fellow resident, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the resident’s own supervisor about the issue. At any time before or during the procedure, the resident may discuss his/her concerns about the issue directly with the site training director and/or a Human Resources Consultant.

The resident is responsible for communicating openly, specifically describing how he/she intends to gain satisfactory resolution of the problem. If the resident has chosen to address the issue with their supervisor, the supervisor is responsible for exploring the issue fully with the resident and offering ideas for resolving it. If the resident is dissatisfied with the outcome of the verbal discussion, he or she is directed to follow the procedure for Written Grievance Communication, as outlined below.

➢ WRITTEN GRIEVANCE COMMUNICATION

If Verbal Grievance Communication as outlined above has been completed, and the issue has not been resolved to the resident’s satisfaction, the resident may submit a written document to the site training director or departmental administrator, describing their grievance in detail. However, in no case shall any staff member who has participated in the verbal communication process also participate in the review of written grievance communication.

As soon as possible, but no later than 10 business days from receipt of the written grievance, the site training director and/or departmental administrators should meet with the resident (and the supervisor, if appropriate) to discuss the issue. After this discussion, the site training director and/or departmental administrators will, if necessary, conduct an investigation, and respond to the resident’s grievance in writing within 10 business days. If the resident is dissatisfied with the outcome of the review of written communication, he or she is directed to follow the procedure for Grievance Appeal, as outlined below.

➢ GRIEVANCE APPEAL

If Verbal and Written Grievance Communication procedures (as outlined, above) have been completed, and the issue has not been resolved to the resident’s satisfaction, the resident may file a Grievance Appeal. To do so, the resident is directed to: complete the Grievance Appeal form (see Appendix E), attaching a copy of the written communiqué; and submit these items to the consortium training director and departmental administrator. However, in no case shall any staff members who have participated in the verbal or written grievance communication processes also participate in the review of appeal.

Consortium training directors and departmental administrators should follow the procedure outlined above, in Written Grievance Communication, including meeting with the resident, establishing a time estimate for a response, conducting any necessary investigation, and responding to the resident. The response should be given within 10 business days after the discussion.
Before responding to the resident, the consortium director will meet with the site training director and supervisor to review the dispute and discuss the issues involved. The group may also choose to meet together with the resident at this time.

Additionally, before responding, the consortium director will contact the regional training director, and will review their findings with the Human Resources Department and/or legal counsel, as appropriate.
Please Note:
1) This form is to be completed by a postdoctoral resident when appealing a program decision regarding a grievance. To appeal the results of an evaluation or other program decision such as remediation or corrective action, the resident is directed to follow the Resident’s Due Processes, as outlined in Appendix G.
2) This appeal process excludes employees covered by collective bargaining agreements.

This Grievance Appeal is Addressed To:

<table>
<thead>
<tr>
<th>Consortium Director Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departmental Administrator Name:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Location:</td>
<td>Department:</td>
</tr>
<tr>
<td>Primary Supervisor:</td>
<td>Site Training Director:</td>
</tr>
<tr>
<td>Training Schedule:</td>
<td></td>
</tr>
<tr>
<td>Work Extension:</td>
<td>Home Phone:</td>
</tr>
</tbody>
</table>

Date of Original Grievance:
Basis of Appeal:
Details of Appeal: (Please attach a copy of the Written Communication to the back of this form)

Resolution Sought:

Signature of Resident: Date:
Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT
REMEDIATION AND CORRECTIVE ACTION PROCEDURES

REMEDIATION AND CORRECTIVE ACTION

There are several levels and types of remedial and corrective actions that may be taken if a significant concern about a resident’s professional conduct, professional development or performance arises during his or her residency. The primary supervisor will consult with the site training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. While these policies provide guidance regarding when a particular action is taken, the primary supervisor may initiate any procedure(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

The policies in this appendix target resident performance issues or problematic behavior according to their degree of severity. Due process is a mechanism by which a resident may challenge any decisions made by the program, including those outlined in the policies in this appendix. For due process for residents, please see Appendix G.

RECORD-KEEPING
For Focused Competency Guidance, the supervisor will make notations on the resident’s CE in narrative form describing their concerns and recommendations. For Letter of Warning and all Corrective Actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired during the procedure, including any action plans that were followed, their timelines and outcomes.

PURPOSE
These policies are intended to address and, if possible, correct, competency issues found to be substandard in a resident.

COVERAGE
These policies apply to all psychology postdoctoral residents participating in Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs.

PROVISIONS
KP will make these policies available for viewing on the residency programs’ web pages.
SECTION I - REMEDIATION

This section includes:

- **FOCUSED COMPETENCY GUIDANCE**
- **LETTER OF WARNING**

**OVERVIEW**

The primary purpose of Remediation is to provide a resident with additional training and supervision for any competencies for which performance has been identified as sub-standard. The two components of Remediation (Focused Competency Guidance and Letter of Warning) are conceptualized as responses to varying degrees of concern on the part of training faculty for a resident’s performance **not** related to behavior such as patient endangerment, professional misconduct or criminal behavior. (See Corrective Action in Section II, below, for the program’s response to these behaviors).

When specific concern about a resident’s performance arises at any point during the training year, including but not limited to quarterly intervals, the supervisor will utilize the Competencies Evaluation (CE). A resident’s performance deficits may be due to insufficient skill or knowledge, or problematic behaviors that significantly impact their professional functioning, and the CE ratings will determine the appropriate course of action for the supervisor and resident. By following the Focused Competency Guidance and/or Letter of Warning, the training faculty will assist a resident in improving their performance in the targeted competency areas. To this end, the program will provide the resident with additional training and/or remedial experiences, and/or will recommend resources to them.

**Schedule Modification:** Schedule modification is a time-limited, closely supervised period of training, usually triggered by the initiation of Focused Competency Guidance or Written Letter of Warning. Several possible and concurrent courses of action may be included in modifying a schedule. These include: (a) increasing the amount of supervision, either with the same or other supervisors; (b) changing the format, emphasis and/or focus of supervision; (c) recommending personal therapy; (d) reducing the resident’s clinical or other workload; and (e) requiring specific academic course work. The site training director will determine the length and nature of any period of schedule modification.

In response to the initiation of either remediation procedure, the resident may choose to write an appeal. To do so, the resident is directed to follow Resident Due Processes, in Appendix G.

**FOCUSED COMPETENCY GUIDANCE**

**Policy Statement**

Focused Competency Guidance is typically triggered when a resident receives one or more ratings of “2” (“Needs Improvement”) on the CE for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (For program’s response to behaviors such as these, see Corrective Action policies, below.)

The “2” rating typically indicates **minor** competency deficit(s) that may be easily ameliorated by added training. However, should a resident receive a “2” for any of these anchors during the
third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure (see below).

**Focused Competency Guidance Process**
After utilizing the CE, the primary supervisor is responsible for meeting with the resident to discuss the competency issue(s) fully, openly and candidly with the resident. The supervisor will also recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will create a timeline for reassessment of the identified concerns. In addition, the supervisor will record this action, including the concerns and recommendations, in narrative form on the resident’s CE. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks must be detailed. Additionally, in the next sequential quarterly CE, further improvement must be noted.

- **LETTER OF WARNING**

**Policy Statement**
The Letter of Warning is usually triggered when a resident receives one or more ratings of “1” for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse (to respond to behaviors such as these, see Corrective Action policies, below). A rating of “1” (“Inadequate”) on the CE or Baseline Assessment typically indicates major competency deficit(s) that call for more rigorous remediation than that provided by Focused Competency Guidance (see above).

However, should a resident receive a “1” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate a corrective action procedure (see below).

A Letter of Warning may also be created when training faculty have determined that further action is needed after the resident completes the Focused Competency Guidance process (see above). In each case, the primary supervisor gives the resident a Letter of Warning.

**Letter of Warning Process**
The following components will be included in the Letter of Warning to the resident:

1. Description of resident’s unsatisfactory performance
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that resident is no longer considered in “Good Standing” within the residency program
4. Notification that this Letter of Warning action may impact whether the resident’s supervised hours will be found to be satisfactory.
5. Outline of measures to be undertaken to remediate resident performance, including but not limited to: schedule modification; provision of opportunities for the resident to receive added supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources
6. Expectations for successful outcome
7. Consequences for unsuccessful outcome (which may include initiation of Probation)
8. Timeline for completion
The supervisor will provide the resident and the site training director with copies of this letter. Within the time frame outlined in the plan, the supervisor and the site training director will re-evaluate the resident, using a CE. If the training faculty determines that insufficient progress has been obtained and further action is needed, they may submit a written explanation of their concerns to the resident. In addition, they may initiate the Probation procedure at this time, as outlined below. They must inform the resident in writing of the training faculty’s decision to move to resident to probation.

SECTION II – CORRECTIVE ACTION

This section includes:

- **PROBATION**
- **SUSPENSION**
- **TERMINATION**

OVERVIEW

The three procedures of corrective action (Probation, Suspension, and Termination) are conceptualized as responses to varying degrees of concern on the part of training faculty and departmental management for a resident’s performance and/or behavior. The training faculty, in conjunction with the departmental management, is directed to initiate any of these processes as their first response: the severity of the concern will determine the starting point.

The Probation process may be initiated by the site training director along with departmental management in response to circumstances including but not limited to when a resident has serious competency concerns that have been unresponsive to Remediation (see Section I, above), or that call for a higher level of action by the program.

Suspension of a resident may be initiated as a result of the following: 1) if the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior on the part of the resident; and/or 2) if, after the Probationary period, the resident has not met expectations for improvement in identified competencies.

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Postdoctoral Residency Program in Clinical Psychology. Termination of a resident will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, professional misconduct and/or criminal behavior on the part of the resident. Termination may also be invoked for any other egregious offense on the part of the resident, including but not limited to those listed in the section on Termination, below. In addition, a resident, as an employee of Kaiser Permanente, may have their employment terminated at any time, with or without cause, by the site training director in conjunction with departmental management. Termination of a resident’s employment will result in dismissal of the resident from the training program.
In response to any of the corrective action procedures outlined in these policies, the resident may choose to write an appeal. To do so, the resident is directed to follow the Resident Due Processes, in Appendix G.

➢ PROBATION

Policy Statement
Residents who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the site training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the site training director. The site training director in conjunction with the departmental manager will make this determination and implement the probationary process. The site training director will monitor for a specified length of time the resident’s progress in changing or improving the behavior of concern. The outcome of Probation may be refusal of certificate of completion or termination of resident.

As noted for Letter of Warning, above, the resident is not considered in “Good Standing” when on Probation. Following due process, the resident may choose to appeal a probationary action. To do so, the resident is directed to follow the Resident Due Process, in Appendix G.

Written Probationary Notice
The site training director, in conjunction with the primary supervisor and departmental manager, will submit a letter to the resident outlining the program’s concerns regarding the resident’s performance or behavior, and formally placing the resident on probation. This letter will also describe the consequence(s) of the resident’s failure to show immediate and substantial improvement in the identified competency areas within the planned time period. Possible consequences for failure include refusal of certificate of completion and/or suspension and/or termination of the resident. The site training director will provide the supervisor with a copy of this letter.

When drafting the probationary notice, the site training director should take the following into consideration:
1. Description of the reasons for probation, to include the following, if applicable:
   a. Severity of the violation
   b. Number of violations
   c. Whether the violation was part of a pattern or practice of inappropriate behavior
   d. Resident’s past history of non-compliance
   e. Whether the resident should have known the rules
   f. Whether the violation was intentional or negligent
   g. Whether the action was committed for personal gain
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that resident is no longer considered in “Good Standing” within the residency program
4. Notification that this probationary action may impact whether the resident’s supervised hours will be found to be satisfactory.
5. Any required schedule modification
6. Criteria for determining whether the problem has been adequately addressed
7. Consequences of an unsuccessful outcome (may include refusal of certificate of completion and/or suspension and/or termination of resident)
8. Timeline for completion

Probationary Period
Improvement in the resident’s competence must be observed within the time frame outlined in the probationary notice and must be evidenced by CE rating(s) of “3” (“Meets Expectations”) or above, for targeted competency areas. Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including suspension or termination (see below).

➢ SUSPENSION

Policy Statement
Suspension of a resident is a dual decision process made between the site training director and the departmental manager, with notice given to the consortium training director. As a result of this decision, the resident may be suspended from all or part of their usual and regular assignments in the training program.

Suspension, up to and including termination, of a resident may be initiated as a result of the following: 1) if the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior on the part of the resident; and/or 2) if, after the Probationary period, the resident has not met expectations for improvement in identified competencies.

Suspension of a resident can be initiated immediately as the direct result of but not limited to a resident’s unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program’s policies, procedures or professional association guidelines, or when the removal of the resident from the clinical service is required for the best interests of the resident, patients, staff and/or the training program.

The site training director’s implementation of the Suspension procedure may, but need not, be prompted by CE rating(s) of “1” (Inadequate) for anchor(s) related to these behaviors. The site training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration.

As with probation, a resident suspended from the postdoctoral training program will be notified that they are no longer considered in good standing with the training program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal.

Following due process, the resident may choose to appeal this action. To do so, the resident is directed to follow Resident Due Process, outlined in Appendix G.

Written Suspension Notice
The site training director, in conjunction with the manager and the HR Liaison, initiates Suspension for a resident, informing the consortium training director of this action.
The site training director and primary supervisor will submit a written letter to the resident which addresses the following:

1. Description of resident’s unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchors
3. Notice of Suspension

Examples of factors to be considered when documenting patient endangerment, professional misconduct or criminal behavior on the part of the resident include, but are not limited to, those listed in item (1), in Written Probationary Notice, above.

In addition, the site training director will contact the resident (copying the supervisor) to schedule a hearing, wherein the resident will be given an opportunity to respond to the site training director and supervisor’s concerns (see below).

**Suspension Hearing**
The site training director and primary supervisor will meet with the resident to review the letter, voicing their concerns fully, openly and candidly. The resident will be asked to respond to the letter and group’s concerns. The site training director will take notes during the hearing, making a clear record of the interaction.

Depending on the severity of the violation, the training faculty may choose at this point, with or without warning, to notify the resident that they have been suspended from the training program or to terminate the resident from the program. In the event that the resident is terminated from the program, the resident may choose to appeal this action. To do so, the resident is directed to follow the Resident Due Process in Appendix G. Or, the resident may choose to resign from the program.

The group will inform the consortium training director of the proceedings of the hearing.

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**TERMINATION**

**Policy Statement**
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Postdoctoral Residency Program in Clinical Psychology. This action is invoked for any of the following reasons:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which the imminent harm to a client either physically or psychologically is a major factor
2. Severe violation of KP policies, including training program policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The resident is unable to complete the program due to severe physical, mental or emotional illness
7. Serious or repeated act(s) or omission compromising acceptable standards of patient care.

Termination of a resident can be initiated immediately if the training faculty or department staff observes endangerment to patient welfare, professional misconduct or criminal behavior on the part of the resident.

In addition to the above, a resident, as an employee of Kaiser Permanente, may have their employment terminated at any time, with or without cause, by the site training director in conjunction with departmental management. Termination of a resident’s employment will result in dismissal of the resident in the training program.

Following due process, the resident may choose to appeal a decision to terminate. To do so, the resident is directed to follow the Resident Due Process, Appendix G.

**Written Termination Notice**
The decision to dismiss a resident is not made lightly and is made by the site training director and departmental manager, in consultation with the HR consultant. The resident will be notified of the decision in writing, in a letter that addresses the following:

- Description of resident’s unsatisfactory performance
- Identification of violation(s), including corresponding competency area(s) and behavioral anchors
- Notice of Termination

The termination notice may also include details such as are listed in the Written Suspension Notice, above.
Appendix G

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

POSTDOCTORAL RESIDENT
DUE PROCESS

OVERVIEW
The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding a resident’s evaluation, remediation and corrective action, and status in the training program can be fairly reviewed. Due process is a mechanism by which a resident may challenge any decision made by the program.

Residents will not be subject to reprisal in any form as a result of participating in the due process procedure.

PURPOSE
This policy is intended to facilitate prompt and fair review of a resident’s challenge to a program decision. This policy is not intended to be used by a resident to seek to resolve a disagreement with his/her supervisor, another staff member, a fellow resident, or a matter of program policy. To appeal such a program decision, the resident is directed to follow the Resident Grievance Procedures, as outlined in Appendices D and E.

COVERAGE
These procedures apply to all psychology postdoctoral residents participating in Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs.

PROVISIONS
KP will make these policies available for viewing on the residency programs’ web pages.

Resident’s Written Challenge to Program Decision
If a resident objects to the results of a program decision or an evaluation, or wishes to challenge any remedial or corrective action initiated by members of the training staff, the resident may request a review of the decision or action. In order to challenge any such decision, the resident must notify the site director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:

1. Name of resident
2. Current date
3. Date and description of decision under dispute
4. Description of resident’s disagreement with decision, including supporting information
5. Description of resident’s objective/goal for resolving dispute
Hearing & Hearing Committee

1. As soon as possible, but no later than 5 business days after receipt of the resident’s written notification, the site director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and process.

The Hearing Committee:
- Will be composed of no fewer than three members
- Will include individuals from the consortium training faculty, departmental administration and HR consultation
- May include any appropriate licensed staff recommended by the resident
- Will not include the consortium training director
- In no case shall anyone who has participated in the decision in question up to this point be a member of this committee.

2. Within 10 business days from receipt of the resident’s written notification, the Hearing Committee will conduct a hearing in which all relevant material is presented. The resident has the right to hear all facts about the concern, as well as to present supporting materials of his/her own. The resident also has the right to dispute or explain the concerns presented.

3. Within 10 business days from completion of the hearing, the Hearing Committee will make the final decision. Decisions will be made by majority vote of the committee, and submitted to the resident and the site training director. If they chose, the resident can appeal the decision to the consortium training director.

Appeal
If a resident is dissatisfied with the Hearing Committee’s decision, they may appeal the decision to the consortium training director (or their designee), who will consult with management personnel other than those who participated on the committee.

The resident must submit their written appeal, along with a copy of their original written challenge to the consortium training director within 10 business days from the date of the Hearing Committee’s decision. This written appeal shall include the following information:

1. Name of resident
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Description of resident’s disagreement and basis for appeal

Appeal Review
Within 5 business days after receipt of appeal, the consortium training director (or their designee) will review the decision along with the resident’s appeal and either accept or reject the committee’s recommendations:

- If the consortium training director accepts the Hearing Committee’s recommendations, they will inform the site training director who, in turn, will inform the resident and supervisors of the decision. The resident may appeal the consortium training director’s final decision by contacting Human Resources consultant and their departmental manager.
• If the consortium training director rejects the Hearing Committee’s recommendations, they may either: refer the matter back to the Hearing Committee for further consideration (such as the gathering of further documentation); or make a final decision. The consortium training director will inform the site training director of the rescission, who, in turn, will inform the resident and supervisors.
Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT PROGRAM SURVEY

Residency Year: ________________________________ Check One: Mid Year _____
Consortium: ________________________________ End of Year _____
Training SITE: ________________________________ Date: ________________

EVALUATION INSTRUCTIONS
This form is designed to allow the resident to evaluate the program over a range of professional domains, using the Likert scale, below.

1* Inadequate
2* Needs Improvement
3 Meets Expectations
N/A Not Applicable

Program never meets my expectations*
Program sometimes meets my expectations*
Program consistently meets my expectations
I did not train in this area or training in this area was not available at my site (may apply to competencies F and G, below)

* Please provide explanation for these ratings

SEMINARS AND SUPERVISORS

1. How would you rate the quality of the weekly seminars at your consortium?
2. How would you rate the quality of the regional seminars?
3. How would you rate the quality of your individual primary supervision?
4. How would you rate the quality of your secondary supervision?
5. How would you rate the quality of your group supervision (case conference only)?
6. How would you rate the overall training received during your residency year?
7. How would you rate the quality of resources available to you, such as the web-based Clinical Library and the Best Practices models, and the availability of senior staff members?
8. Was your training graduated in complexity during the year?
9. Did you feel welcomed and treated with respect by the professional staff at your site during year?
# LEVEL ONE: ADVANCED COMPETENCY AREAS

## A: INTEGRATION OF SCIENCE AND PRACTICE

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SCIENTIFIC FOUNDATIONS OF PSYCHOLOGY AND PROFESSIONAL PRACTICE</td>
<td>Evidence-based practice</td>
<td>I have been given the opportunity to practice evidence-based treatments</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been offered opportunities to apply a biopsychosocial approach</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. RESEARCH AND PROGRAM EVALUATION</td>
<td>Scientific approach to knowledge generation</td>
<td>I have been given the opportunity to develop a program evaluation proposal using appropriate research methods</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to implement a program evaluation project, evaluate the outcomes, and present the findings to staff/peers</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Program evaluation and research group supervision</td>
<td>I would rate the quality of my program evaluation group supervision as follows:</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

## B: INDIVIDUAL AND CULTURAL DIVERSITY

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DIVERSITY AWARENESS</td>
<td>Awareness of self and others and their interaction as shaped by individual and cultural diversity and context (e.g., role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status)</td>
<td>I have been encouraged to independently apply knowledge, skills and attitudes with regard to dimensions of diversity in my professional work (e.g., use of culturally relevant best practices)</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Appropriate applications based on individual and cultural context</td>
<td>I have been encouraged to independently monitor and apply knowledge of diversity in my interactions with others in the areas of assessment, treatment, research, and consultation</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
### C: ETHICAL AND LEGAL STANDARDS, AND PROFESSIONAL CONDUCT

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ETHICAL AND LEGAL STANDARDS, POLICIES AND GUIDELINES</td>
<td>Knowledge of ethical and legal standards, policies, and guidelines</td>
<td>The program emphasizes the application of ethical and legal standards to the practice of psychology, including the APA ethics code, APA policies and guidelines, and federal and state laws and regulations.</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS</td>
<td>Integrity and values</td>
<td>I have been supported to continually and independently monitor my professional values</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to take action to correct situations that are in conflict with the values of the profession</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</td>
<td>I have been encouraged to conduct myself in a professional manner across all settings and situations</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to keep up with advances in the profession and integrate science into practice in a professional manner</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-assessment, and self-care</td>
<td>I have been given support to practice the ongoing self-assessment of my knowledge and skills, and to practice good self-care</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### LEVEL TWO: AREA-OF-FOCUS COMPETENCIES

### D: ASSESSMENT

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MEASUREMENT, PSYCHOMETRICS, AND DIAGNOSIS</td>
<td>Selection and interpretation of measures and knowledge of psychometrics</td>
<td>I have been given the opportunity to collaboratively select multiple methods and means of evaluation for specific patient populations</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to effectively administer assessment instruments</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
I have been given training on how to screen out confounding variables: 1 2 3

I have been given the opportunity to effectively interpret assessment instruments: 1 2 3

Communication of findings: Case conceptualization and recommendations: 1 2 3

Assessment Group Supervision: I would rate the quality of my assessment group supervision as follows: 1 2 3

### E: INTERVENTION

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVENTION PLANNING AND IMPLEMENTATION</td>
<td>Psychodiagnostic and psychotherapeutic skills</td>
<td>I have been given the opportunity to develop my diagnostic skills</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to enhance my abilities to evaluate and respond to risk and safety issues</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to conceptualize cases and independently plan appropriate interventions</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to demonstrate clinical skills with a wide variety of patients</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to apply empirical models in planning interventions</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to independently evaluate treatment progress and modify the plan as needed</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

### F: SUPERVISION

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ROLE OF SUPERVISOR AND SUPERVISORY PRACTICES AND PROCEDURES</td>
<td>Roles, expectations, and ethics</td>
<td>I have been trained to understand the ethical and legal aspects of supervision while maintaining a good rapport with the supervisee</td>
<td>1 2 3 N/A</td>
</tr>
<tr>
<td></td>
<td>Supervisory skills development</td>
<td>I have been given guidance in developing my knowledge of competency-building skills</td>
<td>1 2 3 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given guidance in applying competency-building skills in my supervision of others, taking into account issues of diversity</td>
<td>1 2 3 N/A</td>
</tr>
</tbody>
</table>
G. CONSULTATION AND INTERDISCIPLINARY SYSTEMS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ROLE OF CONSULTANT AND APPLICATION OF CONSULTATION METHODS</td>
<td>Role of Consultant</td>
<td>I have been given the opportunity to provide expert guidance and assistance in a manner that utilizes my professional skills to evaluate and make recommendations</td>
<td>1 2 3 N/A</td>
</tr>
<tr>
<td></td>
<td>Feedback on consultation training</td>
<td>I have received constructive feedback on my consultation skills</td>
<td>1 2 3 N/A</td>
</tr>
</tbody>
</table>

2. INTERPROFESSIONAL AND INTERDISCIPLINARY SKILLS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge of the shared and distinctive contributions of other professionals</td>
<td>I have been encouraged to develop and maintain effective working relationships with a wide range of colleagues, organizations, and communities</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The program offers opportunities for me to communicate and collaborate effectively with other professionals for the purpose of shared goals</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

I: COMMUNITY PARTNERSHIPS

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. COMMUNITY PARTNERSHIPS</td>
<td>Outreach to underserved populations in the community to promote healthy behaviors</td>
<td>I have been encouraged to develop alliances with individuals and/or systems to improve the lives of those served</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to provide education and training based on the empirical literature</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to collect, analyze, and present relevant outcome data to partnership stakeholders</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

PLEASE WRITE COMMENTS ON BACK – THANK YOU
Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT EVALUATION OF SUPERVISOR

Consortium: _________________________   Date: _________________________

Evaluation Period: Year: ___________________    September-February _________
                                     March-August _________

Supervisor’s Name: _________________________________________________________

Supervisor’s Status: _____ Primary individual supervisor
                     _____ Delegated individual supervisor
                     _____ Group supervisor - indicate which group:
                                      _____ Case Conference
                                      _____ Assessment
                                      _____ Program Evaluation/Research Project
                                      _____ Supervision

Supervisee’s/Residents’ Name: ______________________________________________

Please evaluate your individual and group supervisors using the ratings and criteria below. The purpose of the evaluation is to inform the supervisor of his or her strengths and weaknesses, and to help the supervisor to improve their practice of supervision. The evaluation process is optimally an ongoing part of the supervisory relationship. Both supervisor and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Both supervisor and supervisee complete this form. Then, they exchange forms and discuss the evaluation. The form is kept by the supervisor being evaluated.

Please indicate the degree to which the following behaviors are characteristic of your supervisor using the following rating scale:

<table>
<thead>
<tr>
<th>Numerical Rating</th>
<th>Level of Satisfaction</th>
<th>Frequency of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>“Far exceeds my expectations”</td>
<td>Always, or very true</td>
</tr>
<tr>
<td>4</td>
<td>“Significantly exceeds my expectations”</td>
<td>Usually, or fairly true</td>
</tr>
<tr>
<td>3</td>
<td>“We’re fine in this area”</td>
<td>Meets my expectations</td>
</tr>
<tr>
<td>2</td>
<td>“I need more in this area”</td>
<td>Below my expectations; Often or fairly untrue</td>
</tr>
<tr>
<td>1</td>
<td>“We’re not working at all in this area”</td>
<td>Needs much development; Always, or very untrue</td>
</tr>
</tbody>
</table>

Supervisor Provides Atmosphere for Professional Growth

_____ Demonstrates a sense of support and acceptance
_____ Establishes clear and reasonable expectations for my performance.
_____ Establishes clear boundaries (i.e. not parental, peer or therapeutic).
_____ Makes an effort to understand me and my perspective.
_____ Encourages me to formulate strategies and goals without imposing his/her own agenda.
_____ Recognizes my strengths
_____ Conveys active interest in helping me grow professionally
_____ Is sensitive to the stresses and demands of the residency
_____ Helps me to feel comfortable to discuss problems
_____ I feel comfortable talking to my supervisor about my reactions to him/her and the content of our meetings

**Supervisor’s Style of Supervision**

_____ Makes supervision a collaborative process
_____ Balances instruction with exploration, sensitive to therapists’ style and needs
_____ Encourages therapist to question, challenge, or doubt supervisor’s opinion
_____ Admits errors or limitations without undue defensiveness
_____ Openly discusses and is respectful of differences in culture, ethnicity, or other individual diversity
_____ Enables the relationship to evolve over the year from advisory to consultative to collegial

**Supervisor Models Professional Behavior**

_____ Keeps the supervision appointment and is on time
_____ Is available whenever I need to consult
_____ Makes decisions and takes responsibility when appropriate.
_____ Makes concrete and specific suggestions when needed
_____ Assists therapist in integrating different techniques
_____ Addresses countertransference issues between therapist and patient
_____ Raises cultural and individual diversity issues

**Impact of Supervisor**

_____ Provides feedback that generalizes or transcends individual cases to strengthen therapist’s general skill level
_____ Shows concern for therapist’s personal development as well as residency performance
_____ Facilitates therapist’s confidence to accept new challenges

The most positive aspects of this supervision are:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The least helpful or missing aspects of this supervision are:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This supervision experience might improve if:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY
__________________ Consortium Seminar Evaluation

Title of Seminar:
Date:
Instructor(s):

Please use the following key to answer questions 1-10:
Absolutely--5  Somewhat--4  Uncertain--3  Probably Not--2  Absolutely Not--1

1. Was seminar consistent with its objectives and title? ________
2. Was seminar appropriately challenging? ________
3. Did seminar expand your knowledge in this topic? ________
4. Was the seminar taught at the promised level? ________
5. Were cultural and diversity issues integrated into the presentation? ________
6. Was material relevant to Mental Health professional activities? ________
7. Was/were instructor(s) well-informed on subject matter? ________
8. Was/were the instructor(s) well prepared? ________
9. Was/were instructor(s) attentive to questions? ________
10. Would you attend another seminar given by this instructor? ________
11. How would you rate the overall value of the program? (circle one):

   Excellent
   Good
   Fair
   Poor

12. Suggestions for future seminar topics? _____________________________

13. Please list two insights that you have gained from this seminar.

14. Additional comments are welcomed. Use reverse side of this sheet if needed.
"Post-Residency Experience Survey" is a questionnaire that the Northern California Kaiser Permanente Postdoctoral Residency Programs in Clinical Psychology send out to past program participants. It is designed to provide the programs with information on participants' experiences after they have finished the program, and feedback as to how well the program met its goals in preparing residents for their careers.

Your information is important to us for the following reasons:
1) It provides us with valuable outcome data by which to gauge the efficacy of the program.
2) It provides you with the opportunity to communicate with us about your career.

The minimum completion time for the questionnaire is approximately 15 minutes. We greatly appreciate your time and attention to this task!

I. PAST PARTICIPANT INFORMATION

1. Date
2. Name
3. Current Address
4. Phone Number
5. Email Address
6. Year of Doctoral Degree
7. Training Year
8. KP Training Site
9. Initial Post-Residency Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
   5. Private General Hospital
   6. General Hospital
   7. Veterans Affairs Medical Center
   8. Private Psychiatric Hospital
   9. State/County Hospital
   10. Correctional Facility
   11. School District/System
10. Initial Post-Residency Employment Setting-(Continued--Circle one):
   12. University Counseling Center
   13. Academic Teaching Position
   13a. doctoral program
   13b. masters program
   13c. 4-year college
   13d. community/2-year college
   13e. adjunct professor
   14. Independent Practice
   15. Academic Non-Teaching Position
   16. Medical School
   33. Other (e.g., consulting), please specify below ‡
   44. Student
   99. Not currently employed

‡33: Please specify: ____________________________________________________

11. Initial Job Title and Employer: _________________________________________

12. Current Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
   5. Private General Hospital
   6. General Hospital
   7. Veterans Affairs Medical Center
   8. Private Psychiatric Hospital
   9. State/County Hospital
   10. Correctional Facility
   11. School District/System
   12. University Counseling Center
   13. Academic Teaching Position
   13a. doctoral program
   13b. masters program
   13c. 4-year college
   13d. community/2-year college
   13e. adjunct professor
   14. Independent Practice
   15. Academic Non-Teaching Position
   16. Medical School
   33. Other (e.g., consulting), please specify below ‡
   44. Student
   99. Not currently employed

‡33: Please specify: ____________________________________________________

13. Current Job Title and Employer: _________________________________________

14. Licensure:
   Yes
   No
15. Licensed in State(s)/Province(s): ________________________________

16. Primary licensure in State/Province: ______________________________

17. Check all that apply to your specialty/professional status:
   1. Currently Listed in National Register of Health Service Providers in Psychology
   2. Currently Listed in Canadian Register of Health Service Providers in Psychology
   3. Fellowship in Professional Scientific Psychology
   4. American Board of Professional Psychology (ABPP):
      4a. ABPP Child and Adolescent
      4b. ABPP Cognitive and Behavioral
      4c. ABPP Couple and Family
      4d. ABPP Clinical Health
      4e. ABPP Clinical Neuropsychology
      4f. ABPP Counseling
      4g. ABPP Clinical
      4h. ABPP Forensic
      4i. ABPP Group
      4j. ABPP Organization & Business
      4k. ABPP Psychoanalysis
      4l. ABPP Rehabilitation
      4m. ABPP School
   5. American Board of Psychological Hypnosis (ABPH):
      5a. ABPH Clinical Hypnosis
      5b. ABPH Experimental Hypnosis
   6. None of the above

18. Other professional achievements (e.g., fellow status, diplomate, publications, presentations, research, etc.):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

19. Additional Activities:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

20. Current Resume: Please feel free to email your current resume to the address(es) shown on page 6 of this survey.
II. PROGRAM OUTCOMES INFORMATION: Foundational and Functional Goals

We are interested in knowing how well your postdoctoral residency year prepared you for your professional career, and how well the program met its goals for you. The following survey lists the program’s goals and their corresponding behavioral anchors, and asks you to rate the anchors in terms of your experience. Please feel free to make any additional comments in the space provided, on page 6.

Please preface each behavioral anchor with the phrase, “As a result my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:”

Rating Scale:

1 Not at All Prepared  
2 Moderately Prepared  
3 Very Prepared  
N/A Does Not Pertain to My Present Position

LEVEL ONE: ADVANCED COMPETENCY AREAS

I: INTEGRATION OF SCIENCE AND PRACTICE

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. UTILIZATION OF SCIENTIFIC RESEARCH AND RESOURCES</td>
<td>Evidence-based practice</td>
<td>I incorporate evidence-based treatments in my practice</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I apply a biopsychosocial approach in my practice</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

| | | I select multiple methods and means of evaluation for specific patient populations | 1 2 3 n/a |
| | | I effectively implement assessment instruments | 1 2 3 n/a |
| | | I screen out confounding variables | 1 2 3 n/a |
| | | I effectively interpret assessment instruments | 1 2 3 n/a |
| | Communication of findings: Conceptualization and recommendations | I effectively communicate assessment findings and recommendations, including confounding variables | 1 2 3 n/a |

| | | I continue to enhance my diagnostic skills | 1 2 3 n/a |
| | | I continue to enhance my abilities to evaluate and respond to risk and safety issues | 1 2 3 n/a |
| | | I continue to conceptualize cases and independently plan appropriate interventions | 1 2 3 n/a |
| | | I work with patients with a wide variety of diagnoses | 1 2 3 n/a |
I continue to apply empirical models in planning interventions | 1 2 3 n/a
---
I evaluate treatment progress and modify the plan as needed | 1 2 3 n/a

| B-3 PROGRAM EVALUATION/RESEARCH PROJECT | Scientific approach to knowledge generation | I develop program evaluations using appropriate research methods | 1 2 3 n/a
| | | I implement program evaluations, evaluate the outcomes, and present the findings to staff/peers | 1 2 3 n/a

**II: INDIVIDUAL AND CULTURAL DIVERSITY AND INTERDISCIPLINARY SKILLS**

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. DIVERSITY AWARENESS</strong></td>
<td>Awareness of self and others and their interaction as shaped by individual and cultural diversity and context (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status)</td>
<td>I continue to apply knowledge, skills and attitudes regarding dimensions of diversity to my professional work (e.g., use of culturally relevant best practices)</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

Applications based on individual and cultural context

| | | I continue to monitor and apply knowledge of diversity in my interactions with others in the areas of assessment, treatment, and consultation | 1 2 3 n/a |

| **2. INTERDISCIPLINARY AND COLLABORATIVE SKILLS** | Knowledge of the shared and distinctive contributions of other professionals | I develop and maintain effective relationships with a wide range of patients, colleagues, organizations, and communities | 1 2 3 n/a |

| | | I communicate and collaborate effectively with other professionals | 1 2 3 n/a |
## III: ETHICAL AND LEGAL STANDARDS

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROFESSIONALISM</td>
<td>Integrity and Values</td>
<td>I continually monitor my professional values</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I monitor and resolve clinical and/or personal situations that are in conflict with the values of the profession</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</td>
<td>I conduct myself in a professional manner across all settings and situations</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I keep up with advances in the profession and integrate science into practice in a professional manner</td>
<td>1 2 3 n/a</td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-assessment, and self-care</td>
<td>I to practice the ongoing self-assessment of my knowledge and skills, and to practice good self-care</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

| 2. LEGAL AND PROFESSIONAL CODES AND STANDARDS | Knowledge of ethical, legal, and professional standards and guidelines | I apply ethical, legal and professional standards in the practice of psychology, including the APA ethics code, APA policies, and federal and state laws and regulations. | 1 2 3 n/a |

### LEVEL TWO: PROGRAM-SPECIFIC/AREA-OF-FOCUS FUNCTIONAL COMPETENCIES

## I: LEADERSHIP AND COMMUNITY PARTNERSHIPS

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LEADERSHIP OPPORTUNITIES</td>
<td>Participation in activities that foster leadership skills within the KP Health Care Delivery System</td>
<td>I contribute to managerial functions and to promote system change through participation in department, and team meetings; the hiring process for new residents; and/or program development.</td>
<td>1 2 3 n/a</td>
</tr>
</tbody>
</table>

| 2. COMMUNITY PARTNERSHIPS | Outreach to underserved populations in the community to promote healthy behaviors | I develop alliances with individuals and/or systems to improve the lives of those served. | 1 2 3 n/a |
| | | I provide education and training in empirically supported research findings | 1 2 3 n/a |
| | | I collect and present relevant outcome data to partnership stakeholders | 1 2 3 n/a |
(Please note: Specific training in consultation and/or supervision MAY or MAY NOT be offered at your training site.)

- Please rate your experience ONLY in those areas in which you were trained.
- Please circle “N/A” for areas in which you did not train.

II. PROVISION OF CONSULTATION SERVICES

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSULTATION</td>
<td>Role of Consultant</td>
<td>I provide consultation in a manner that utilizes my professional and clinical skills</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Supervision/Feedback</td>
<td>I receive positive feedback on my consultation skills</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

III: SUPERVISION OF OTHERS

As a result of my postdoctoral residency year, my level of preparedness in the following skills is indicated, below:

<table>
<thead>
<tr>
<th>Aims</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISION</td>
<td>Expectations, roles, and ethics</td>
<td>I understand the ethical and legal aspects of supervision while maintaining a good rapport with the supervisee</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td>Supervisory skills development</td>
<td>I continue to develop my knowledge of competency-building skills</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I apply competency-building skills in my supervision of the supervisee, taking into account awareness of diversity</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I address the supervisee’s competency challenges with concrete training plans</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION/COMMENTS:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Should you wish to contact the training program directly, please feel free to call or email the following:

Valerie M. Walker, Regional Programs Administrator
Kaiser Permanente Northern California Mental Health Training Programs
707-645-2312
valerie.m.walker@kp.org

Julie Runkle, Regional Programs Coordinator
Kaiser Permanente Northern California Mental Health Training Programs
707-645-2313
julie.runkle@kp.org

THANK YOU FOR COMPLETING THIS SURVEY!
Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

RESIDENT PRESENTATION EVALUATION
_______________________ Consortium

Topic: __________________________________________
Date: ________________________________
Presenter’s Name: ________________________________

What is your current professional status?
☒ Postdoctoral Resident ☐ Other (specify) ___________________

Please use the following key to answer questions 1-2:

Excellent—5          Good—4    Undecided—3    Bad—2      Very Bad—1

1. On the basis of my overall impression, I would evaluate this presentation as: ________

2. The method of presentation was: ________

Please use the following key to answer questions 3-5:

Absolutely--1   Somewhat--2   Uncertain--3    Probably Not--4    Absolutely Not--5

3. The presenter was well-prepared for the presentation. ________

4. The material presented was interesting. ________

5. The presenter addressed relevant diversity and ethical issues, best practices research, etc. ________

6. The aspect of the presentation that I liked the most was: __________________________________________
                                            __________________________________________

7. The aspect that I liked the least was: __________________________________________
                                            __________________________________________

8. My suggestions for improving the topic or presentation:
                                            __________________________________________
                                            __________________________________________
                                            __________________________________________

9. Additional comments? (Use back of page if necessary)
                                            __________________________________________
Appendix M

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

DISPUTE RESOLUTION FOR
POSTDOCTORAL RESIDENCY TRAINING STAFF

POLICY STATEMENT
If a training supervisor has any disagreement with another supervisor, another training faculty member or a postdoctoral resident, or wishes to dispute a matter of program policy, he/she will be encouraged to communicate openly with his/her site director about the issue. The procedure for this is outlined, below. At any time before or during the procedure, the training supervisor may discuss his/her concerns about the issue directly with a Human Resources Consultant. If the issue is not program-related, the supervisor is directed to MyHR and their local Human Resources consultant for the correct protocol.

If the issue is not resolved to the training supervisor’s satisfaction, the site training director, the consortium training director and/or the chief psychologist/manager of the department may become involved in the resolution process. Also, KP provides a process to secure impartial and prompt disposition of disputes. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

PURPOSE
This policy is intended to facilitate prompt resolution of a problem identified by a training supervisor as requiring attention and/or resolution.

COVERAGE
These procedures apply to all training staff participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS
KP will make these policies available for viewing on the programs’ web pages.

None of the meetings involved in the following procedure may be electronically recorded.

PROCEDURES

STEP 1
The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The training supervisor is responsible for specifically describing how he/she intends to gain satisfactory resolution in the area identified.

If the initial discussion proves unsatisfactory to the training supervisor, he/she should address the issue fully with the site director. The site director is responsible for offering ideas for resolving the issue, and providing the training supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The site director will then gather any needed
information and respond to the training supervisor verbally or in writing. The response will be
given in a timely manner, usually within ten business days after the discussion.

STEP 2
If Step 1 has been completed, and the issue has not been resolved to the training supervisor’s
satisfaction, the training supervisor may contact the chief psychologist/manager and the
consortium director, detailing his/her concerns. Chief psychologists/managers and consortium
directors should follow the procedure outlined above, in Step 1, for the site director, including
meeting with the training supervisor, establishing a time estimate for a response, conducting any
necessary investigation, and responding to the training supervisor. The response should be
given within twenty business days after the discussion.
Appendix N

KAISER PERMANENTE NORTHERN CALIFORNIA
____________________ CONSORTIUM
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

Date ______________________

Dear ______________________

We are pleased to welcome you to the Postdoctoral Residency Training Program in the Department of Psychiatry at Kaiser Permanente, ____________________________ (name of medical center training site). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at ____________________________ (full street address), and reporting to ____________________________ (staff member’s name).

Residency Term: September 5, 2017 - August 31, 2018

Total Hours: You will be scheduled to work 40 hours per week. At this rate, but not including the 80 hours of paid vacation/holiday that you are eligible for, you will accrue a total of 2000 hours of supervised training by the end of the training year. Your schedule will include some morning and some evening hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

California Board of Psychology Requirements: On the first day of your residency, you and your primary supervisor must complete, sign and date a Supervision Agreement. Failure to do so will result in the loss of any supervised hours completed before the form was filled out and, consequently, a reduction of the total number of hours that can be verified by the BOP. You can find the Supervision Agreement on the California Board of Psychology website (http://www.psychboard.ca.gov).

Throughout the training year, you must keep a record of your Supervised Professional Experience (SPE). You can find a form to keep a record of your SPE on the Association of Psychology Postdoctoral and Internship Centers (APPIC), website (http://www.appic.org). Because our residency program is a member of APPIC, you will not need to be a registered Psychological Assistant to your primary supervisor.

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this welcome letter to your training director by fax at _________________ (fax number) or email at ____________________________ (email address).

Resident’s Signature: ____________________________ Date: __________

Training Director’s Signature: ____________________________ Date: __________
Appendix O

### SUPERVISION LOG

**Kaiser Permanente Medical Center**

<table>
<thead>
<tr>
<th>Supervisee Weekly Log of Activities</th>
<th>Month/Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervisee’s Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Work setting in which supervision took place:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Supervised hours for the month ending date:</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Supervision & Training

<table>
<thead>
<tr>
<th>Supervision &amp; Training</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-face individual supervision with primary supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group supervision with primary supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face-to-face individual supervision with delegated supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group supervision with delegated supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training activities (e.g., didactics, case conferences, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Professional Services Performed

<table>
<thead>
<tr>
<th>Professional Services Performed</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual psychotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couples, children &amp;/or family psychotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing &amp; assessment (administration, scoring, interpretation, report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Work Performed

<table>
<thead>
<tr>
<th>Other Work Performed</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative duties (e.g., paperwork)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other professional activities (describe)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Rating of Weekly Performance & Total Hours per Week

<table>
<thead>
<tr>
<th>Rating of Weekly Performance &amp; Total Hours per Week</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>This week’s performance of supervised professional experience was:</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Total number of hours of supervised experience per week:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary supervisor’s printed name and psychology license number:</th>
<th>I certify that the information on this form accurately represents the training activities of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary supervisor’s signature and date:</td>
<td>Supervisee name:</td>
</tr>
<tr>
<td>Delegated supervisor’s printed name, license type and number:</td>
<td>Supervisee work setting/training site &amp; team:</td>
</tr>
<tr>
<td>Delegated supervisor’s signature and date:</td>
<td></td>
</tr>
<tr>
<td>Supervisee’s signature and date:</td>
<td></td>
</tr>
</tbody>
</table>
Supervisee Weekly Log of Activities

Section 1387 of the California Code of Regulations
Regarding Supervised Professional Experience Log

This section became effective January 1, 2001.

a) The supervisee shall maintain a written weekly log of all hours of SPE earned toward licensure. The log shall contain a weekly accounting of the following information and shall be made available to the board upon request:
1) The specific work setting in which the SPE took place.
2) The specific dates for which the log is being completed.
3) The number of hours worked during the week.
4) The number of hours of supervision received during the week.
5) An indication of whether the supervision was direct, individual, face-to-face, group, or other (specifically listing each activity).

b) This log must also contain the following information:
1) The supervisee’s legibly printed name, signature and date signed.
2) The primary supervisor’s legibly printed name, signature, license type and number, and date signed.
3) Any delegated supervisors’ legibly printed name, license type and number, and date signed.
4) A description of the psychological duties performed during the period of supervised professional experience.
5) A statement signed by the primary supervisor attesting to the accuracy of the information.

c) When SPE is accrued as part of a formal internship, the internship site training director shall be authorized to provide all information required in Section 1387.5(b).

Was this week’s supervised profession experience satisfactory____ unsatisfactory____
Appendix P

The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF PSYCHOLOGICAL TREATMENT SERVICES BY A POSTDOCTORAL RESIDENT IN THE _____________________ CONSORTIUM RESIDENCY PROGRAM

This is to inform you that the psychological services you are receiving are provided by a Psychology Postdoctoral Resident.

Resident Name: ___________________________________, PsyD
Resident Contact #: ___________________________________
Residency Completion Date: ________________________________

This resident is working under the supervision of:

Supervisor Name: _______________________________________, PsyD
Supervisor License #: ___________________________________,
Supervisor Contact #: ___________________________________,
in addition to other licensed staff members in the Department of Psychiatry, Kaiser Permanente Medical Group, Inc.
Appendix Q

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

Program Development and Research Project

The primary purpose of this component of the training program is to help you grow as a professional psychologist. Your projects give you an opportunity to create programs or make a significant contribution to an existing one and then assess the effectiveness of your program through evaluating outcome data. This process should be (relatively) fun! Being able to create a program, evaluate outcomes, and present findings to staff is an important skillset as a licensed psychologist. This skillset also helps us psychologists stand apart from other professionals, as assessment is no longer a fundamental component to many clinics.

Expectations

Project

The form your project takes can vary, but it needs to make a significant contribution to the clinic and be a feasible project for you to carry out over the course of this next year. Most post-docs in our clinic choose to create a group that is based on a combination of their interests and filling a clinic need. Another option can include working with an already existing group in the clinic to make a substantial contribution.

In forming your project, consider your own existing skillsets, areas of interest, clinic needs, feasibility, and your clinic’s patient population. Whatever type of curriculum you implement, you will need to make your unique adaptations to it as opposed to simply replicating an already existing protocol. However, you are also not expected to development a new protocol from scratch. You will need to turn in your group curriculum in detail (this includes handouts) to me before starting your program. We will discuss this more in our meetings.

Paper

Good news – this is not intended to be another dissertation! The expectation is for your final paper to present as a brief journal article. This is a helpful concept to keep in mind, because how you write your different sections should line up with journal article formats and standards. This includes the four main headings (Introduction, Methods, Results, and Discussion), with references and using APA formatting. Your paper needs to be completely in APA formatting. Both a more detailed description of how to structure your paper and APA guidelines are provided in your packet. If you are unsure about how your paper should be structured, please ask questions before turning in your first draft. You will turn in a proposal paper before starting your project and then a final paper at the end of your project.

Your written proposal will include your literature review (of roughly two to three pages), Methods section, anticipated data analysis, measures, and group curriculum (if relevant). The proposal should be in APA formatting. The page length of proposal should around four to five pages excluding your references, measures and curriculum.
Your final paper will follow a journal article format as described earlier. It will need to be in APA formatting, which includes a title page and abstract, and the page length should be roughly eight to ten pages.

Presentations

The final component of the program development project is to present your project with your findings to the staff at your clinic. Your staff presentation will entail use of a power point slideshow and last about 20 minutes. This has been one of the most rewarding parts for previous post-docs as it is a time to show off your hard work and serves as a nice launch pad as you transition out of your last year of training and into operating as a professional psychologist.

Statistics

This is usually the most dreaded part for post-docs, but rest assured that the data analyses that you will be using are (relatively) simple. The point of using statistics is to evaluate outcome data from your project. This also means that you will be administering measures to patients during the course of your project. Which measures you use will depend on your research question. Your research question is key, because this is your guide for deciding on both which measures and which data analysis you will use. Options for data analyses are included in your packet, and please do not go outside of these parameters unless you are very comfortable with statistics.

Another quick note about this portion is that it is not uncommon to get statistically insignificant results due to typically small sample sizes and the many confounds inherent in doing a group in our clinic. Do not despair! You will also be able to emphasize qualitative data in your reports. Also for this portion of the paper, you are expected to have at least one table and one graph.

Timeline of Deadlines

Proposal and Curriculum due November:
Recruitment during the month of December
Data Collection starts no later than January:
Data Collection ends in late June*
Final papers due July:
Power Point presentations due August:
Presentation to staff will be on Tuesday, August:

* You will run continuous rounds of your program throughout those five months.
Appendix R

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

Supplement to California Board of Psychology Supervision Agreement Form

1) Describe the specific duties the supervisee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once licensed.

The supervisee performs the following duties under supervision:

- Provide assessment and psychotherapy of adults, adolescents, children and/or families in a brief therapy model
- Conduct intake evaluations
- Provide crisis intervention as needed
- Co-facilitate psychoeducational groups
- Conduct program evaluation and/or research project
- Provide phone triage, hospital consultation and urgent services
- Administer and interpret psychological tests, and write reports
- Participate in regional, consortium, and departmental training activities
- Participate in departmental administrative and educational meetings
- Maintain confidential patient files/records and information in a timely manner
- Comply with regional and local policies and procedures
- Comply with APA’s Code of Ethics and state laws pertaining to the delivery of mental health services
- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete Required Psychological Assessments (minimum of 4)
- Complete Required Program Evaluation or Research Project
- Complete assigned readings
- Consistently make progress on all behavioral anchors throughout the training year, achieving a rating of “3” (“Meets Expectations”) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be closed within the required window of time
The residency program is sequential, cumulative, and graduated in complexity. Graduated and sequential aspects of the residency program are achieved through supervision, evaluation, didactic seminars, case conferences, and direct patient care.

At the beginning of the training year, each resident meets with his/her supervisor(s) to determine his/her strengths, challenges, and interests by completing a baseline assessment, which is a prerequisite for individualizing his/her training goals for the year. The primary supervisor and his/her respective resident collaboratively review this assessment, in consultation with the local site director. This assessment serves as a springboard to guide the resident’s focus of training and to develop an individualized training plan.

In order to ensure that residents meet all of the program’s goals and requirements, each resident is formally evaluated by his or her primary supervisor at least once per quarter (and more frequently, if a competency concern arises: see “Ongoing Evaluation,” in item 3, below) through the use of the Competencies Evaluation (CE). The CE is the training program’s formal evaluation instrument for evaluating a resident’s progress. Primary supervisors use the CE to rate each resident on all the behavioral anchors corresponding to program aims.

The program’s didactic training sequence is graduated in complexity. Over the years, the program has refined its seminars based on yearly feedback from the residents. All topics are designed for an advanced level of learning and all topics are focused on important clinical issues that residents often see in their practice at KPNC. Preparation for licensure is built into the regional seminar schedule, with a didactic training offered at mid-year. Additionally, residents are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed, through tuition reimbursement. Toward the end of the postdoctoral year, the program increases it focus on both licensure preparation and clinical practice choices. At the regional level, seminars focus on more global issues relevant to keeping psychologists up-to-date about ethics, outcomes management, evidence-based practice, supervision, etc. Throughout the training year, each resident's progress is evaluated in an ongoing collaborative process with the resident and his/her supervisor, the supervisory team and the site director.

The residents’ initial caseloads are significantly lighter than those of staff psychologists. Residents are required to work 20 clinical hours per week whereas full-time staff psychologists are expected to devote 30-32 clinical hours to direct patient care. However, the number and difficulty of cases are increased as the resident’s competency and ability to work autonomously in the KPNC setting matures. Initially, caseloads are triaged for less clinical complexity. As residents become increasingly competent and demonstrate their ability to work independently, they are assigned progressively more complex cases, depending on their competence. By mid-year, if proficient, residents are assigned cases that are generally indistinguishable from cases assigned to staff psychologists. Didactic seminars also increase in complexity, so that the general overview seminars are offered in the beginning of the residency year, while the more specialized trainings are presented toward the end of the year. These seminars are designed to take into account the residents’ prior experiences and are offered at what would be considered an advanced level, if such programs were presented as Continuing Education Credit classes. Toward the end of the year, residents are also encouraged to present program evaluation results and/or dissertation findings at clinic meetings or departmental level Continuing Medical Education (CME) to provide them with teaching experience.
2) Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.

The aims and objectives of the training program are as follows:

**LEVEL ONE COMPETENCIES: ADVANCED COMPETENCY AREAS**

A. Integration of Science and Practice

1) Scientific Foundations of Psychology and Professional Practice
   **Objectives: Resident…**
   - Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals
   - Models a commitment to educational and scholarly endeavors to keep current with the most recent research
   - Understands the biopsychosocial etiology of psychological disorders, including psychoneuroimmunological factors

2) Research and Program Evaluation
   **Objectives: Resident…**
   - Develops and implements program evaluation and/or research projects to improve program efficacy
   - Demonstrates consideration of diversity factors when developing program evaluation project
   - Demonstrates competence in evaluating outcomes
   - Provides outcomes to colleagues and organizational leaders to improve program

B. Individual and Cultural Diversity

1) Diversity Awareness
   **Objectives: Resident…**
   - Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment, research and consultation
   - Demonstrates competence in building rapport with all patients, taking in to account issues of diversity
   - Demonstrates competence in knowing when to seek cultural consultation
   - Applies knowledge, skills, attitudes and values regarding intersecting and complex dimensions of diversity

C. Ethical and Legal Standards, and Professional Conduct

1) Ethical and Legal Standards, Policies, and Guidelines
   **Objectives: Resident…**
   - Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
   - Demonstrates understanding of state and federal laws and APA policies that apply to health service psychology
   - Independently and consistently integrates ethical and legal standards with all competencies
   - Understands and observes all Kaiser Permanente policies, regulations, and codes of conduct
   - Understands and adheres to all Kaiser postdoctoral residency policies as delineated in the Policy and Procedure Manual for Residency Programs in Clinical Psychology

2) Professional Values, Attitudes, and Behaviors
   **Objectives: Resident…**
   - Monitors and independently resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity
   - Independently accepts personal responsibility across settings and contexts
   - Independently acts to safeguard the welfare of others, patients as well as colleagues
   - Demonstrates self-reflection in the context of professional practice
   - Accurately assesses self in all competency domains
   - Actively self-monitors issues related to self-care

D. Assessment

1) Measurement, Psychometrics, and Diagnosis
   **Objectives: Resident…**
   - Understands the strengths and limitations of assessment instruments and diagnostic approaches
   - Understands that variables such as substance abuse, poor diet, lack of exercise, sleep problems and other medical conditions can confound assessment results
   - Collaboratively selects and implements multiple methods of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups
Utilizes case formulation and diagnosis for intervention planning in the context of human development and diversity
- Interprets results and organizes the report to accurately answer the presenting question and gives specific recommendations to the referring provider
- Conducts an understandable and constructive feedback interview with the patient, explaining results and recommendations

E. Intervention
1) Intervention Planning and Implementation
   Objectives: Resident...
   - Applies knowledge of evidence-based practice, including biopsychosocial intervention strategies
   - Independently plans interventions, including conceptualizations that are specific to context and patient preferences
   - Displays competent clinical skills and judgment in evaluating a wide range of diagnoses, taking into consideration complicated medical conditions and patient populations
   - Demonstrates increasing competence to conceptualize more complex cases
   - Uses evidence-based treatment modalities with flexibility to adapt to patient needs
   - Seeks consultation for complex cases, such as those with chronic medical conditions
   - Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

LEVEL TWO COMPETENCIES: FOCUS AREAS
(*indicates that training for this competency may not be offered at all sites)

F. Supervision*
   1) Role of the Supervisor and Supervisory Practices and Procedures
      Objectives: Resident...
      - Understands complexity of the supervisor role including ethical, legal and contextual issues
      - Demonstrates knowledge of competency-based supervision
      - Reflects about own relationships with supervisee, as well as supervisee's relationships with patients
      - Provides supervision independently to others in routine cases and seeks consultation as needed
      - Demonstrates understanding of other individuals and groups and the intersecting dimensions of diversity

G. Consultation and Interdisciplinary Systems
   1) Role of the Consultant and Application of Consultation Methods*
      Objectives: Resident...
      - Demonstrates knowledge and awareness of leadership skills as a consultant and/or psychological liaison in multidisciplinary teams
      - Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer referral question
      - Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

   2) Interprofessional/Interdisciplinary Skills
      Objectives: Resident...
      - Is knowledgeable and respectful of differing worldviews, professional standards, and contributions of other professionals
      - Demonstrates ability to display skills that support effective interdisciplinary team functioning
      - Participates in and initiates interdisciplinary collaboration directed toward shared goals

H. Community Partnerships
   Objective: Resident...
   - Provides education and training based on empirical literature to healthy behaviors in underserved populations
Postdoctoral residents are provided with many opportunities, formal and informal, for socialization. They are in continual contact with their peers and supervisors. Postdoctoral residents regularly meet with various mental health staff and take active roles in team meetings, staff meetings, CME’s, social gatherings, as well as during supervision, service delivery, and seminars. Residents are expected to attend staff meetings where they meet with psychologists, psychiatrists, social workers, and MFTs to discuss a variety of administrative and clinical issues. In addition, residents may periodically present research that they conducted for their dissertations, Best Practices literature reviews and/or program evaluation projects.

Mentoring is an integral part of the supervision process, as cases are discussed and professional issues are explored. For example, at the beginning of each training year, residents observe their supervisors and other staff psychologists conducting intake evaluations, therapy sessions, and group treatment programs. Residents continue to have opportunities throughout the training year to provide co-therapy with their supervisors, other staff psychologists, and cohort.

Residents are encouraged to meet with available non-supervising staff for consultation. This includes department professionals, such as psychologists, psychiatrists, and psychiatric nurses, as well as the residents’ individual supervisors. At each of the satellites, residents interact with their cohort on a daily basis. At the consortium level, all of the program’s residents meet weekly for two-hour training seminars.

The program’s residents meet with their Northern California regional cohort, 60 other residents from the other six consortia, on a regular basis for the regional training seminars. Many residents stay after local trainings or arrive early to regional trainings in order to have lunch and socialize with their peers. During these gatherings, residents update each other on projects and compare notes regarding training experiences. Residents also have opportunities to meet with the psychologists who are presenters or attendees of the seminars. Frequently, seminar leaders invite residents to email or call them with further questions, thus broadening residents’ access to professional networking in the Northern California Region.

Residents exchange information on a variety of topics that are relevant to them including, but not limited to, wellness and work environment, preparing for the EPPP, and career development. Together, they generate new ideas which they communicate to their supervisors, site directors, and consortium director.

Each resident receives a minimum of two hours per week of individual supervision. The resident meets individually with his/her primary supervisor for at least one hour per week, and with his/her secondary supervisor for one hour per week, to discuss cases. Supervisors are also responsible for reviewing, critiquing, and electronically signing all patient session notes that residents have entered online in patients’ charts.

All residents also participate weekly in two-hour group supervision, whose focus is how best to provide direct patient care within the context of an HMO setting. The group supervision sessions also provide a place for the resident to present cases in a formal manner.

In addition, group supervision sessions include provision of guidance throughout the year on the program evaluation project. The program evaluation seminar supervisor is always available to any resident for additional questions or support. Furthermore, all residents receive supervision on psychological testing cases. They are required to complete a minimum of four testing batteries during their training year and some choose to complete more.
All residents also attend didactic trainings for two hours per week, which focuses on aspects of clinical practice that the residents may not regularly encounter. It is important to note that diversity issues are always integrated into didactic seminars because without continual attention to these issues, the danger to over-pathologize and mistreat healthy cultural expressions of psychological distress can occur.

3) Describe the structure and sequence of feedback as provided to the resident by the program.

Evaluation of Resident

Baseline Assessment of Resident Level Competencies
Within the first week of the training program, the resident and primary supervisor will complete the Baseline Assessment of Resident Level Competencies. This baseline assessment identifies the resident’s level of experience in all competency areas set forth in the Competencies Evaluation (“CE”). It also identifies competency areas on which the resident will focus during the year and provides the basis for the resident’s Individual Training Contract. The baseline assessment form is kept in the resident’s personnel file.

Competencies Evaluation (CE)
In order to ensure that residents meet all of the program’s goals and requirements, each resident is formally evaluated by his or her primary supervisor at least once per quarter (and more frequently, if a competency concern arises: see “Ongoing Evaluation,” below) through the use of the Competencies Evaluation (CE). The CE is the training program’s formal evaluation instrument for evaluating a resident’s progress. Primary supervisors use the CE to rate each resident on all the behavioral anchors corresponding to program goals.

Each of the ratings on the CE indicates a specific caliber of competency. The primary supervisor is instructed to rate the resident on all behavioral anchors for each of the program’s required training competencies and on all behavioral anchors for any of the variable competencies (pertains only to Competencies II and III, in Level Two) in which the resident trains. In addition, supervisors must provide a narrative explanation for any rating other than a “3” (“Meets Expectations”). A rating of “3” indicates that the resident’s performance meets the competency requirements for residents at that stage of training. It should be noted that, given the high quality of residents who complete APA-accredited academic programs and APA-accredited and/or APPIC-member internships, this rating denotes a high caliber of competency.

Ratings of “1” (“Inadequate”) or “2” (“Needs Improvement”) on any behavioral anchor in the CE will trigger remedial and possibly corrective action (see below). If, by the end of the fourth quarter, the resident has not achieved ratings of 3 for all behavioral anchors, he/she will not receive a Certificate of Completion.

Once the supervisor completes the resident’s CE, he/she meets with the resident to review it. The resident may respond in writing to the ratings listed CE. If the resident wishes to challenge any ratings on their CE, they are directed to follow the Resident Due Process procedure as outlined in the program’s Policy and Procedure Manual, Section 3.05. The completed CE and any response /challenge will be placed in the resident’s file.
Ongoing Evaluation
The supervisors provide the resident with ongoing feedback regarding his or her progress during regularly scheduled individual supervision sessions. If a concern arises regarding a resident’s behavior or performance, primary supervisors should provide such feedback during these sessions, enabling the resident to focus attention on the specified area or areas of concern.

If at any point in the training year a resident noticeably “Needs Improvement” or is “Inadequate” on any behavioral anchor, the primary supervisor will complete a CE on the resident. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action procedure(s) for the resident as outlined in the program’s Policy and Procedure Manual Sections 3.02, 3.03 and 3.04.

Semi-Annual Collection of Evaluation Data
The Competencies Evaluation is the training program’s formal evaluation instrument for evaluating residents’ progress. The second and fourth quarter ratings from this evaluation, along with the semi-annual Resident Program Surveys, provide the training program with semi-annual data used for the overall evaluation of the program.
Appendix S

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

Tuition Reimbursement Guidelines for Mental Health Trainees
2017-2018 Training Year

The information listed in these guidelines is intended to highlight and augment, but not to replace the information located on MyHR, and in Kaiser Permanente (KP) Tuition Reimbursement (TR) policy, NCAL.HR.6.03. For complete information about tuition reimbursement policy and process, the reader is referred to the National Tuition Reimbursement Administration (NTRA) and the KP Career Planning web site at http://www.kpcareerplanning.org/

A. GENERAL INFORMATION

1. To obtain this benefit, MH trainees must be actively employed by KP for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a trainee’s start date is September 6th, their “eligibility date” for obtaining TR benefits will be on or after December 6th of the same year. *An exception will be made for license-prep courses, workshops or materials, in which case the trainee’s eligibility date is only 30 days after their start date.

2. Any educational event for which the trainee seeks reimbursement must begin on or after the trainee’s “eligibility date” and must end before the trainee’s last day of training. This means that, if an event for which a trainee seeks reimbursement ends after the trainee’s last day at KP, the event is not reimbursable.

3. Any MH trainee (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of $3000 in tuition reimbursement, per calendar year. Up to $500 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied on page 2, below, for more information about travel reimbursement).

4. A MH trainee must submit their TR application well before the course starts and should submit it also before they plan to pay for a course or purchase exam prep tools. It is recommended that the trainee submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline, and well in advance of the course start date. By knowing in advance if they will be reimbursed for the course(s), the trainee can make an informed decision as to whether or not to purchase the course(s).

5. The MH trainee should talk with their manager about which approved courses/tools they are interested in taking/purchasing. Their manager will need to approve any TR application before it is submitted to the NTRA. Note: The TR application process requires TWO approvals: 1) from trainee’s manager; and 2) from the NTRA.

6. The TR application is accessed and completed online at http://www.kpcareerplanning.org/

7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).

8. The MH trainee can monitor the status of their application online at http://www.kpcareerplanning.org/

9. Once the application is approved, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the trainee has submitted all of their supporting documentation, including invoice/statement of charges, grades and receipts.
10. The trainee will have up to 90 days* after the end of the course to submit the documentation described in item (9), above. (*This does not apply to the purchase of packages of study materials designed to prepare the trainee for taking their licensing exam. Please see section B-II-3-b, below, for more information.)

11. If the trainee is no longer employed by KP at the time that they receive their final documentation pertaining to an approved course, they should contact the NTRA office to arrange for sending their documents and obtaining reimbursement (see NTRA contact information on page 4 of this document).

B. WHAT IS REIMBURSABLE?

**PLEASE NOTE:** For any purchase to be reimbursable by NTRA, it must provide the purchaser with credits/units/hours.

I. All KP Employees

1. The following policy sections have been excerpted from KPNC TR Policy NCAL.HR.6.03, and pertain to all KP employees, including paid trainees. The complete policy is available on My HR.

5.1.2.1 Eligible courses are those offered through an educational institution which has been accredited by the Western Association of Schools and Colleges (WASC) or a regional/local equivalent. Courses offered through the KP School of Allied Health Sciences are also considered eligible courses. Course(s) are to be taken for academic credit (units). A course must be completed with a grade of “C” or better, or “Pass” in cases of “Pass-Fail” or for “Credit” in cases of “Credit/No Credit.”

5.1.2.3 Also eligible for reimbursement are courses, certificate programs, workshops, seminars, professional conferences, educational meetings, and special events taken/attended for continuing education (i.e., CEU, PDU, CME, Contact Hours) in order to advance skills and obtain or maintain position-required licensure, degrees, or certification, provided they are taken at an accredited institution, professional society, or governmental agency or authorized by these organizations to deliver credentials on their behalf.

5.3.3.2 Travel, room/lodging expenses up to $500 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The $500 is included in the $2,300 or $3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit a travel application and supporting documents.

2. Covered expenses are limited to:
   - Tuition
   - Books
   - Laboratory fees
   - Course registration fees
   - Eligible travel (see 5.3.3.2, shown above)

3. Licensing examination fees are specifically excluded from reimbursement coverage.
II. Mental Health Trainees:

The following reimbursable items pertain to mental health trainees:

1. **School Tuition:** MH interns, such as Pre-Masters and Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.

2. **Pre-Licensure Coursework:** Before they are eligible to register for their licensure exams and/or obtain their licenses, ASWs, MFTIs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. After their TR eligibility date, should a trainee plan to take any of the courses listed in the Addendum at the end of this document, that are pertinent to their licensure, these courses are reimbursable through TR, provided that the courses award credits, units or hours.

3. **Exam Prep:**

   As mentioned above, in section A-4, trainees must submit their TR applications and have them approved before making their purchase.

   The information listed below pertains to prep resources for the following exams:
   - LCSW-SWE (Standard Written Exam)
   - LCSW-WCVE (Written Clinical Vignette Exam)
   - MFT-SWE
   - MFT-WCVE
   - EPPP
   - CPLEE

   **PLEASE NOTE:**
   - *Licensing examination fees are specifically excluded from any reimbursement coverage.*
   - **The NTRA will only reimburse exam prep items if they are purchased from AATBS:** AATBS is the only non-academic provider of these courses/workshops/materials that meets the NTRA criteria for approval.
   - a. **Workshops** that prepare participants for licensing examinations must award credits, units or hours to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.
     i. The automated certificate for the EPPP 4-Day workshop is issued the following week after completion of the event. For all other workshops, please email Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105) after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.
     ii. The certificate of completion for the online self-paced workshop is issued 30 days* after it is purchased. The trainee is responsible for contacting Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105) and requesting Dr Norton to email them a certificate for the workshop (*no sooner than 30 days; no later than the end of the training year). All current trainees’ name have been submitted in advance, to Dr Norton.
   - b. **Packages that Include Workshop and Study Materials:** In order for you to be reimbursed for your purchase of a package that includes a workshop and study materials, you must upload documentation for each package item into your existing TR case as part of your supporting materials. Documentation must attest to the completion of credits, units or hours for each item. AATBS will issue an individual certificate for the study materials in the package and a separate certificate for any workshop attended:
     i. See Sections II.3.a.i and a.ii, above, for information on workshop certificates.
     ii. The certificate of completion for the study materials is issued 30 days* after they are purchased. The trainee is responsible for contacting Kevin Norton at AATBS
2017-18 P&P: Postdoctoral Residencies  Rev.1 October 2017

(knorton@aatbs.com 805-665-5105) and requesting Dr Norton to email them a certificate

iii. for the study materials (*no sooner than 30 days; no later than the end of the training year). All current trainees’ name have been submitted in advance, to Dr Norton.

iv. The trainee must upload ALL certificates of completion for the package to NTRA as part of their supporting materials (i.e., for workshop, study materials, etc.).

C. Packages with Exam Study Materials Only (i.e., no workshop included), are only reimbursable for licensing exams listed in B.II.3., above, and only under the following conditions:

i. The trainee must complete and pass the exam before the end of their training year.

ii. After they pass their exam, the trainee is responsible for contacting Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105). Trainee must:
   • Provide AATBS with their passing score
   • Request Dr Norton to email them a certificate for the study materials

iii. AATBS will then award them with a certificate showing credits earned.

iv. The trainee must upload this certificate into their existing TR case, as their supporting documentation.

4. Other courses/classes/workshops:

   Other courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology and social work, that award credits, units or hours, and that are approved by trainee’s manager are reimbursable. As long as the course/workshop/program that the trainee plans to participate in award credits, units or hours, that course/workshop/program is reimbursable. Although trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed.

C. TUITION REIMBURSEMENT APPLICATION & TRACKING

I. Applying for Tuition Reimbursement

   To apply for tuition reimbursement, go to http://www.kpcareerplanning.org/

II. Viewing Application Status and Submitting Supporting Materials

   1. To view application status, log into MyHR or go to http://www.kpcareerplanning.org/. Click on the green bar “View Reimbursement Request Status”. Application status will be one of the following, as described below:
      ▪ “Submitted” = No one has approved yet
      ▪ “Manager accepted” = Manager approval received; NTRA still needs to approve
      ▪ “Approved” = Manager & NTRA have approved
      ▪ “Denied” = NTRA denied
      ▪ “Pending receipts” = NTRA needs receipts—see (b), below
      ▪ “Pending grades” = NTRA needs proof of completion—see (b), below
      ▪ “Documents missing” = Both the receipt and the proof of completion are missing—see (b), below

   2. Supporting Documentation

      Instead of faxing the required supporting materials/documents, the trainee is advised to upload these documents (such as invoices and receipts of completion) and only in a non-editable e-file format, e.g., PDF (as opposed to MSWord).

D. NATIONAL TUITION REIMBURSEMENT ADMINISTRATION (NTRA)

KP’s National Tuition Reimbursement Administration (NTRA) approves courses that a) help the employee in their current position (vertical growth), or b) are part of an established career path within
Kaiser Permanente (horizontal growth). 99% of all applications are approved, as long as the employee meets eligibility requirements. NTRA administers the regional TR program and makes variance determinations on situations that don't fall cleanly into the defined categories.

NTRA phones are answered Monday through Friday, from 7:00 am to 4:00 pm, Pacific Time. Be sure to identify yourself as a Northern California Mental Health trainee, when calling.

Phone: 1-866-480-4480
Fax: 1-877-201-0081
E-mail: National-TRA@kp.org

(See the following page for Required Courses for MH Licensing Examinations)
Addendum to Tuition Reimbursement Guidelines for Mental Health Trainees

Required Courses for Mental Health Licensing Examinations that are Reimbursable Through TR:

**ASW**

(The following requirements can be found at [http://www.bbs.ca.gov/app-reg/lcs_requirement.shtml](http://www.bbs.ca.gov/app-reg/lcs_requirement.shtml))

1. Child Abuse Assessment and Reporting (7 hours)
2. Human Sexuality (10 hours)
3. Alcoholism and Chemical Substance Dependency (1 semester unit course with no less than 15 hours of classroom training)
4. Spousal or Partner Abuse Assessment, Detection and Intervention Strategies (15 hours for those who entered a degree program on or after 1/1/2004; course can be any length for those who entered a degree program from 1/1/1995 to 12/31/2003)
5. Aging and Long-Term Care, and Elder/Dependent Adult Abuse (10 hours only for those who entered a degree program on or after 1/1/2004; for all others, this is not a pre-licensure requirement)
6. California Law and Professional Ethics for Clinical Social Workers (18 hours of coursework that includes all pertinent subjects as listed on the BBS website) This requirement only pertains to ASWs with out-of-state experience or education.

**MFTI**

(The following requirements can be found at [http://www.bbs.ca.gov/app-reg/mft_requirement.shtml](http://www.bbs.ca.gov/app-reg/mft_requirement.shtml); However, please refer to web page for further details on timeframes regarding all MFT licensure requirements.)

1. Child Abuse Assessment and Reporting (7 hours)
2. Human Sexuality (10 hours)
3. Alcoholism and Chemical Substance Abuse Dependency (15 hours must be taken in qualifying degree program)
4. Spousal/Partner Abuse Detection and Intervention (15 hours for those who entered degree program on or after 1/1/2004; Course can be any length for those who entered a qualifying degree program between 1/1/1995 to 12/31/2003: Must be taken in qualifying degree program.)
5. Psychological Testing (2 semester units or 3 quarter units only for those who entered a qualifying degree program on or after 1/1/2001)
6. Psychopharmacology (2 semester units or 3 quarter units only for those who entered a qualifying degree program on or after 1/1/2001)
7. California Law and Professional Ethics (2 semester or 3 quarter units)
8. Aging and Long Term Care (10 hours only for those who entered a degree program on or after 1/1/2004; For all others this is not a pre-licensure requirement)

**Psychology Postdoctoral Resident**

(The following requirements can be found at [http://www.psychology.ca.gov/licensees/faq.shtml](http://www.psychology.ca.gov/licensees/faq.shtml))

1. Human Sexuality (10 hours)
2. Child Abuse Assessment and Reporting (7 hours)
3. Substance Abuse Detection and Treatment (equivalent of one quarter or semester term or 15 contact hours)
4. Spousal or Partner Abuse Assessment, Detection and Intervention (15 hours)
5. Aging and Long-Term Care (10 hours)
Appendix T

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

TIMELINE & GUIDELINES FOR UNIFORM NOTIFICATION DAY (UND)
FOR POSTDOCTORAL TRAINING DIRECTORS

OFFERS MADE BEFORE UND

Only counter-offers may be made to candidates before the official UND.

I. UND GROUND RULES

1. Webinar begins at a time TBA; Job offers begin at a time TBA.

2. **Do not leave any job offers on candidate’s voice mail**: simply ask that your call be returned.

3. Throughout the day, Valerie will be continually updating the webinar list with:
   - Names of candidates who have accepted offers (see Section II, below)
   - Names of candidates who have placed offers “on hold” (see Section III, below)
   - Names of candidates who have declined KP offers in order to accept non-KP job, (see Section IV, below)

II. WHEN CANDIDATE ACCEPTS OFFER

1. In TALEO:
   - a) Make sure that your candidate has sent three letters of reference
   - b) Make sure that your candidate has “Offer to Be Made” status.

2. **Send an email to BH Recruit TrainProg-KPNC, cc’ing regional administrator (Valerie M. Walker) with the following information:**
   - a) Candidate Name
   - b) Job Requisition Number
   - c) Attach three letters of reference (if the letters are not in TALEO)

3. During your telephone conversation with your new-hire, be sure to:
   - a) Verify that the new-hire can start on actual program start date, Tuesday, September 6, 2016.
   - b) Inform the new-hire that they will be contacted by HR Recruitment to initiate the new-hire process, which will include the Pre-Employment Physical, to be done closer to start date, at the KP medical center where the candidate has been hired.
   - c) Inform the new-hire that HR recruitment will email them a document called “KP Verification of Expected Completion of Doctorate”. This document must be completed and received by HR no later than June 30th prior to start date.
   - d) Inform the new-hire that the training director will email them a document called, “KP Verification of Completion of all Requirements for Doctorate Degree”. This document must be completed and received by the training director no later than the Tuesday after the Labor Day holiday prior to start date. Failure to provide this completed document may result in the new-hire forfeiting their position.
e) In addition, inform the new-hire that they must also provide you with an official document from their school, verifying that their degree has been conferred. This document must be received by you no later than December 31st following start date. The document may be in the form of either:

1) A letter from the Registrar’s Office that states that the degree has been conferred; or
2) A sealed, official copy of the new-hire’s transcript that states that the degree has been conferred.

You must retain this document in the new-hire’s file. If you do not receive this document by December 31st, alert the regional director (Dr Kathryn Wetzler) to this situation. Possible termination of the resident will be discussed with local HR Consultant and Administrative Director.

4. Send all new-hires the "welcome letter" (see Appendix N).

III. WHEN CANDIDATE PUTS OFFER “ON HOLD”

1. When a candidate puts your offer on hold, send email to regional administrator (Valerie M. Walker). She will post this information in the Webinar document.

2. A candidate can put your offer on hold for up to 30 minutes, maximum.

3. A candidate can put only one offer on hold at a time. If you learn that a candidate has more than one offer on hold, please email the candidate’s name and contact information to regional director (Kathryn Wetzler), immediately. He will take care of contacting the candidate, and will also be monitoring for other multiple holds.

4. If a candidate tells you they are waiting to hear from another program (KP or non-KP), the following communication(s) might help to free up the hold:
   - Ask them which program they are waiting to hear from
   - Suggest that they contact (email and phone) the training director at their preferred site (KP or non-KP), to learn if they are being considered

IV. WHEN CANDIDATE DECLINES OFFER: In TALEO: If your offer is declined, change the candidate’s disposition status to “Has declined” and note their reason.

V. PROBLEMS/CONCERNS? Please contact Kathryn Wetzler (“Mission Control”) immediately, by email or phone call (707-645-2306; 8-463-2306).

VI. BY THE END OF MARCH

1. For non-selected candidates:
   - In TALEO: Disposition all non-selected candidates who are still active in the system to “Rejected” status and mark your reason.
   - Send the names of any non-selected candidates whom you would recommend for hire to regional coordinator (Valerie).

2. Be sure to keep all interview notes on file for four years.
## Appendix U

<table>
<thead>
<tr>
<th>WHAT Step / WHAT form is used?</th>
<th>WHO does this?</th>
<th>WHAT do they do?</th>
<th>WHEN is it done?</th>
<th>WHEN is it DUE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Progress Check-In (no form)</td>
<td>Training Director</td>
<td>- Contacts school to check on progress of new-hire</td>
<td>During the summer</td>
<td>--</td>
</tr>
</tbody>
</table>
| 2. “Verification of Completion of All Requirements for Doctoral Degree”*** (form) | Training Director | - Enters their contact information at the bottom of the form  
- Sends the form to new-hire | By mid-August | By the Tuesday of the week that precedes the program start date. ***This documentation is a Compliance requirement. If it is not received by program start date, the resident cannot begin training, and HR & mgmt will need to get involved. |
| | New-Hire | - Completes their information at the top of the form  
- Gives form to their school | | |
| | School | - Completes their information in the middle of the form  
- Email or Faxes form to TD | By the Tuesday before program start date | |
| | Training Director | - Retains completed form in resident’s file | | |
| 3. Proof of Degree Conferral*** | Training Director | - Requests resident’s school to provide documented proof that doctoral degree has been conferred.  
**Acceptable Documentation:** 1) a sealed, official transcript with notation of the date when resident's degree was conferred; or 2) an actual letter—not an email, but can be sent via email—from the school referencing the date when resident’s degree was conferred. Either document must be sent by the school. | At beginning of the training year (early September) | By December 31st of the year in which the candidate began training. ***This documentation is a Compliance requirement. If it is not received by December 31st, the program is out of compliance, and HR & mgmt will need to get involved. |
| | School | - Provides acceptable documentation to TD | By December 31st | |
| | Training Director | - Retains documentation in postdoc’s file | | |
**Appendix V**

**Kaiser Permanente Northern California**

Postdoctoral Residency Programs in Clinical Psychology

**VERIFICATION of COMPLETION of ALL REQUIREMENTS for DOCTORAL DEGREE (for 2018-2019 Training Year)**

To be completed by the APPLICANT and an OFFICIAL OF THE ACADEMIC PROGRAM, such as DISSERTATION CHAIR, DEAN OF PROGRAM OR REGISTRAR

<table>
<thead>
<tr>
<th>Applicant Signed Consent</th>
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<tbody>
<tr>
<td>Applicant Name printed:</td>
</tr>
<tr>
<td>Doctoral Program and School:</td>
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</table>

I hereby authorize the academic program listed above to disclose information regarding my completion of all academic requirements for my doctoral degree to Kaiser Permanente, where I will be participating in a postdoctoral residency program.

<table>
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<th>Date:</th>
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<table>
<thead>
<tr>
<th>Verification by Academic Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Official Name printed:</td>
</tr>
<tr>
<td>Academic Official Title:</td>
</tr>
<tr>
<td>Email or Phone for Contact:</td>
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</tbody>
</table>

To Academic Official:

Kaiser Permanente Northern California Postdoctoral Residency Programs in Clinical Psychology and Neuropsychology require that an applicant complete all requirements for the doctorate in Psychology or Education before starting the postdoctoral training program. Your signature below verifies that, by Tuesday, August 28, 2018, the prospective postdoctoral resident listed above completed all requirements for their doctoral degree, including:

- Successful completion of all required hours of internship
- Successful defense of dissertation

<table>
<thead>
<tr>
<th>Date:</th>
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Please email or fax the completed form by **August 28, 2018** to:

<table>
<thead>
<tr>
<th>KP Training Director Name:</th>
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<tbody>
<tr>
<td>Email Address:</td>
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<tr>
<td>Facsimile (Fax) number:</td>
</tr>
<tr>
<td>Questions? Please call Training Director phone number:</td>
</tr>
</tbody>
</table>
Appendix W

GENERIC LETTER OF COMPLETION

[To be printed on Letterhead of KP department/medical center that includes address]

[Date]

Dear [Full name of trainee]:

Congratulations on your successful completion of [XXXX] hours of supervised training at Kaiser Permanente [Program Name] at [Location, CA]. This letter is to certify that you have completed all of the requirements of the training program and that you are considered to be in good standing in the program.

{Choose and modify one of the following two sentences, which you can then place as the last sentence of the above paragraph}

You effectively completed your training on the [Xxxxxx] Team, which included general clinic duties pertaining to that team.

OR

In addition to completing [e.g., “general clinic duties”] on the [Xxxxxx] Team, you also completed (a) rotation(s) in [Intensive Outpatient Program; Emergency Department; Behavioral Medicine; Chemical Dependency Recovery Program; Eating Disorders; etc]. For your community partnership project, you completed XX hours engaged in [project description, including name and location of agency(cies) they worked with].

It has been a sincere pleasure having you in our program. We wish you all the best in your future endeavors.

Sincerely,

[Signature of Training Director]

[Name of Training Director]
[Title of Training Director (e.g., Director of Training)]
[Name and Location of Training Program]
Appendix X

Doctoral Internship and Postdoctoral Residency Programs in Clinical Psychology
Kaiser Permanente Northern California

PSYCHOLOGICAL EVALUATION
CONSENT FOR SERVICES

The undersigned patient or responsible party consents to and authorizes mental health services by the Department of Psychiatry at Kaiser Permanente, ____________________. These services primarily include psychological testing, neuropsychological evaluations, and/or crisis interventions as necessary.

The undersigned understands that he/she has the right to:

1) Be informed of the services that can or will be provided;
2) Be informed of the intended use of the evaluation;
3) Receive feedback and recommendations based upon any assessments conducted; and
4) May withdraw from services at any time as participation in psychological evaluation is completely voluntary.

The undersigned is aware that a provider in the Department of Psychiatry has referred him or her to obtain a comprehensive psychological evaluation. The purposes of this evaluation may be to clarify diagnoses, obtain collateral and objective information regarding his or her psychological functioning, etc.

The undersigned is also aware that the Department of Psychiatry at Kaiser Permanente, ____________________ is a teaching facility. As such, assessments may be conducted by unlicensed postdoctoral trainees in clinical psychology who will be supervised by ____________________ (PSY _______), who is a licensed clinical psychologist.

The undersigned also acknowledges that the psychologist or trainee conducting the evaluation will be providing feedback to the referring provider and a copy of the assessment results will be placed in his/her Kaiser Permanente medical chart. All medical records are confidential and will not be released without the patient’s permission.

With regard to timeline, the undersigned agrees that the psychological evaluation can take up to five weeks for the results, feedback, and/or copy of report. If there are any questions, the undersigned can contact the above supervisors or unlicensed postdoctoral residents for information.

The undersigned is aware that the psychological evaluator, like all clinical staff in the clinic, is legally mandated to breach confidentiality and take appropriate action in cases involving potential abuse (to a child, elder, dependent adult) or in cases where a patient poses an imminent danger to himself/herself or to others.

By signing below, the undersigned acknowledges that he/she has read, understood, and agreed to the terms and policies outlined above.

__________________________  _______________________  _________________
Signature of Patient   Medical Record Number   Date

__________________________  _______________________  _________________
Signature of Responsible Party  Relationship to Patient   Date
( Parent, Guardian, Conservator)
Appendix Y

KAISER PERMANENTE NORTHERN CALIFORNIA
POSTDOCTORAL RESIDENCY PROGRAMS IN CLINICAL PSYCHOLOGY

Psychology Licensure Preparation Questionnaire

Training Year: _________________________ Primary Supervisor Name: ____________________________
Consortium: ____________________________________________ Site: ___________________________
Resident Name: ____________________________________________ Team: __________________________

Instructions: Supervisors, please comment on the resident's progress towards sitting for the Examination for Professional Practice in Psychology (EPPP) and/or California Psychology Law and Ethics Examination (CPLEE). Please also comment on the resident's progress towards completing CA BOP pre-licensure coursework. The Residency Program is measuring outcomes for 1) National-TRA support for the purchase of exam study materials and workshops and 2) Regional and consortium seminar time devoted to exam topics.

<table>
<thead>
<tr>
<th>September Baseline Assessment:</th>
<th>Resident's license preparation goals, timeline, and plan for the training year</th>
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<th>1st Quarter psychology licensing progress report</th>
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<table>
<thead>
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<th>3rd Quarter psychology licensing progress report</th>
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<tr>
<th>4th Quarter psychology licensing FINAL EVALUATION</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>EPPP passed? (YES/NO): If YES, on (date):</td>
<td>Registered to take exam on (date):</td>
</tr>
<tr>
<td>CPLEE passed? (YES/NO) If YES, on (date):</td>
<td>Registered to take exam on (date):</td>
</tr>
<tr>
<td>How many CA BOP pre-licensure courses have been completed?</td>
<td>Did resident use AATBS? (YES/NO):</td>
</tr>
<tr>
<td>Which courses have been completed? Aging Child Abuse Spousal Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Human Sexuality Substance Abuse</td>
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</tbody>
</table>

112